

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 Submission	03/12/2020 13:55 (SGT)
Date of Accident	02/12/2020 09:15 (SGT)
Exact Location of Accident	Bras Basah, Singapore
Additional Location Information	NICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8079m
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SENG POH
NRIC No	SXXXX100J
Email Address	tansengpoh1961@gmail.com
Mobile Phone No	(Phone) +65-96799229
Alternative Phone No	+65-96799229

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800003017-02
Cover Note Number	-

DRIVER

Name of Driver	TAN SENG POH
NRIC No	SXXXX100J
Date Of Birth	07/05/1961
Occupation	Outdoor

Date Of Driving Pass	15/12/1978
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-96799229
Alt. Phone Number	+65-96799229
Email Address	tansengpoh1961@gmail.com
Address	BLK 330 #07-379
Address complement	SERANGOON AVENUE 3
Postcode	550330
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO 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	SGX9558P
Vehicle Manufacturer	Mercedes
Vehicle Model	Cla180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SUNNY LIE
Contact Number	(Phone) +65-93849424

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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:

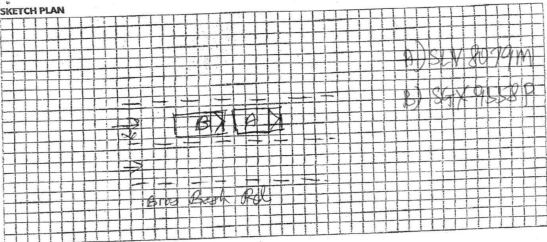
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers (who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' Inspectors/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/final packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurers (s) who have insured vehicle(s) involved in this accident and the Insurers' Inspectors/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 associated/related Insurers/Law firms, which may be shed 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 enter in evaluating, investigating, controlling or managing fraud, regulator, 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.

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Insurer's Signature
(If deliver to not the policyholder)
Date & Time:

[Signature] 03/12/2025
Reporting Centre Representative's Signature
Name: *[Signature]*
Title: *[Signature]*

SKETCH PLAN



A) SN 8079M
B) SN 9558P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, my vehicle was stopped at the said traffic junction as the traffic light was red. Suddenly vehicle rear ended my vehicle.

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

Policyholder's Signature: [Signature]
Date & Time: [Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time: [Signature]

Supporting Centre Personnel's Signature
Name: [Signature]
NRIC/PPN No.: [Signature]

CRASH REPORT FORM VS















