

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	13/05/2019 14:11
Date Of Accident	10/05/2019 18:45
Exact Location Of Accident	PASIR PANJANG ROAD (JUST AFTER HPV STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9669J
Insured/Policyholder	
Name Of Registered Owner	TAN KWI LAN
NRIC No	S1555292A
Email Address	RRJJSIM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97357683
Alternative Phone No	Others-98638892

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (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	1700011225-01
Cover Note Number	

Driver

Name of Driver	SIM CHIAK PHENG
NRIC No	S1379616E
Date Of Birth	24/05/1959
Occupation	INDOOR
Date Of Driving Pass	16/02/1979
Driving Experience	40 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98638892
Fax Number	
Contact Number	
E-Mail Address	RRJJSIM@YAHOO.COM
Address	59A PASIR PANJANG HILL
Postcode	118875
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
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

B DRIVEN BY MR DANNY LEONARDO STOPPED AT THE JUNCTION THAT TURN INTO I WAS TRAVELLING ALONG PASIR PANJANG ROAD, JUST PAST THE HAW PAR VILLA MRT STATION. THERE WAS A CAR SJV817B DRIVEN BY MR DANNY LEONARDO STOPPED AT THE JUNCTION THAT TURN INTO WEST COAST HIGHWAY. DATE: 10 MAY TIME: 6.45PM. I WANTED TO OVERTAKE ON THE LEFT SIDE BUT AT THE LAST MINUTE, SAW A MOTORBIKE WANTING TO PASS BY. I WANTED TO GIVE WAY WHILE STILL MOVING BUT DIDN'T REALISE I WAS TOO NEAR TO SJV817B. APPLY EMERGENCY BRAKE BUT THE MOMENTUM OF THE CAR CARRY FORWARD AND MY CAR SLB9669J HIT THE BACK BUMPER OF SJV817B. WE GOT OUT OF THE CAR AND EXCHANGE INFORMATION & TOOK THE PHOTO OF EACH OTHER CAR. WE LEFT THE ACCIDENT SCENE THERE AFTER.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV817B
Vehicle Make/Model/Colour	BMW 520I
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	DANNY LEONARDO
NRIC/Passport Number	S7466228E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

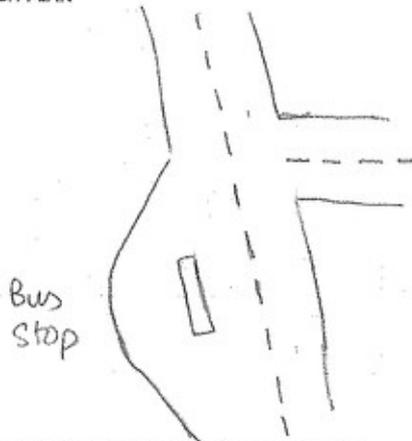
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.


 Policyholder's Signature
 Date & Time: 13 May 19
 1pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13 May 19
 2:19pm

TC AutoCare Pte Ltd
 1 SIXTH LOH YANG ROAD
 SINGAPORE 628006
 TEL: 6262 2252
 FAX: 6262 2252 
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along pasir payang road, just past the Har pad villa MRT station, there was a car SV817B driven by Mr. Danny Leonardo stopped at the junction that turn into west Coast Highway. Date: 10 May Time: 6:45pm

I wanted to overtake on the left side but ~~that~~ at the last minute, saw a motorbike wanting to pass by. I wanted to give way while still moving but didn't realise I was too near to SV817B Apply emergency brake but the momentum of the car carry forward and I hit my car SLB 9669.5 hit the back bumper of SV817B

we got ~~out~~ out of the car and exchange information & took the photo of each other car.

we left the accident ~~sc~~ scene there after.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 13 May 19
 1pm

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13 May '19
 1pm

TC AutoClinic Pte Ltd
 1 SIXTH LOK YANG ROAD
 SINGAPORE 628099
 TEL: 6262 2212
 FAX: 6262 3692
 Reporting Centre Personnel's Signature *[Signature]*
 Name:
 NRIC/FIN No.:

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 10 May 19	Time 6:45 pm	2 Exact location of accident Pasir Panjang Road (Just after HPA station)	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be undated if he/she is passenger in vehicle A or vehicle B) NA	

Registration No. (VEHICLE A) **SLB 9669J**

6 Insured / policyholder (see insurance cert.)
Name **Tan Kwi Ian**
(capital letters)
Address **59A Pasir Panjang Hill**
NRIC / Passport no. **S155592A**
Tel no. (from 9am till 5pm)
HP **97357683 / 98638892**

7 Vehicle
Make, type **Nissan Dashqai**

8 Insurance company
AIG
Does the policy cover damage to vehicle A?
No Yes
Policy No. (if available) **170001225-01**

9 Driver (See driving licence)
(if different from insured A above)
Name **SIAM CHAK PHENG**
(capital letters)
NRIC / Passport no. **S1379616/E**
Class of licence **3**

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes, applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, front private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

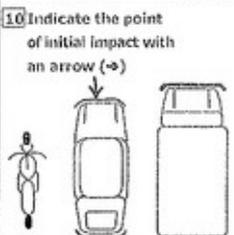
Registration No. (VEHICLE B) **SJV817B**

6 Insured / policyholder (see insurance cert.)
Name **DANNY LEONARDO**
(capital letters)
Address
NRIC / Passport no. **S7466228 E**
Tel no. (from 9am till 5pm)
HP

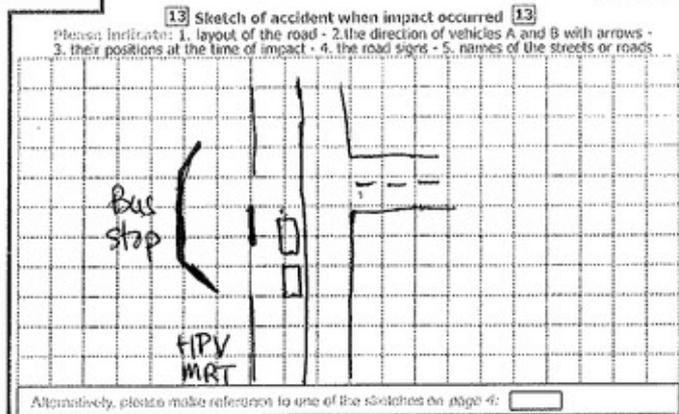
7 Vehicle
Make, type **BMW 520i**

8 Insurance company
Does the policy cover damage to vehicle B?
No Yes
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence



11 Visible damage to vehicle A
License plate dented
Bumper moved in dented



11 Visible damage to vehicle B
NO visible dmg
just a few scratches..

14 My remarks

15 Signatures of drivers

A

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part 1)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		Trade:				
	2 Vehicle registration no. <u>SLB9669J</u> C.C.		If commercial vehicle, state permissible carrying capacity				
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)				
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward						
	<input type="checkbox"/> Others - please specify _____						
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state when it is at present Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>yes</u> If no, state action to be taken _____						
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?		
	<u>24/11/1979</u>	<u>2000</u>	<u>16/2/1979</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____						
9 Full details of all driving convictions including pending prosecutions in the last 36 months							
Date		Offence		Penalty			
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)		
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	If yes, please state which Police station _____						
13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, against whom? _____							
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>		
	15 Road surface		Wet <input checked="" type="checkbox"/>	Dry <input type="checkbox"/>	Others <input type="checkbox"/>		
	16 Speed of vehicles		A <u>20</u> km/hr	B _____ km/hr			
	17 What warnings were given by driver or other party? _____						
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____						
20 If your vehicle is commercial, state weight of load carried at time of accident _____							
21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)							

Declaration	I/We declare the foregoing particulars are true in every respect						
	Policyholder's signature _____		Date _____		Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		
				Date _____			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

