SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.
- $5.\ \underline{\mbox{Any}}$ 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.

国	ACCIDENT STATEMENT
Date Of Report	11/09/2020 17:18
Date Of Accident	11/09/2020 08:55
Exact Location Of Accident	AYE (MCE) 12.5KM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH2417Y
Insured/Policyholder	
Name Of Registered Owner	TAN CHUN WEI
NRIC No	SXXXX659G
Email Address	MOONWATERSTUDIOS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98198528
Alternative Phone No	OFFICE-98198528
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SB 1.0 TFSI
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	1800155391
Cover Note Number	
Driver	
Name of Driver	TAN CHUN WEI
NRIC No	SXXXX659G
Date Of Birth	24/09/1979
Occupation	INDOOR
Date Of Driving Pass	15/12/2000
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98198528
Fax Number	

OFFICE-98198528

MOONWATERSTUDIOS@HOTMAIL.COM

Address BLK 30 TEBAN GARDENS ROAD

#07-206

Postcode 600030

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?

Was any injured conveyed to hospital by

YES

ambulance?

and the southern

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 11/9/2020, AT APPROXIMATELY 0853 HRS, I WAS TRAVELING ON AYE TOWARDS MCE, (12.5KM). WHILE I WAS TRAVELLING, THE VEHICLE IN FRONT OF ME SUDDENLY BRAKED TO A FULL STOP AND IN ORDER FOR ME TO AVOID HITTING IT, I HAD TO APPLY EVASIVE ACTION BY JAMMING ON MY E-BRAKE. THERE WAS A MOTORCYCLE TRAVELLING CLOSE BEHIND ME AND HE FAILED TO STOP IN TIME AND HIT MY VEHICLE FROM MY REAR. ADDITIONAL NOTES: TRAFFIC POLICE ARRIVE ON-SITE AND THE CASE WAS ASSIGNED TO 10 SYAKIR (MOBILE: 96238905/547236) UNDER CASE NUMBER: D/20200977/0028

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBL6482R

Vehicle Make/Model/Colour RED YAMAHA

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL6482R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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:
 - 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:

11/9/2020 @130

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature
Name: WONG KIKNA SENGIARRAY

CRESTIAN

KETCH PLAN	
	A
	(A) - SMH 246
	J- F316482
A CONTRACTOR OF THE PROPERTY O	
7	
SCOURS CIRCUMSTANCES OF THE ACCIDENT	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	7-2 1 7
On 11/9/2020, at appriximately of	
traveling, the vehide in front of	
1	for me to avoid
hitthy it I had to apply eversion	re action by jamming
	storcycle tracky close
behind me and he failed to st my vehicle from my near.	isp in the and hit
The work was they read.	
As he required s	
V	
* Additional notes: Traffic police o	arrived on-site and the
case was assign	ned to 10 Synkir
(Mobile: 96238	905 / 6547 6236)
under case num	Der: D/20200977/0828
CLARATION //e declare the foregoing particulars are true in every respect.	KON OS
01/	(ST)
——————————————————————————————————————	- (a)
11/9/2020@1830	MONTHOUN SELG, George

G2987173X