

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	07/10/2019 12:21
Date Of Accident	06/10/2019 11:40
Exact Location Of Accident	BUKIT CHERMIN ROAD (OUTSIDE PSA CLUB CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG59Z
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Insured/Policyholder

Name Of Registered Owner	TAN YANG MENG
NRIC No	S6924700H
Email Address	TAN_YANG_MENG@TANCHONG.COM
Mobile Phone No	(LOCAL) +65-97387711
Alternative Phone No	Others-97387711

Vehicle Particulars

Manufacturer	NISSAN
Model	SERENA-2.0 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100469640-02
Cover Note Number	

Driver

Name of Driver	TAN GUAN SENG
NRIC No	S9703153C
Date Of Birth	30/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2016
Driving Experience	3 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-82183807
Fax Number	
Contact Number	
EEmail Address	TAN_YANG_MENG@TANCHONG.COM
Address	112B FABER DRIVE
Postcode	129425
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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

I WAS REVERSING OUT OF A PARKING LOT ALONG BUKIT CHERMIN ROAD, OUTSIDE PSA CLUB. I WAS REVERSING TO MY LEFT. AFTER REVERSING PARTIALLY OUT OF THE PARKING LOT, I ENGAGED INTO "DRIVE". WHEN I WAS MOVING OFF FORWARD, I WAS CHECKING MY REAR VIEW MIRROR AND WAS NOT AWARE OF THE AUDI IN FRONT OF ME. I UNKNOWINGLY DROVE INTO HIS CAR. THE FRONT BUMPER OF MY CAR HIT THE FRONT BUMPER OF VEHICLE B.

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	SKD4476H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN SHIKAI

NRIC/Passport Number	S8200759H
Contact Number	93836678
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:

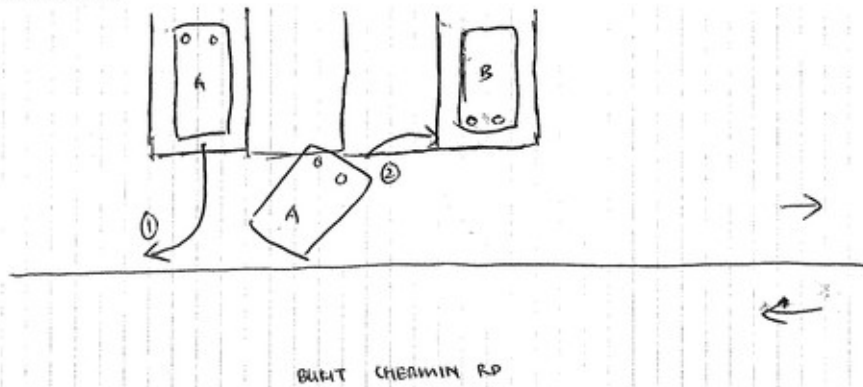
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing out of a parking lot along Buitt Chemmin Road, outside PGA Club. I was reversing to my left. After reversing partially out of the parking lot, I engaged into 'DRIVE'. When I was moving off forward, I was checking my rear view mirror and was not aware of the Audi in front of me. I unknowingly drove into his car. The front bumper of my car hit the front bumper of vehicle B.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's 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

1 Date of accident Time 06 OCTOBER 2019 1140		2 Exact location of accident EULEIT (HERMIN ROAD) (OUTSIDE PSA CLUB, CARPARK)		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"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. (VEHICLE A) SFG 59 Z

6 Insured / policyholder (see insurance cert.)

Name **TAN YANG MENG**
(capital letters)

Address **112B FABER DRIVE S(129425)**

NRIC / Passport no. **S 6924 700 H**

Tel no. (from 9am till 5pm)

HP **9738 7711**

7 Vehicle

Make, type **NISSAN SHEN A**

8 Insurance company

ALC

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. (if available) **2100469640-02**

9 Driver (See driving licence)

(if different from insured A above)

HP **8293807**

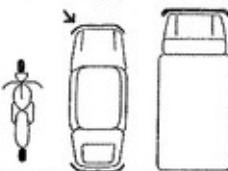
Name **TAN LAM SENG**

(capital letters)

NRIC / Passport no. **S 9703153C**

Class of licence **CLASS 3**

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

12 CIRCUMSTANCES

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

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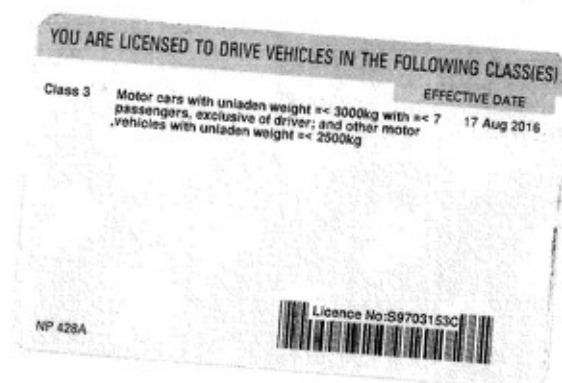
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Individual Statement

INDIVIDUAL STATEMENT (Part II)					
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)		Final:		
	2 Vehicle registration no. <u>3FG 512</u> C.C.		If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" 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 where it is at present Tel no. _____				
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>NO</u>				
	If no, state action to be taken <u>reporting only</u>				
	7 Date of birth		Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?
	30-01-1997		OUTDOOR	17 Aug 2016	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Driver or person in charge of vehicle at the time of accident (including insured)	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?
					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"/>				
Accident details	If yes, against whom?				
	14 Weather conditions		Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
	15 Road surface		Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>
	16 Speed of vehicles		A <u>5</u> km/hr	B <u> </u> 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> </u>				Date _____

7 Oct 2019

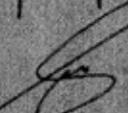
To whom it may concern:

Re: Submission of Insurance Report

I, Tan Yang Meng, NRIC S6924700H,
hereby authorise Mr Tan Guan Seng,
NRIC S9703153C, to submit the insurance
report of the car accident involving my
car SFG59Z and SKD4476H on my
behalf.

Thank you.

Yours faithfully


Tan Yang Meng
S6924700H.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



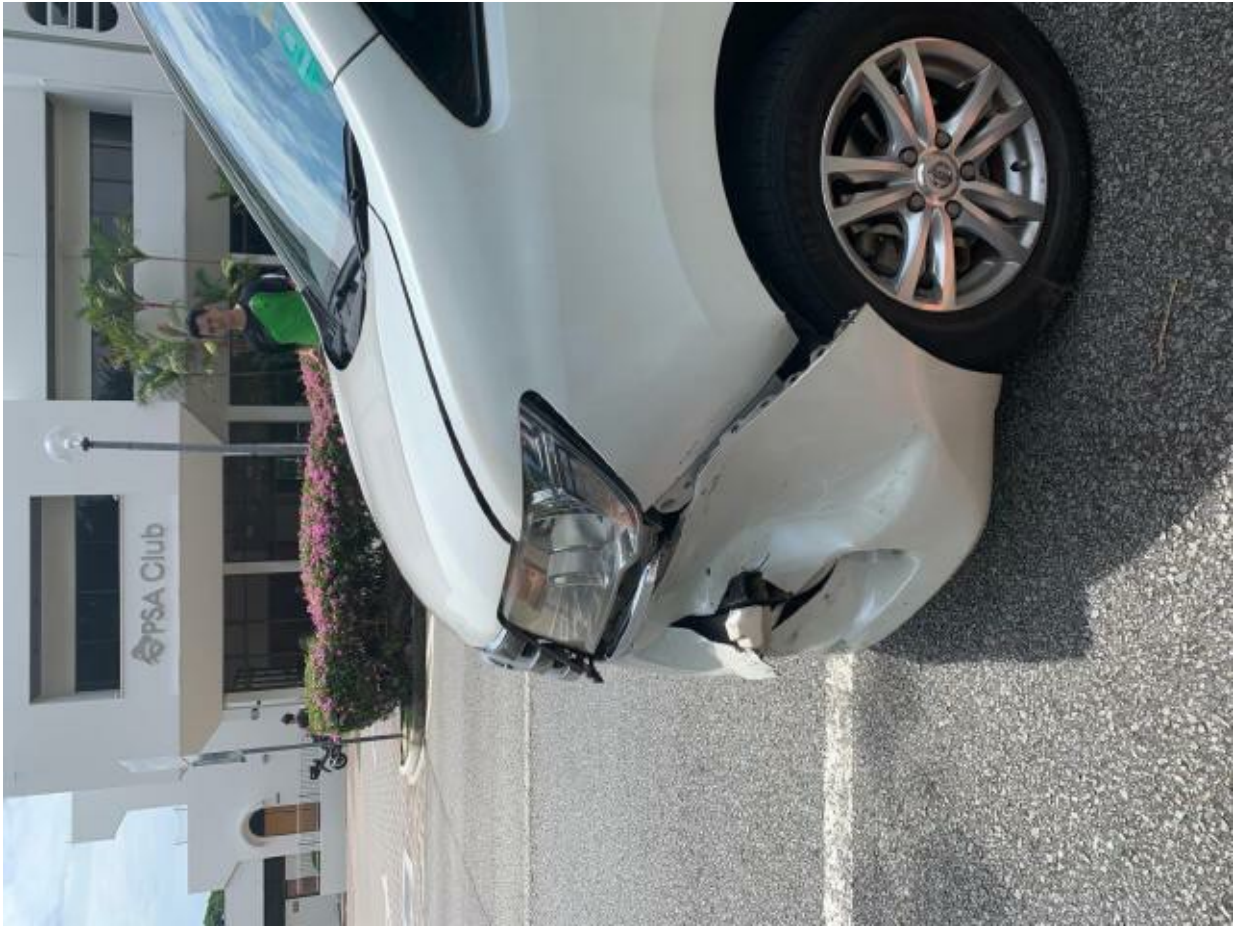
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