

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	11/05/2020 10:51
Date Of Accident	11/05/2020 07:45
Exact Location Of Accident	CTE EXIT MOULMEIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD8848P
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Insured/Policyholder

Name Of Registered Owner	TAY HSIUNG JREN, RYAN
NRIC No	S7810356F
Email Address	RYANHJTAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94506147
Alternative Phone No	Others-94506147

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I-L (SJ) (A)

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100458543-04
Cover Note Number	

Driver

Name of Driver	TAY HSIUNG JREN, RYAN
NRIC No	S7810356F
Date Of Birth	18/04/1978
Occupation	INDOOR
Date Of Driving Pass	13/02/2001
Driving Experience	19 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94506147
Fax Number	
Contact Number	OTHERS-94506147
EMail Address	RYANHJTAY@GMAIL.COM
Address	APT BLK 765 BEDOK RESERVOIR VIEW #13-261
Postcode	470765
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer Sketch Plan

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	GBE8912R
Vehicle Make/Model/Colour	NISSAN NV200

Details Of Properties

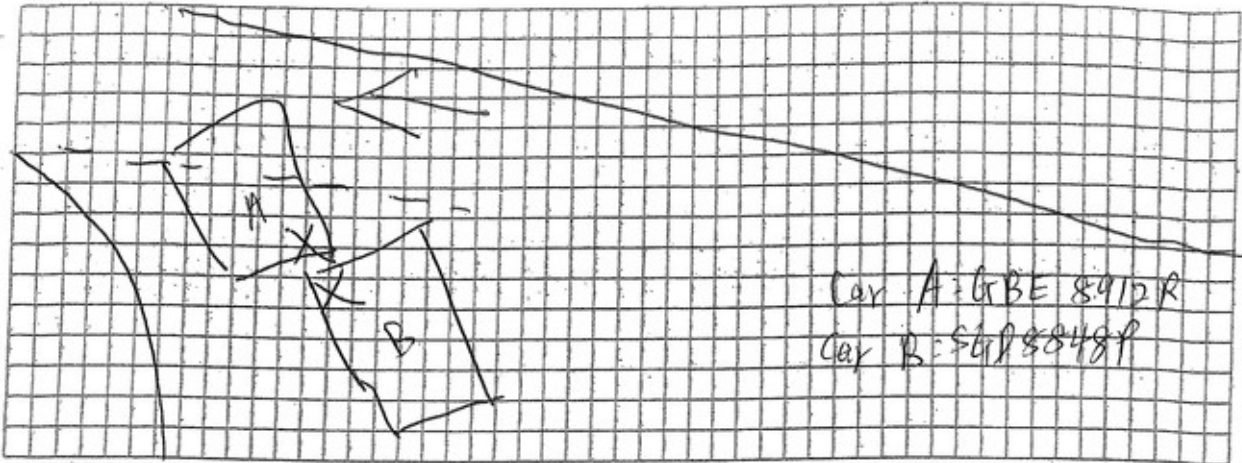
Vehicle Category	GOODS VEHICLE
Name of Driver	CHIN
NRIC/Passport Number	
Contact Number	94467226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 11/5/20 0745hrs		
Accident Location: UTE EXIT MAULMEIN		
Vehicle Number: S6D8848P	Make/Model: SUBARU FORESTER 2.0I-L	
Policy Holder Name: TAY HSIUNG JREN, RYAN		
NRIC/ROC: S7810356F	Mobile: 94506147	
Email: Nanhjay@gmail.com		
Insurance Company: AIG		
Policy Number: 2100458543-04	Policy Period: 31 MAR 20 → 30 MAR 21	
Policy Coverage: Comprehensive (✓)	Third Party () Third Party Fire & Theft ()	
State Action Taken: Claim Own Policy (✓)		Claim Third Party () Reporting Only ()
Driver Name: TAY HSIUNG JREN, RYAN		
NRIC: S7810356F	Mobile: 94506147	
Date Of Birth: 18/04/1978	Driving Pass Date: 13/02/2001	
Gender: Male (✓) Female ()	Occupation: Indoor (✓) Outdoor ()	
Address: 765 BEDOK RESERVOIR VIEW #13-261 470765		
Is driver an employee of the insured's company: Yes () No (✓)		
If No, Relationship of the driver with the insured:		
Owner (✓) Spouse () Friend () Relative () Children () Sibling () Hirer ()		
Weather Conditions: Clear (✓) Raining () Others ()		
Road Surface: Dry (✓) Wet () Others ()		
Was any foreign vehicle involved in this accident? Yes () No (✓)		
Was anybody injured in the Accident? Yes () No (✓)		
Was there any video captured by Car Camera? Yes (✓) No ()		
Number of Passenger (Including Driver):		
1)	2)	3) 4)
Was the accident reported to the police? Yes (✓) No () "attach Police Report, if any"		
3 rd Party Name: CHIN		
Vehicle Number: 6BE 8912R	Make & Model: NISSAN NV200	
NRIC:	Mobile No: 94467726	
Witness Details (if any):		
NAME:	NRIC:	Mobile No:
Other remark: if any		

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Filtering out from CTE Moulmein exit, hit rear right of van with front left of my car. Driver and passenger of van exited and passenger (TISH nurse) proceeded to work location. Took photos and drove to nearby Shell station to exchange details

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

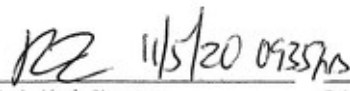
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:


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


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

NOTICE OF REPORTING

This is to confirm that TAY HSIUNG JREN, RYAN, NRIC
S7810356F, has reported to the Police a non-injury traffic accident which
occurred along CTE towards Moulmein Road (Roundabout Bend)
on 11/05/2020 at 07:45am involving the following vehicles:

- 1) SGD8848P - TAY HSIUNG JREN, RYAN, S7810356F
- 2) GBE8912R - Chin, 94467726

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,
Cap 276.

Rank/Name of Issuing Officer: SGT(2) KELVIN ONG

Date: 11/05/2020 Time: 0900hrs

S/D Ref: 13

Police Post/Unit: TOA PAYOH NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
93, Toa Payoh Central, #01-02
Singapore 319184
Tel: 1800 251 9999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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