

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/10/2018 16:26
Date Of Accident	25/10/2018 08:45
Exact Location Of Accident	GOMBAK RISE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD3863G
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Insured/Policyholder

Name Of Registered Owner	HARBAJAN SINGH S/O SEWA SINGH
NRIC No	S1296301G
Email Address	HARBY6301@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97371561
Alternative Phone No	Office-97371561

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800099188
Cover Note Number	

Driver

Name of Driver	HARBAJAN SINGH S/O SEWA SINGH
NRIC No	S1296301G
Date Of Birth	13/06/1958
Occupation	INDOOR
Date Of Driving Pass	13/02/1981
Driving Experience	37 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97371561
Fax Number	
Contact Number	OFFICE-97371561
E-Mail Address	HARBY6301@GMAIL.COM
Address	BLK 142 POTONG PASIR AVENUE 3 #09-220
Postcode	350142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

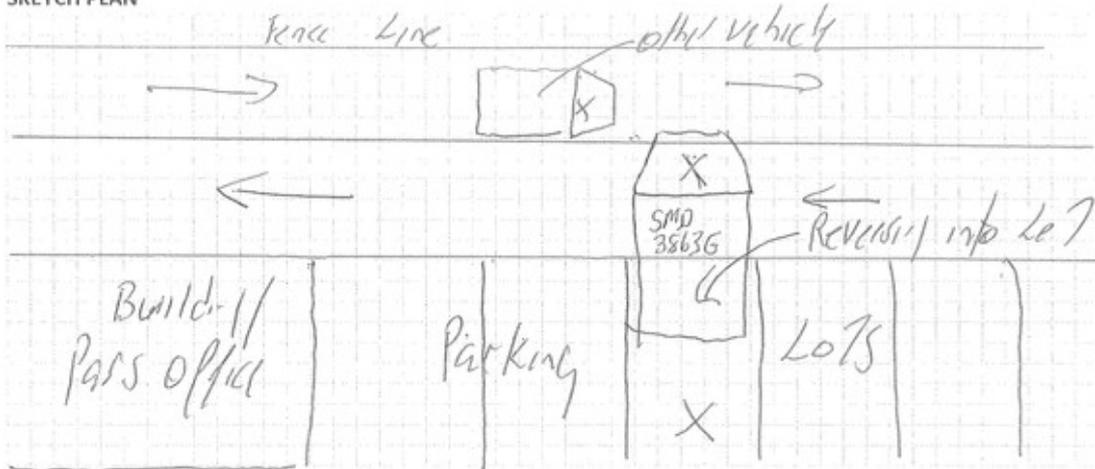

25/10/18
1640 hrs
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

TAN CHONG MOTOR SALES PTE LTD
17 Toa Payoh Lorong 8
Singapore 319254
Tel: 6357 0756 Fax: 6356 4922

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 513381886

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time: Approx. 0845 hrs, 25 OCT 2018
 Location: Just outside HQ ADOC Main Gate, Gombak Rise

Driver: S8772133G Weng Jian Yao
 Mobile: 9663686 9666 3686
 Car: Black Honda Airways – SGM 5019 M

I had reversed my car into a parking lot out the HQ ADOC Main Gate. However, as my car was too close to another car, I drove forward to ensure that there is sufficient gap between my car and the car beside me after parking. As I drove forward, this other vehicle that was coming out of HQ ADOC, going down slope – gradient approx. 60 degrees suddenly knocked into me. In my opinion, he was travelling quite fast as he was going downslope. Before I drove forward, I had looked to my left to ensure that the road was clear. I did not see/notice this vehicle till after the collision. His car had some slight scratches on his right bumper and some minor scratches on right door.

on

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 25/10/18 1640 hrs

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

TAN CHONG MOTOR SALES PTE LTD
 17 Toa Payoh Lorong 8
 Singapore 319254
 Tel: 6357 0756 Fax: 6356 4922

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 913981885

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

