

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	01/03/2021 09:15 (SGT)
Date of Accident	27/02/2021 10:35 (SGT)
Exact Location of Accident	Bedok, Singapore
Additional Location Information	BEDOK NTH AVE 3 TOWARDS NEW UPPER CHANGI ROAD.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH82Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIM LIAN EVELYN
NRIC No	SXXXX309Z
Email Address	evelyntankl@gmail.com
Mobile Phone No	(Phone) +65-98233553
Alternative Phone No	+65-98233553

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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	1800138611
Cover Note Number	-

DRIVER

Name of Driver	GOH THIAM TECK
Passport No/FIN	SXXXX192E
Date Of Birth	13/12/1957
Occupation	Indoor

Date Of Driving Pass	15/01/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90883621
Alt. Phone Number	-
Email Address	andrewgohtt@hotmail.com
Address	2B JANSEN ROAD #03-05
Address complement	-
Postcode	548431
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN KIM LIAN EVELYN
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

ON 27/02/2021, AT 1035AM, I WAS DRIVING MY VEHICLE, SBH82Y ALONG BEDOK NORTH AVE 3 TOWARDS NEW UPPER CHANGI ROAD, AS I WAS DRIVING STRAIGHT, VEHICLE B, SLU4468E, SUDDENLY SPEED OUT OF THE CARPARK OF BLK 133 BEDOK NTH AVE 3 AND COLLIDED ONTO MY VEHICLE. AFTER THE INCIDENT, WE EXCHANGE PARTICULARS AND PROCEED TO MY WORKSHOP FOR ACCIDENT REPORTING.

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	SLH4468E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
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

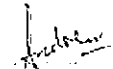
IMPORTANT NOTICE

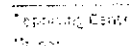
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report to the extent and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my work/ing 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 requested by my insurer (collectively the "Personal Information") and disclose and transmit such Personal Information to a member(s) who have insured vehicle(s) involved in the accident (collectively the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any other representative agent/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling, assessing, settling, paying, including those, the cost of the claims and expending any amount payable in the claims;
 - (ii) settling and/or handling and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim (including the mailing of correspondence, statements, invoices, receipts or report 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 parcels); and/or
 - (v) complying with applicable law in relation to processing, handling, settling, including those claims (including the "Purpose(s)").
- (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 Purpose(s); and
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be situated outside of Singapore, for one or more of the above Purpose(s); and
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties not acting in settling, 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: 23/2/21
 12:30pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/2/21
 12:30pm


 Reporting Centre Personnel's Signature
 Name:
 ID NO (PIN No):

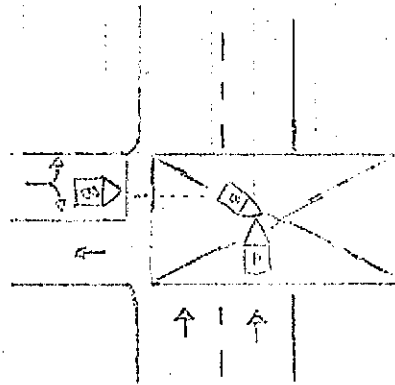
I hereby authorize SIAE Motor Pte
 send my accident report to nicole@sasgarage.sg



SKETCH PLAN #2

SKETCH PLAN

ALONG BEDON NORTH
AVE 3
TOWARDS
NEW UPP CHANGI
ROAD



A: SBH 20 Y

B: SLV 4468 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/01 AT 1035 AM I WAS DRIVING MY VEHICLE SBH 20 Y
ALONG BEDON NORTH AVE 3 TOWARDS NEW UPP CHANGI ROAD. AS I WAS
DRIVING STRAIGHT, VEHICLE B, SLV 4468 E, SUDDENLY SPEED OUT OF THE
CATCHER OF BLK 133 BEDON NORTH AVE 3 AND COLLIDED INTO MY VEHICLE.

AFTER THE INCIDENT WE EXCHANGED PARTICULARS AND PROCEED TO MY
WORKSHOP FOR NECESSARY REPAIRING.

DECLARATION

I hereby declare the foregoing particulars are true and correct.

[Signature]
Driver's Signature
Date & Time: 29/1/21
12.30pm

[Signature]
Driver's Signature
Of another vehicle involved in the accident
Date & Time: 27/01/21
12.30pm

[Signature]
Witness Signature
Name:
ID Number: