

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	23/06/2020 15:50
Date Of Accident	16/06/2020 20:40
Exact Location Of Accident	PIE FROM CLEMENTI AVE 6 TO CHANGI AIRPORT EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9412A
Insured/Policyholder	
Name Of Registered Owner	BKW RENT A CAR PTE LTD
Co Reg No	2XXXXX276D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97868677
Alternative Phone No	OFFICE-67387777

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN AT EU6 (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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999993979/100877908
Cover Note Number	

Driver

Name of Driver	TAN MINLI, MICHELLE
NRIC No	SXXXX967B
Date Of Birth	27/08/1982
Occupation	INDOOR
Date Of Driving Pass	24/04/2002
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97868677
Fax Number	
Contact Number	OFFICE-67387777
Email Address	NOEMAIL

Address	120 LOWER DELTA ROAD #02-15 CENDEX CENTRE
Postcode	169208
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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)	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

PLEASE REFER TO THE ATTACHED

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 Witness 1

Name	ALAN
Phone Number	90039397
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC654C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NIW LAY CHOO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM5194E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

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.

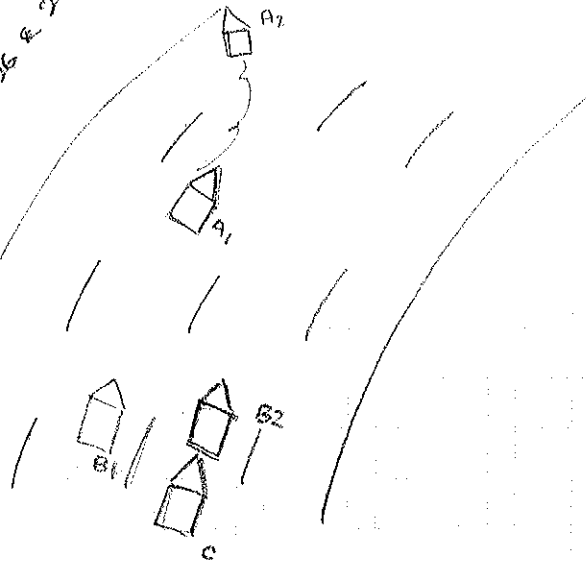
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

PIE FROM CLEMENTI AVE 6
TOWARDS
PIE CHANGI AIRPORT NEAR EXIT 26 & 24



A - SIM 5194 E
B - SIM 9412 A
C - SHC 654 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 835PM I WAS ENTERING PIE FROM CLEMENTI AVE 6 TOWARDS
PIE CHANGI AIRPORT NEAR EXIT 26 & EXIT 24 THERE IS
A HONDA SIM 5194 E WHICH WAS IN FRONT OF ME LOST
CONTROL AND STARTED TO SPIN. AND IN ORDER TO AVOID,
I FILTER SLOWLY TO THE 3RD LANE AND THE TAXI BEHIND.
SHC 654 C DID NOT SLOW DOWN TO GIVE WAY. WE STOPPED
THE CAR AND ONE OF THE WITNESS, ALAN DRIVING TOYOTA
ESTIMA STOPPED AS HIS CAMERA MIGHT HAVE CAPTURED THE
VIDEO. WE EXCHANGED PHONE NO AND TAKE PHOTO AND MOVED
ON AFTER THAT.

DECLARATION

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

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.: