

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 10/12/2020 14:46 (SGT)
Date of Accident 09/12/2020 15:10 (SGT)
Exact Location of Accident Sims Ave, Singapore
Additional Location Information SIMS AVE JUNC OF LOR 1 GEYLANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGN6418H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWANG KENG HOCK
NRIC No SXXXX824I
Email Address stevenkwang@gmail.com
Mobile Phone No (Phone) +65-96246318
Alternative Phone No +65-96246318

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA ALTIS
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100488963-03
Cover Note Number -

DRIVER

Name of Driver KWANG KENG HOCK
NRIC No SXXXX824I
Date Of Birth 09/12/1963
Occupation Indoor

Date Of Driving Pass	28/06/1982
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96246318
Alt. Phone Number	+65-96246318
Email Address	stevenkwang@gmail.com
Address	BLK 309A ANCHORVALE ROAD
Address complement	#06-73
Postcode	541309
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7678T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NAVAEETHAN VENUGOPAL
Work Permit No	-1
Contact Number	(Phone) +65-93501416
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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.

[Signature] 10/12/20
Policyholder's Signature / Date & Time

[Signature] 10/12/20
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 10/12/20
Witnessed by Reporting Centre Personnel

Sketch Plan

[Signature]

Describe Circumstances of the Accident


I was travelling straight along Sims Ave junc of Lor 1 Geylang. Suddenly I felt the impact from my right. Veh B cut into my lane just after the junction and hit onto my rear right side portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.

 10/12/20
Policyholder's Signature / Date & Time

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

 10/12/20
Witnessed by Reporting Centre Personnel































