

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	18/08/2020 17:52
Date Of Accident	18/08/2020 08:35
Exact Location Of Accident	JLN TOA PAYOH BEFORE EXIT TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9603M
Insured/Policyholder	
Name Of Registered Owner	THAM HWEE ENG
NRIC No	SXXXX928G
Email Address	TAMMIE_THAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96811705
Alternative Phone No	OTHERS-62545190

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-1.2 (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	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	1900233814
Cover Note Number	

Driver

Name of Driver	THAM HWEE ENG
NRIC No	SXXXX928G
Date Of Birth	05/07/1968
Occupation	INDOOR
Date Of Driving Pass	28/03/1988
Driving Experience	32 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	+65-96811705
Fax Number	
Contact Number	OTHERS-62545190
Email Address	TAMMIE_THAM@HOTMAIL.COM

Address	BLK 117B JALAN TENTERAM #13-523
Postcode	322117
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 - CHANGE/CROSS LANE
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

SEE ATTACHED 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	SMB3591B
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
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;
 - (ii) for complying with requirements under any regulations, laws or court orders.

TAN CHONG MOTOR SALES PTE LTD
 Singapore 319254
 Tel: 6357 0756 Fax: 6356 4922
 Tel: 6703 8012

Policyholder's Signature

Date & Time:

8/8/20
 3:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

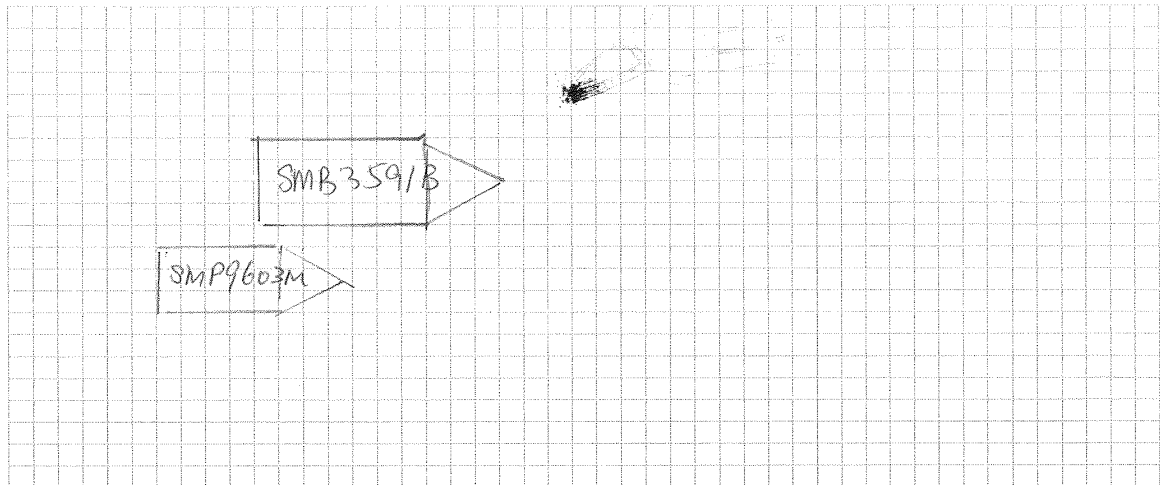
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Aishah
 51660822/2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(was travelling along Jalan Toa Payoh, it merge toward a single lane to exit out to The PIE and both my car and bus knock onto each other)

DECLARATION

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

TAN CHONG MOTOR SALES PTE LTD
17 Toa Payoh Lorong 8
Singapore 319254 Tel: 67038012
Tel: ~~6357 0756~~ Fax: 6356 4922

Policyholder's Signature

Date & Time: 18/8/20

3:16pm

GIARMC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Aishah

NRIC/FIN No.:

S1660822/2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6824928G



Name
THAM HWEE ENG

Race
CHINESE

Date of birth
05-07-1968

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



THAM HWEE ENG

Date of birth
05 Jul 1968

Valid until
12 Mar 2018

S6824928G

5097235



NRIC No. **S6824928G**



Date of issue
07-07-2012

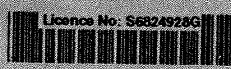
APT BLK 117B JALAN TENTERAM #13-523
SINGAPORE 322117
NRIC No: **S6824928G** Date: **08/04/2017**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Mar 1968

NP 428A

Licence No: **S6824928G**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: S66SS0020G / 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 : MT0220070540 Vehicle Registration No: SM9603M
Name (as shown in NRIC) : Tham Hwee Eng NRIC/FIN/Passport No : 568249286
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 117B Jalan Terteram #13-523 Singapore (3) 2117
Contact (Tel) : - Mobile No. : 96811705
Email Address : tammie_tham@hotmail.com
Date of Accident : 18/8/2020 Time of Accident : 08:35
Place of Accident : Jln Toa Payoh
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:

Amendment to sketch plan
- upload wrongly.

TAN CHONG MOTOR SALES PTE LTD
17 Toa Payoh Lorong 8
Singapore 319254
Tel: 6357 0756 Fax: 6356 4922

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Aishah
NRIC/FIN No.: 81660822/2
Date: 19/8/20