

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	22/01/2021 12:38 (SGT)
Date of Accident	21/01/2021 18:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE BEFORE BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE900T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HANICK
NRIC No	S7226371E
Email Address	hanick@gmail.com
Mobile Phone No	(Phone) +65-96817850
Alternative Phone No	+65-96817850

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	XF 2.0P TSS
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100414908-05
Cover Note Number	-

DRIVER

Name of Driver	TAN HANICK
NRIC No	S7226371E
Date Of Birth	28/07/1972
Occupation	Indoor

Date Of Driving Pass	16/07/1993
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96817850
Alt. Phone Number	+65-96817850
Email Address	hanick@gmail.com
Address	54B KING'S ROAD
Address complement	-
Postcode	268102
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	Raining
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)	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

REFER TO ATTACHMENT.

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	SHD3748R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHIA KWOK CHUEN
NRIC No	S0027234E
Contact Number	-
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 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;

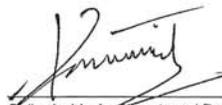
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

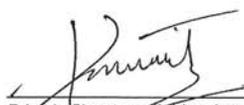
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.


 Policyholder's Signature / Date & Time
 22/1/21 12PM
 Sketch Plan


 Driver's Signature (if driver is not the policyholder) / Date & Time
 22/1/21 12PM

Witnessed by Reporting Centre Personnel

REFER TO STATEMENT (A) SGE900T
 (B) SHD3748R

Describe Circumstances of the Accident

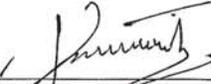
IT WAS RAINING HEAVILY ON THE CTE. TRAFFIC FLOW WAS SLOW ON THE EXTREME LEFT LANE AND I WAS LOOKING AT MY RIGHT SIDE MIRROR FOR AN OPPORTUNITY TO MOVE TO THE NEXT LANE. WHILE LOOKING AT THE MIRROR, THE TAXI IN FRONT OF ME SUDDENLY STOPPED. I STEPPED ON MY BRAKE, BUT DUE TO THE WET AND SLIPPERY CONDITIONS MY CAR COULD NOT STOP IN TIME AND MY FRONT GRILL CONNECTED WITH THE TAXI REAR BUMPER. IT WAS A LIGHT COLLISION WITH MINOR DAMAGE TO THE FRONT GRILL OF MY CAR AND THE REAR BUMPER OF THE TAXI.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
22/1/21
12 PM



Driver's Signature (if driver is not the policyholder) / Date & Time
22/1/21
12 PM

Witnessed by Reporting Centre Personnel