

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 judgement 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	16/09/2019 14:30
Date Of Accident	15/09/2019 10:15
Exact Location Of Accident	COMMONWEALTH AVE WEST & CLEMENTI AVE 2
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4499T
Insured/Policyholder	
Name Of Registered Owner	KALWANT SINGH
NRIC No	S1237207H
Email Address	SINGHBKALWANT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98293835
Alternative Phone No	OFFICE-98293835

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100402101-04

Cover Note Number

Driver

Name of Driver	KALWANT SINGH
NRIC No	S1237207H
Date Of Birth	21/12/1957
Occupation	INDOOR
Date Of Driving Pass	23/07/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98293835
Fax Number	
Contact Number	OFFICE-98293835
EMail Address	SINGHBKALWANT@HOTMAIL.COM

Address	35 JALAN HAJI ALIAS #01-02 SINGAPORE
Postcode	268535
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	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?	NO
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

SEE ATTACH SKETCH PLAN & STATEMENT

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	GBJ3531M
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NALLAMPALAYAM PALAUYANDI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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7. By the lodging 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.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workplace 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 Secretary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 under involves disclosure of certain personal data about me to being 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 situated outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claim 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 settling, investigating, administering or managing third, regulatory, 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 16th Sep 2019

0845 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time 16th Sep 2019

0845 PM

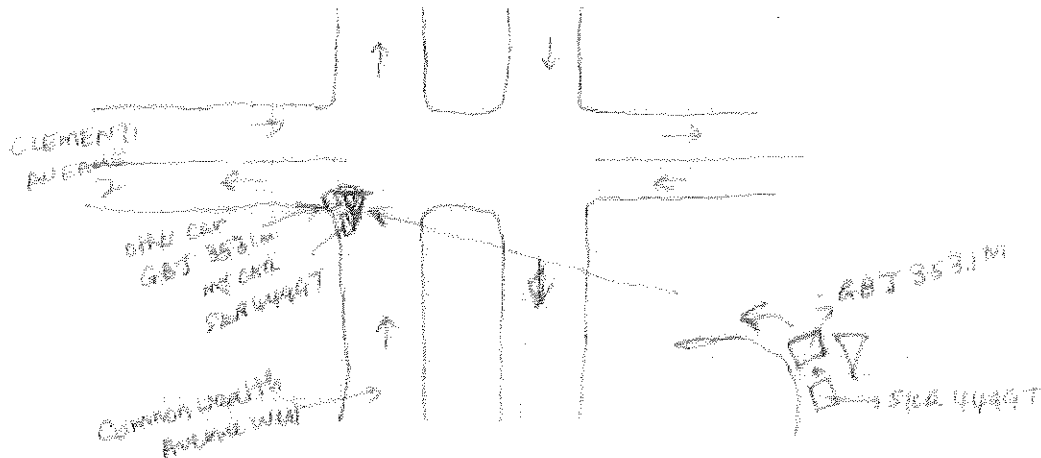
Reporting Centre Personnel's Signature

Name

CHRYSTIE HO

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along Commonwealth Avenue West on 15th September 2015 at 10:15 am and was filtering to turn left to Clementi Avenue 2.

Vehicle GBJ 3531 M (Nissan van) was in front and turning left to Clementi Avenue 2. He ^{was} braked whilst wanting to turn left. I was behind him and had to ~~brake~~ hard but could not do it in time and hit the vehicle from the rear. My front was slightly damaged.

my vehicle : 56R 4499 T
other vehicle : GBJ 3531 M

DECLARATION

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

[Signature]
Police Officer's Signature
Date & Time 16 Sep 2015
0900 hrs.

[Signature]
Driver's Signature
Is driver a rent car possessor?
Date & Time 16 Sep 2015
0900 hrs.

Reporting Person's Signature
Date
09/09/2015