

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 23/01/2020 18:34
 Date Of Accident 23/01/2020 15:10
 Exact Location Of Accident CTE EXIT TO ANG MO KIO AVE 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number EY8262E
Insured/Policyholder
 Name Of Registered Owner TAN CHOON HENG
 NRIC No SXXXX951F
 Email Address VTAN6292@YAHOO.COM
 Mobile Phone No (LOCAL) +65-97869681
 Alternative Phone No OFFICE-97869681

Vehicle Particulars

Manufacturer AUDI
 Model A4 SEDAN 2.0 TFSI
 Exact Purpose for which vehicle was being used at time of accident PRIVATE
 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 1900163619
 Cover Note Number

Driver

Name of Driver TAN CHOON HENG
 NRIC No SXXXX951F
 Date Of Birth 27/02/1965
 Occupation INDOOR
 Date Of Driving Pass 20/03/1991
 Driving Experience 28 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97869681
 Fax Number (LOCAL) +65-97869681
 Contact Number OFFICE-97869681
 EMail Address VTAN6292@YAHOO.COM

Address	133 SERANGOON AVE 3 #03-09
Postcode	556113
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 23.01.2020(THURSDAY) AT ABOUT 4.05PM WAS TRAVELLING ALONG CTE AND THEN EXIT TO ANG MO KIO AVE 1 AND THEN I NOTICE THE HONDA VEZEL(SLV8381P) MOVING FORWARD AND EXITING THE SLIP ROAD TOWARD ANG MO KIO AVE 1 AND I AM NOT ABLE TO STOP IN TIME PRIOR TO THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8381P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE 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)**

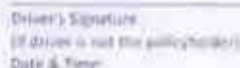
I understand, acknowledge, agree and consent that:

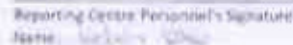
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the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

23/01/2016 5:50 PM

20160123 155000

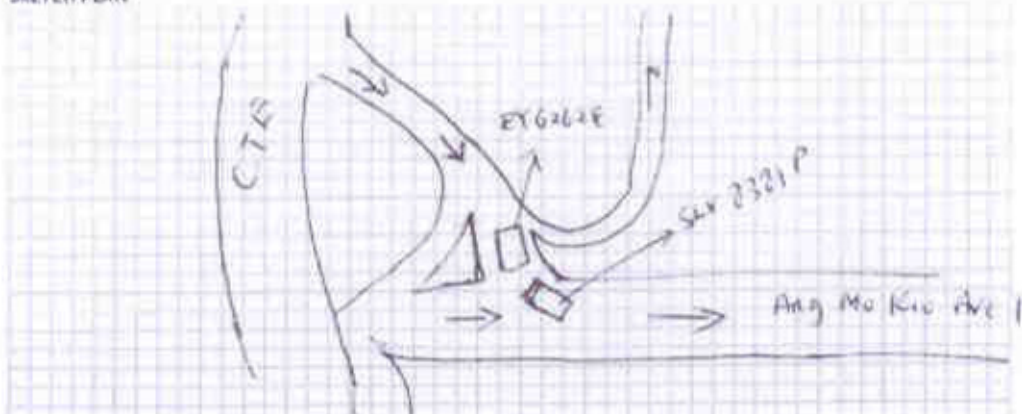

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: 
NIC/FIN No: 

23/01/2016 5:50 PM

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 01 2020 (Thursday) at about 4.01 pm was travelling along CTE and then exit to Ang Mo Kio Ave 1 and then I notice the Honda Vezel (SLV 8381 P) moving forward and exiting the slip road toward Ang Mo Kio Ave 1 and I am not able to stop in time prior to the accident.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

[Signature]

Policyholder's Signature

Date & Time: 23/01/2020 4:00 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Nelson Wong

NRIC/ID No: G-99089000

Accident Photo

