

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	24/12/2019 16:24
Date Of Accident	24/12/2019 12:40
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME710D
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Insured/Policyholder

Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTCARE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96826300

Vehicle Particulars

Manufacturer	KIA
Model	CARENS
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?	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	999994322
Cover Note Number	

Driver

Name of Driver	TAN HOE ANN GEOFFREY
NRIC No	S1278440F
Date Of Birth	08/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/01/1980
Driving Experience	39 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96753685
Fax Number	
Contact Number	
E-Mail Address	THAGANKE@YAHOO.COM.SG
Address	BLK 212 BISHAN STREET 23 #02-249
Postcode	570212
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	Name: : GRAB PASSENGER Gender: : Female

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

REFER TO SKETCH PLAN

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	SJP7805X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANDRAN S/O P VELLASMY

NRIC/Passport NumberS7222773E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSJR808Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of Driver

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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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:

24 DEC 2019



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

C = SJR808Z

CTE TOWARDS CITY BEFORE BA LESTIER RD.

Describe circumstances of the accident

Vehicle No: SME710D

Accident Date & time: 24-12-2019 & 12:40 pm.

Accident Location: Before CTE TOWARDS CITY BEFORE EXIT BALESTIER RD

3rd party = SJP7805X

3rd party name = Chandran S/o P vellasmy Licence No: S7222773E

On 24-12-2019 around 12:40pm I travelling at CTE towards city before exit Balestier Rd, My vehicle SME710D accidentally hit to rear of vehicle number SJP7805X & at the same time SJP7805X his vehicle hit to other party SJP8082 vehicle. We alighted & exchanged particulars.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

24 DEC 2019

Name: _____

Jenny Lim

NRIC/FIN No:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

