

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	03/11/2020 15:38
Date Of Accident	06/10/2020 14:30
Exact Location Of Accident	CORNER OF SHELFORD RD & DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8340A
Insured/Policyholder	
Name Of Registered Owner	DEBETS FRANK JOZEF CHRISTIAAN
NRIC No	GXXXX438T
Email Address	FJC.DEBETS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97438778
Alternative Phone No	OTHERS-97438778

Vehicle Particulars

Manufacturer	AUDI
Model	A5 SB 2.0 TFSI S TRONIC (DESIGN)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1800152156
Cover Note Number	

Driver

Name of Driver	DEBETS FRANK JOZEF CHRISTIAAN
NRIC No	GXXXX438T
Date Of Birth	17/06/1968
Occupation	INDOOR
Date Of Driving Pass	09/09/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438778
Fax Number	
Contact Number	OTHERS-97438778
Email Address	FJC.DEBETS@GMAIL.COM

Address	1D SHELFORD ROAD #02-23 THE SHELFORD
Postcode	286889
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)	4
Passenger 1	NAME: : FEMBE DEBETS GENDER: : FEMALE
Passenger 2	NAME: : FELICIA DEBETS GENDER: : FEMALE
Passenger 3	NAME: : RITA 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

I WAS DRIVING MY CAR DOWN SHELFORD RD TOWARDS DUNEARN ROAD. JUST BEFORE GETTING TO DUNEARN ROAD, I STOPPED BEHIND A TAXI WHO WAS WAITING FOR PASSING TRAFFIC COMING ALONG DUNEARN ROAD. AFTER A SHORT WHILE THE TAXI STARTED DRIVING OFF AND I FOLLOWED. HOWEVER, THE TAXI STARTED DRIVING AND UNEXPECTEDLY JERKED TO A STOP AGAIN AND I WAS TOO SLOW TO REACT, SO MY CAR TAPPED INTO THE BACK OF HIS. WE PULLED OUR CARS AROUND THE CORNER TO TAKE PICTURES OF THE DAMAGED AND EXCHANGED DETAILS. THE DAMAGE APPEARED MINIMAL ON BOTH CARS. THE TAXI DRIVER SAID HE WOULD GET THE CAR FIXED AND ADVISE ME OF THE COSTS. WE DROVE OFF AFTER THAT.

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	SH6451A
Vehicle Make/Model/Colour	HYUNDI IONIC/BLUE

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHOON HUAT
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: 3/11/2020

15:15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

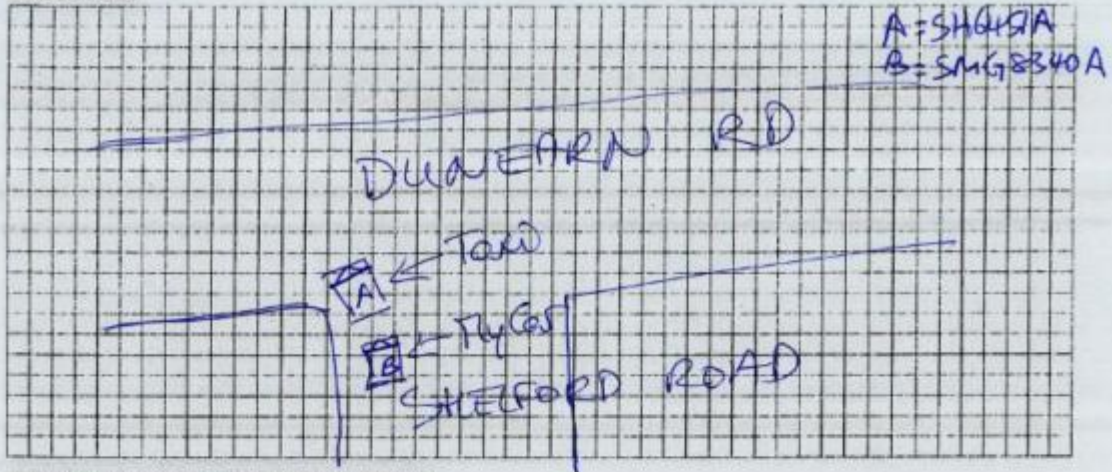


Reporting Centre Personnel's Signature

Name: Raymond Sing Sing Wei

NRIC/FIN No.: 61000100X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car down Shelford Rd towards Dunearn Road. Just before getting to Dunearn Road, I stopped behind a taxi who was waiting for passing traffic coming along Dunearn Road. After a short while the taxi started driving off, and I followed. However, the taxi suddenly and unexpectedly jerked to a stop again, and I was too slow to react, so my car tapped into the back of his.

We pulled our cars around the corner to take pictures of the damage and exchange details. The damage appeared minimal on both cars. The taxi driver said he would get the car fixed and advise me of the costs.

We drove off after that.

DECLARATION

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

Policyholder's Signature
 Date & Time: 3/11/2022
 15:15
GIADMAC SketchPlanForm_V3

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


 Reporting Centre Personnel's Signature
 Name: Raymond Sing Sing Wei
 NRIC/FIN No.: 6xxxx100x

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

