

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	23/12/2020 11:25 (SGT)
Date of Accident	06/12/2020 14:30 (SGT)
Exact Location of Accident	Near 211 Serangoon Ave 4, Singapore 550211
Additional Location Information	Boundary Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9610A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chan Kai Hong
NRIC No	S8814781B
Email Address	khchan880504@gmail.com
Mobile Phone No	(Phone) +65-83229194
Alternative Phone No	(Home) +65-62856873

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800127031-02
Cover Note Number	-

DRIVER

Name of Driver	Chan Choong Kiew
NRIC No	S0204474I
Date Of Birth	26/12/1951
Occupation	Indoor

Date Of Driving Pass	01/03/1977
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91398990
Alt. Phone Number	-
Email Address	freddiec72751@gmail.com
Address	27 Da Silva Lane
Address complement	-
Postcode	549757
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	No Collision
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?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I received letter from traffic police dated 16-12-2020 and I receive it on 18-12-2020 that I'm involved with an accident on 6-12-2020. On the said date of accident, I did not hit vehicle in front of me. Both of us came down to inspect our vehicle and there was no damaged to both vehicle at accident scene. On the date of making this report (22-12-2020) the video footage has been override. Refer to police report attached.

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	SLJ466U
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	Unknown
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	No damaged
Details of property damaged in accident	No damaged
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

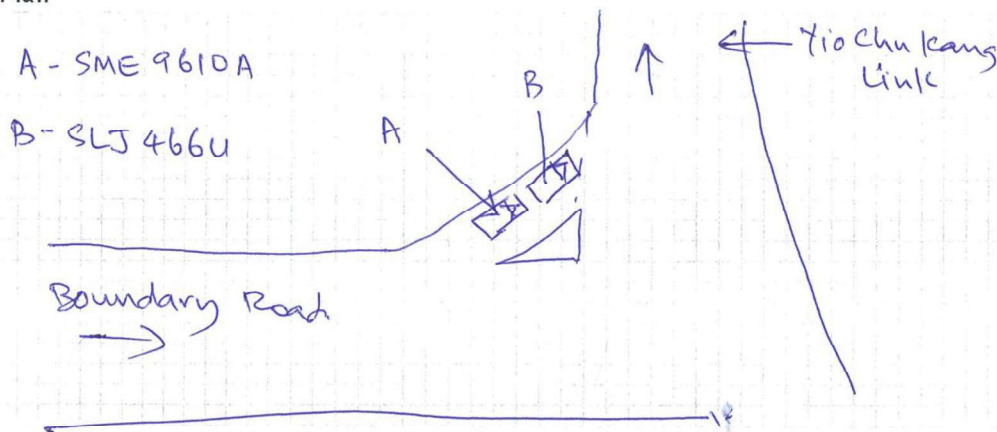
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers/agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

AUTOLUTION INDUSTRIAL PTE LTD
9, UBI ROAD, SINGAPORE 408623
TEL: 6490 9666 FAX: 68467483


 22 December 2020
 Policyholder's Signature / Date & Time
 7:45 PM


 22/12/2020 12.47 PM
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

my vehicle SMF 9610A did not hit vehicle SLJ4664
at all. Hence, there wasn't any accident at
all. please refer to Police Report attached.

Declaration

We declare the foregoing particulars are true in every respect.

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 68467483

 22 December 2020 Policyholder's Signature / Date & Time 7:45 PM	 22/12/2020 Driver's Signature (If driver is not the policyholder) / Date & Time 12:47 PM	 Witnessed by Reporting Centre Personnel
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