

## 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	05/11/2019 17:58
Date Of Accident	04/11/2019 22:50
Exact Location Of Accident	PIE TOWARDS TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD83R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EUGENE TAN KIM SIAH
NRIC No	S6903465I
Email Address	EUGENETANKIMSIAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96381100
Alternative Phone No	OFFICE-96381100

### Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI S TRONIC
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	1800026555
Cover Note Number	

### Driver

Name of Driver	EUGENE TAN KIM SIAH
NRIC No	S6903465I
Date Of Birth	26/01/1969
Occupation	INDOOR
Date Of Driving Pass	12/01/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96381100
Fax Number	
Contact Number	OFFICE-96381100
Email Address	EUGENETANKIMSIAH@GMAIL.COM

Address	700 LORONG 1 TOA PAYOH #15-03
Postcode	319773
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

ON 4/11/19 ABOUT 2250 HRS I WAS TRAVELLING ON SIDE ROAD OF PIE TOWARDS TOA PAYOH AND SUDDENLY THE TAXI OF VEHICLE NO. SHC 2461 D CUT INTO MY LANE AND I TRY TO APPLY BRAKE BUT STILL KNOCK INTO THIS TAXI, WE STOPPED TO FIND OUT THAT THE FRONT GRILL WAS DAMAGED AND THE TAXI BUMPER WAS A BIT DENT

#### 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	SHC2461D
Vehicle Make/Model/Colour	TAXI / BLUE
Details Of Properties	COMFORT DELGRO
Vehicle Category	TAXI
Name of Driver	HENG YONG BOON
NRIC/Passport Number	S1127900G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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 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:

05/01/19 12:20 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

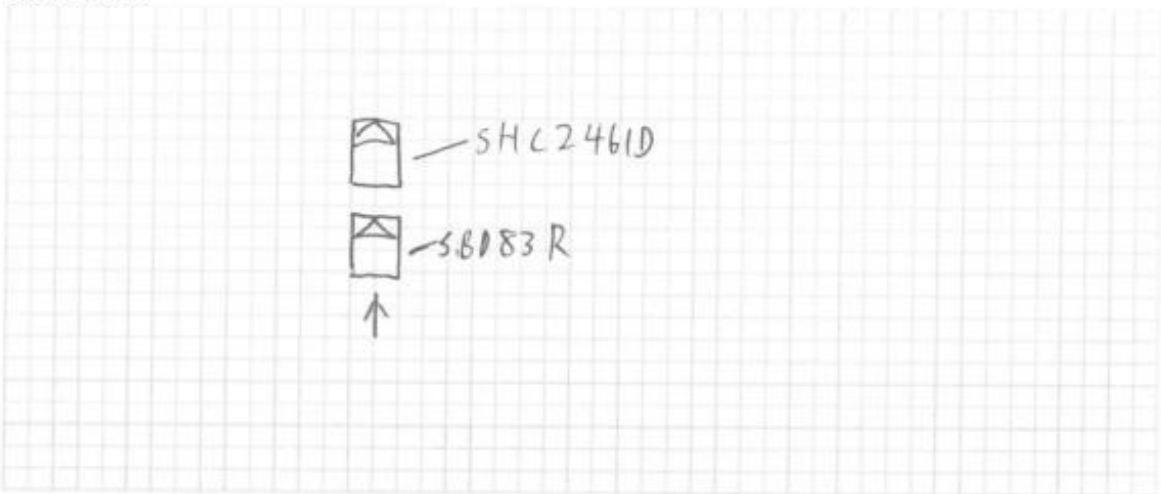
Name:

NRIC/FIN No.:

652040142

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/11/19 ABOUT 2250 HRS I WAS TRAVELLING ON SIDE ROAD OF  
 PIT TOWARDS TUA PAYOU AND SUDDENLY THE TAXI OF VEHICLE NO.  
 SHL2461D CUT INTO MY LANE AND I TRY TO APPLY BRAKE BUT  
 STILL KNOCK INTO THIS TAXI. WE STOPPED TO FIND OUT THAT  
 THE FRONT GRILL WAS DAMAGED AND THE TAXI BUMPER WAS A  
 BIT CRACK.

### DECLARATION

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

Policyholder's Signature

Date & Time:

05/11/19 - 1720 HRS

© 2018 ACC, Singapore Road Traffic, 1/2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

620601071

NRIC/FIN No.:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



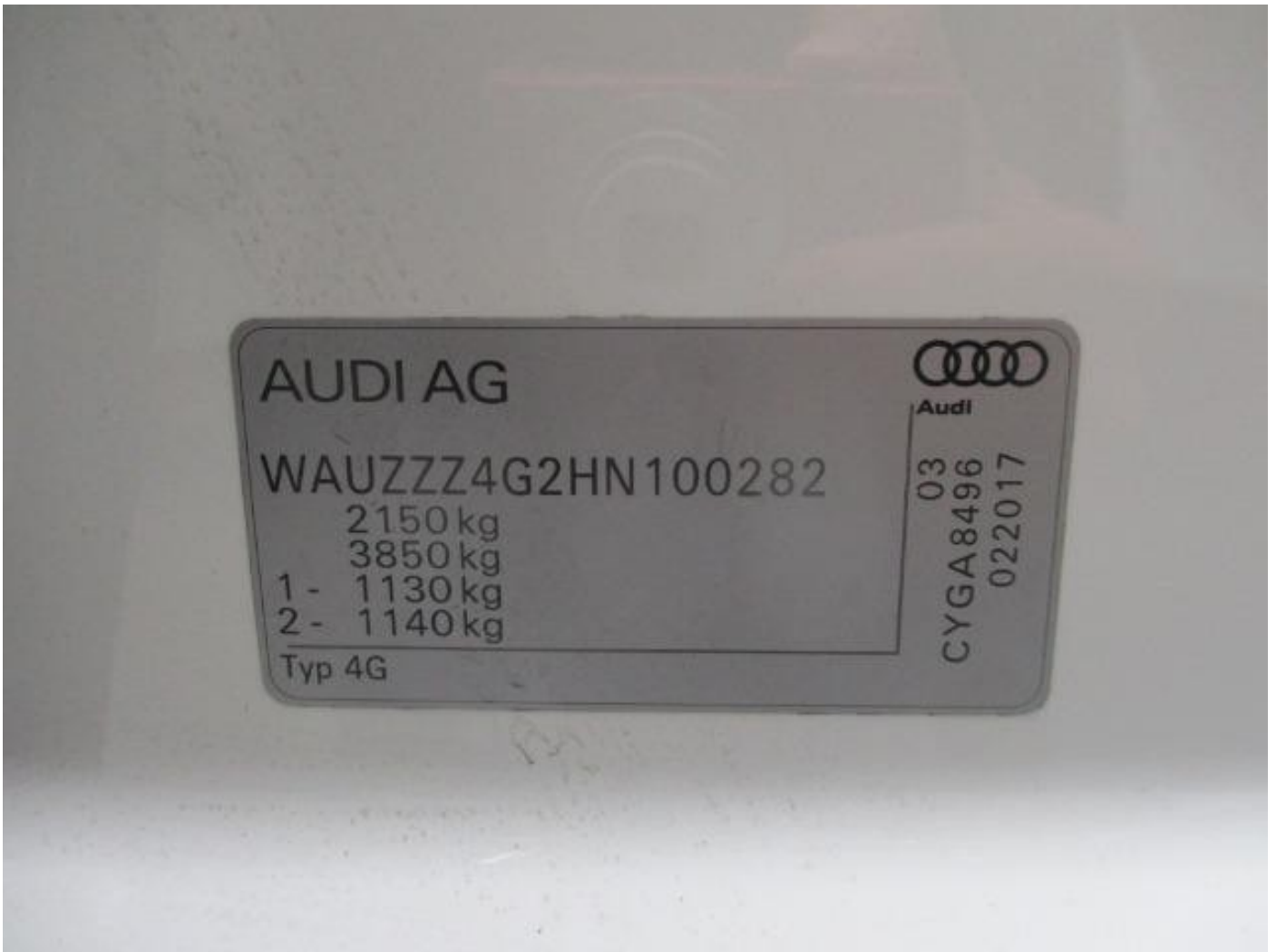
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 119146718 Vehicle Registration No: SBD 83 R  
Name (as shown in NRIC) : Eugene Tan Kim Siah NRIC/FIN/Passport No : S69034651  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 700 Lorong 1 Toa Payoh #15-03 Singapore (319773)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96381100  
Email Address : eugenetankimsiah@gmail.com  
Date of Accident : 4/11/19 Time of Accident : 22:50  
Place of Accident : P1E towards Toa Payoh  
Insurance Company : AIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change license plate number from SDB 83 R to SBD 83 R  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Policyholder / Driver's Signature  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: Syafiq

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA 119146712 Vehicle Registration No: SBD 83 R  
Name(as shown in NRIC) : Eugene Tan Kim Siah NRIC/FIN/Passport No : S69034651  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 700 Lorong Toa Payoh #15-03 Singapore(319 773 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96381100  
Email Address : eugenetankimsiah@gmail.com  
Date of Accident : 4/11/19 Time of Accident : 22:50  
Place of Accident : PIE towards Toa Payoh  
Insurance Company: AIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend accident date on accident circumstances from 4/44/19 to  
4/11/19

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Syafiq

