

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 Submission 26/03/2021 14:25 (SGT)
Date of Accident 30/12/2019 15:39 (SGT)
Exact Location of Accident 18 Ipoh Ln, Singapore 438622
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFS9878D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MICHAEL PHOON THIN KWAI
NRIC No SXXXX296B
Email Address mphoontk@gmail.com
Mobile Phone No (Phone) +65-81134888
Alternative Phone No +65-81134888

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800150255-02
Cover Note Number -

DRIVER

Name of Driver MICHAEL PHOON THIN KWAI
NRIC No SXXXX296B

Date Of Birth	13/05/1961
Occupation	Indoor
Date Of Driving Pass	24/07/1979
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81134888
Alt. Phone Number	+65-81134888
Email Address	mphoontk@gmail.com
Address	1 Butterworth Lane
Address complement	#05-03
Postcode	439444
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO 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	SLU5118J
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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 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. 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 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.
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

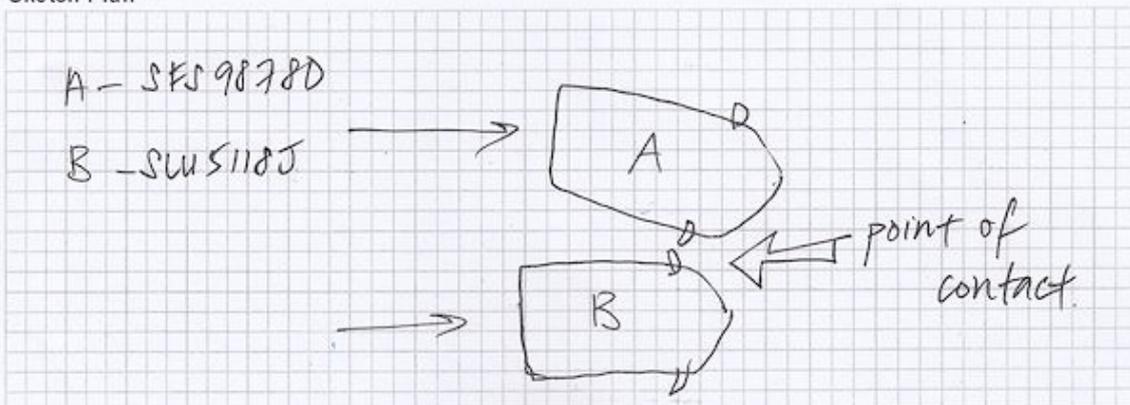
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
26/3/21

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

CM 26/3/2021
Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Driving along IPOH LANE, and planning to filter to right lane to turn right at Haig Road.

Saw SUV 5118J in front on right lane slowing down to turn right into entrance of 18 IPOH LANE

SUV 5118J stopped without turning. As a result, my car grazed into his side mirror, (left hand side mirror) and damaging his mirror.

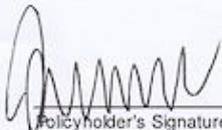
No personal injury from both drivers apart from the damaged mirror as evidenced in the photos provided.

No damages seen from SUV 9878D apart from the ~~scratch~~ plastic scratch on the side mirror.

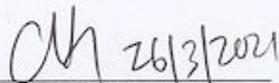
There were no further visible scratches or damages on my car body work, side door, front fender as seen from the photos.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 26/3/21

 Driver's Signature (if driver is not the policyholder) / Date & Time

 26/3/2021
 Witnessed by Reporting Centre Personnel































































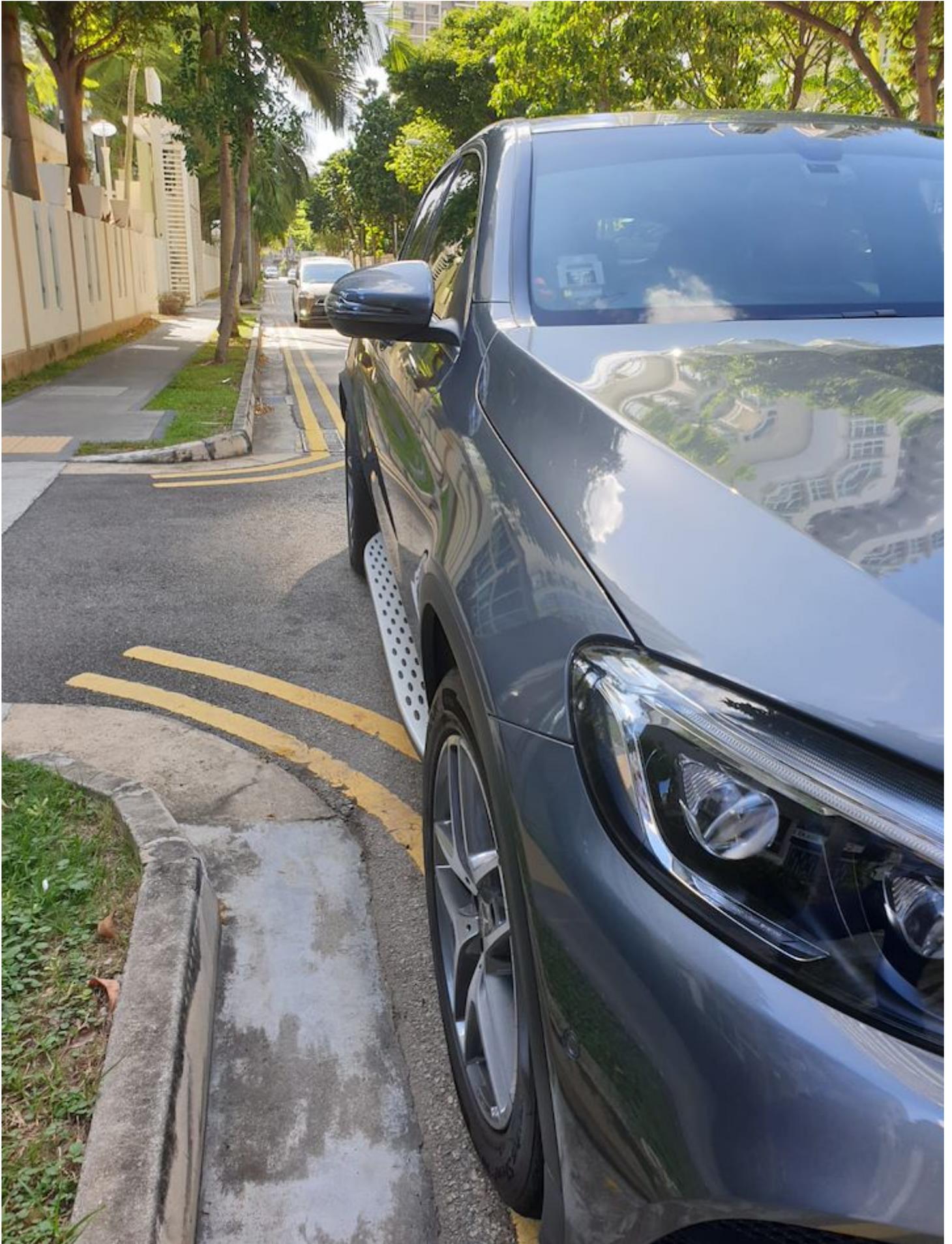






















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500200 / GST Reg. No.: M400017735

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 : SN09213Q0009 Vehicle Registration No: SFS9878D
 Name (as shown in NRIC) : MICHAEL PHOON THIN KWAI NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 81134888
 Email Address : _____
 Date of Accident : 30/12/2019 Time of Accident : 15:39
 Place of Accident : 18 IPoh Lane
 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:

Third party vehicle number should be SLU5118J.

 Policyholder / Driver's Signature
 Date:

CTA
 Reporting Centre Personnel's Signature
 Name: Hsiao Tong
 NRIC/FIN No.: _____
 Date: 26/03/2021