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 witholding 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	26/09/2019 13:03
Date Of Accident	26/09/2019 01:30
Exact Location Of Accident	INTERSECTION OF HENDERSON ROAD & JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBG676P
Insured/Policyholder	
Name Of Registered Owner	NICHOLAS TAN JUN HAN
NRIC No	S8824638A
Email Address	NICHOLASTAN.JH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91516486
Alternative Phone No	OFFICE-62743740
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100495976-02
Cover Note Number	
Driver	
Name of Driver	NICHOLAS TAN JUN HAN
NRIC No	S8824638A
Date Of Birth	08/07/1988
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91516486
Fax Number	
Contact Number	OFFICE-62743740
EMail Address	NICHOLASTAN.JH@GMAIL.COM

Address	BLK 84 TELOK BLANGAH HEIGHTS #11-323
Postcode	100084
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 - CHANGE/CROSS LANE
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

I WAS MAKING A RIGHT TURN FROM HENDERSON ROAD TOWARDS JALAN BUKIT MERAH. I WAS ON THE THIRD LANE ON THE RIGHT TURN. WHEN THE TRAFFIC LIGHT TURNED GREEN, I MADE MY TURN. THE VAN ON SECOND LANE. GBG 702 Y , MADE A RIGHT TURN AS WELL. AFTER COMPLETING THE TURN, THE VAN IMMEDIATELY TRIED TO CHANGE TO THE LANE I WAS IN. I PRESSED MY HORN TO ALERT HIM, I TRIED SWERING AS MUCH AS I COULD TO AVOID HIM BUT WAS UNABLE TO AVOID THE COLLISION. HE SIDE SWIPED MY CAR AT APPROXIMATELY 1.15AM

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG702Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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

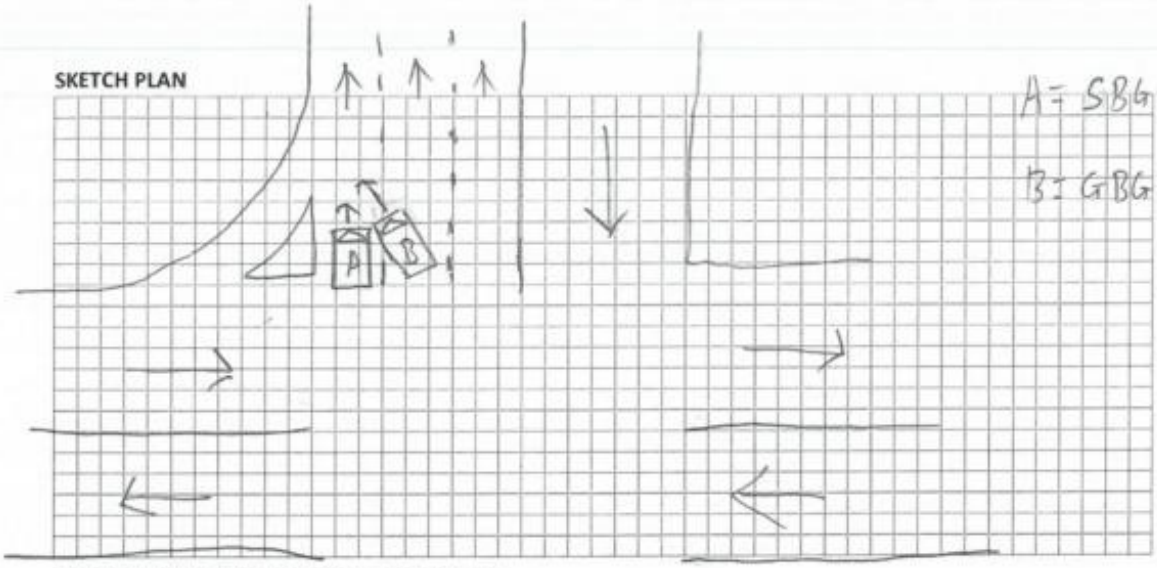
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 26/09/19	(If driver is not the policyholder)	Name: Tony Fong
	Date & Time:	NRIC/FIN No.: G7044097X

PREMIUM AUTOMOBILES PTE LTD

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn from Henderson Road towards Jalan Bukit Merah. I was on the ~~3~~ third lane of the right turn. When the traffic light turned green, I made my turn. The van on the second lane, GBG702Y, made a right turn as well. After completing the turn, the van ~~proceeded~~ immediately tried to change to the lane I was in. I pressed my horn to alert him, tried swerving as much as I could to avoid him but was unable to avoid the collision. He side swiped my car at approximately 1.15am.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/09/19 12.20pm

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

Reporting Centre Personnel's Signature
Name: Tan Foig
NRIC/FIN No.: S7204016GX

GIARMC SketchPlanForm_V3

Accident Photo

Accident Photo

Accident Photo

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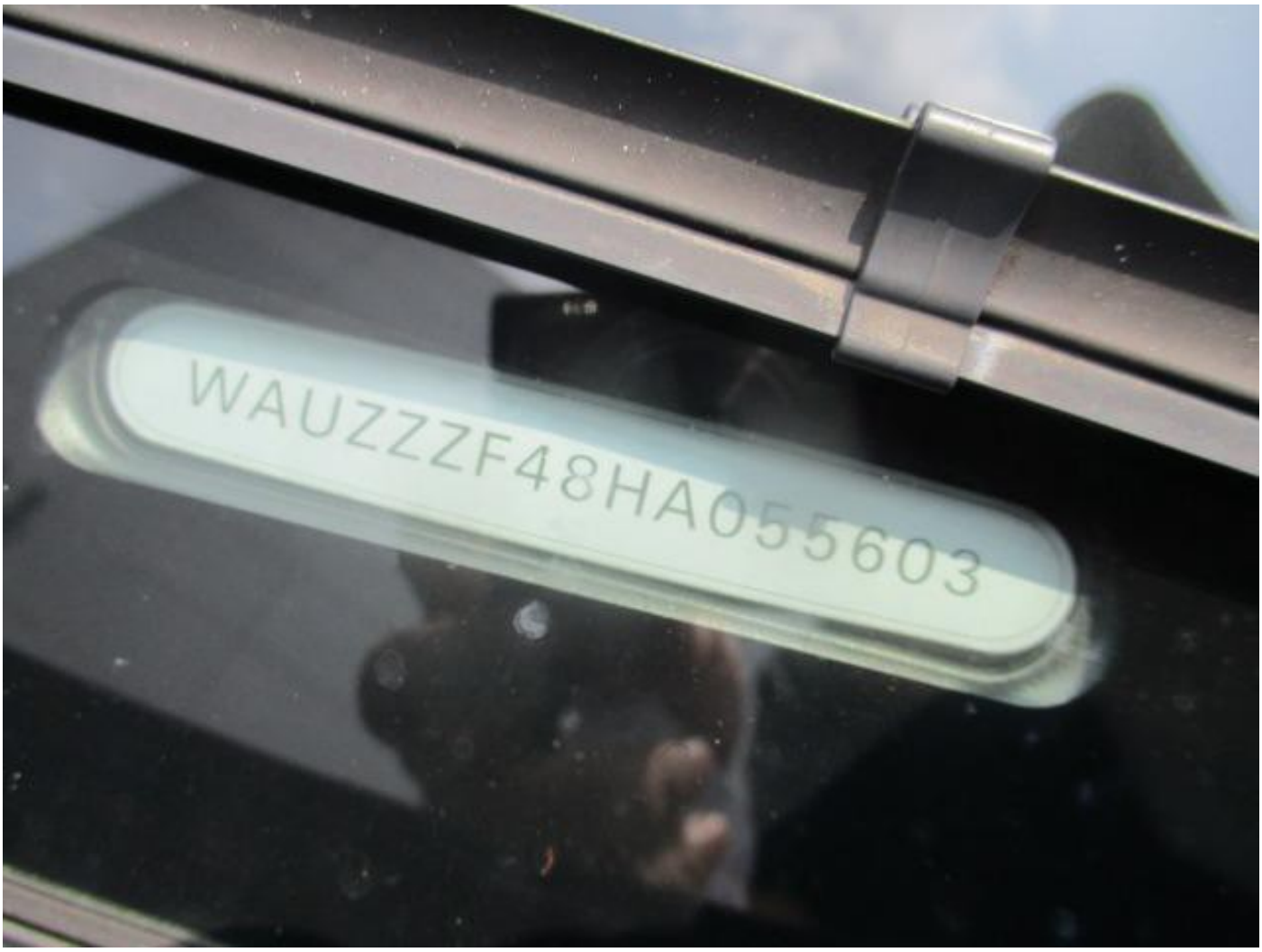
Accident Photo