

# 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 .....	09/02/2021 14:59 (SGT)
Date of Accident .....	08/02/2021 18:06 (SGT)
Exact Location of Accident .....	Near 501 Orchard Rd, Singapore 238880
Additional Location Information .....	Along Paterson Rd
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX2722G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Tan Choon Pheng
NRIC No .....	S7817018B
Email Address .....	anyhowputt@gmail.com
Mobile Phone No .....	(Phone) +65-96824586
Alternative Phone No .....	+65-96824586

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	GLB200 PROGRESSIVE
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
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 .....	2070174960
Cover Note Number .....	21/12/2020-20/12/2021

### DRIVER

Name of Driver .....	Tan Choon Pheng
NRIC No .....	S7817018B
Date Of Birth .....	12/06/1978
Occupation .....	Outdoor

Date Of Driving Pass .....	14/01/1997
Driving experience .....	24 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96824586
Alt. Phone Number .....	+65-96824586
Email Address .....	anyhowputt@gmail.com
Address .....	886 Upper Bukit Timah Road #04-15
Address complement .....	-
Postcode .....	678184
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 .....	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

Kindly refer to the Sketch Plan

#### 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 .....	SLT1509X
Vehicle Manufacturer .....	Audi
Vehicle Model .....	A3
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Tung Meng Fatt
NRIC No .....	S8422005A
Contact Number .....	(Phone) +65-97373903
Address .....	-
Address complement .....	-
Postcode .....	-

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

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
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.
- (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 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 requirements under any regulations, laws or court orders.

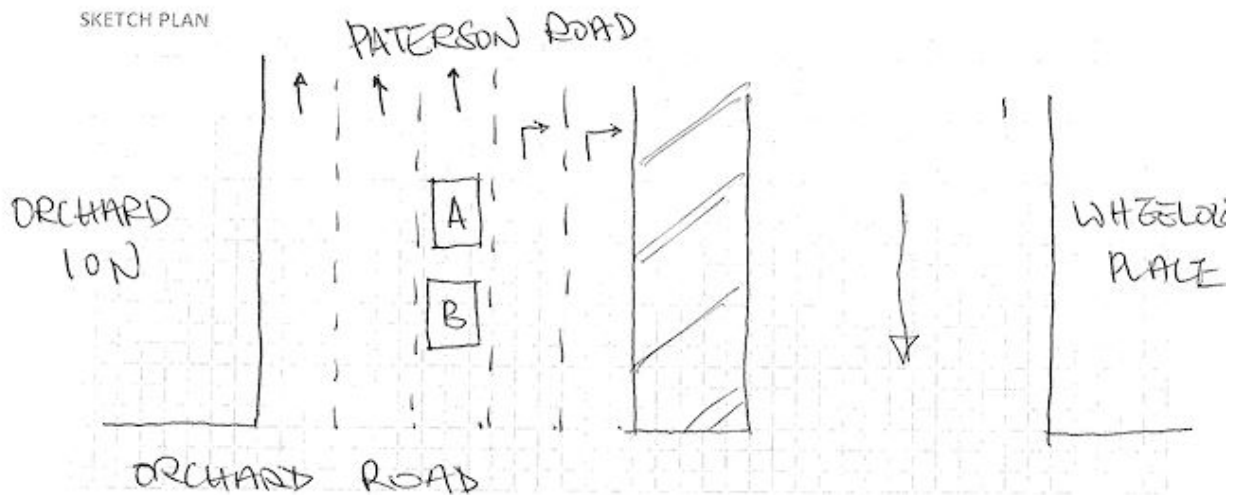


Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: Rakeshwaran . Anand  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 Feb 2021 at about 18:06 hrs, I, TAN CHOO PHEN (Car B), was travelling along Paterson Road. As traffic was rather heavy, I was travelling slowly and almost coming to a complete stop along Paterson Road in between Orchard 10n and Wheeler Place. Upon moving off again, I looked and checked ~~the right~~ my right lane for possibility of changing to ~~that~~ the immediate right lane but didn't realize the car in front, i.e. Car A (SG 1009X) hadn't move off and bumped into CAR A at just above 10 km/h as can be seen on the dashcam footage.

Car A sustained an approximately 400mm long line on the bumper where paint had peeled off. Car B's front registration plate was slightly bent.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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



Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: Patsaran, Ann  
NRIC/FIN No.:

Apart from that, the bumper was in perfect alignment with its adjacent body parts. No other damages were observed other than that paint peeling off along the 400mm line mentioned earlier.































