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 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. 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.

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	16/11/2020 16:29			
Date Of Accident	15/11/2020 19:55			
Exact Location Of Accident	CTE(SLE)B4 JLN BAHAGIA EXIT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMG1341T			
Insured/Policyholder				
Name Of Registered Owner	TAN BOON HWEE			
NRIC No	SXXXX406D			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-97985854			
Alternative Phone No	OTHERS-97985854			
Vehicle Particulars				
Manufacturer	BMW			
Model	1181			
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?	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	NO			
Policy Number	1900234879			
Cover Note Number				
Driver				

Name of Driver TAN BOON HWEE NRIC No SXXXX406D Date Of Birth 28/05/1988 Occupation **INDOOR Date Of Driving Pass** 09/12/2008 **Driving Experience** 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97985854

Fax Number

Contact Number OTHERS-97985854

EMail Address NOEMAIL Address BLK 117A JALAN TENTERAM

#30-501

Postcode 321117

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 RAINING
Road Surface WET

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 SJS3580D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 TAN BOON HWEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SMG1341T

YES

NO

Accident Sketch Plan

SKETCH PLAN

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- By the loggment of this report to the insurers, you bereby consent to the archiving of this report at the centre and to cooles of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My inserce, my workings 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 anotion 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 Winnestiny Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) or
 - 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 instruction; or responding to any enquiries by mo;
 - (iv) administering my claims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of certain personal data about me to bring about defining of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) conceiving with applicable law in administering, processing, handling end/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) vivo have insured vehicle(s) involved in this accident and the Insurers' lowyers/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 comple claims history for the purpose of fraud detection, angestigation 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 remaxements under any regulations, laws in court orders.

Policyholdor's Signature Dale & Tinte: Orange's Signature (if durier is not the policyholder)

Onto & Times

Responsible Centre Personnel's Signature

yur 16/11/20

Zimne: setteczturu seu

Individual Statement

(A) - SMG13+17 (B) - SJS35SOD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the 15/1/2020 @ about 755P.M. I was trovelling along on the extreme left have CTE towards SLE. I was driving my vehicle (A) along the above mentioned expressival and when my front Vehicle came to a stop due to beauty traffic, honce I followed swit Suddenly. I felt a grant impact from the rear of my car When I alighted I mailsed that it was Vehicle (B) who hit into the rear postion of my Vehicle (A), causing clamages to my vehicle. Declaration We declare the foregoing particulars are true in every respect. June 16/1/10 Reporting Centre Personner's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Reporting Centre Personner's Signature				
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Date & Time:

NRIC/FIN No.:



















