

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 12/03/2021 16:27 (SGT)
Date of Accident 06/03/2021 20:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE SLIP ROAD & UPP CHANGI ROAD NORTH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE4392S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner APT ATELIER PTE. LTD.
Company Reg No 201710636W
Email Address sales@aptatelier.sg
Mobile Phone No (Phone) +65-69093508
Alternative Phone No +65-69093508

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV350 PANEL VAN 2.5 5AT 5DR EURO V
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 Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070092145
Cover Note Number 10/06/2020 TO 09/06/2021

DRIVER

Name of Driver LIM THIAM HUAT MICHAEL
NRIC No S1707165C
Date Of Birth 07/02/1965
Occupation Outdoor

Date Of Driving Pass	24/09/1984
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90494533
Alt. Phone Number	-
Email Address	sales@aptatelier.sg
Address	APT BLK 489B TAMPINES ST 45 308-229 (S) 521489
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

REFER WITH ATTACH.

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	SLQ1201Z
Vehicle Manufacturer	Honda
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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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.



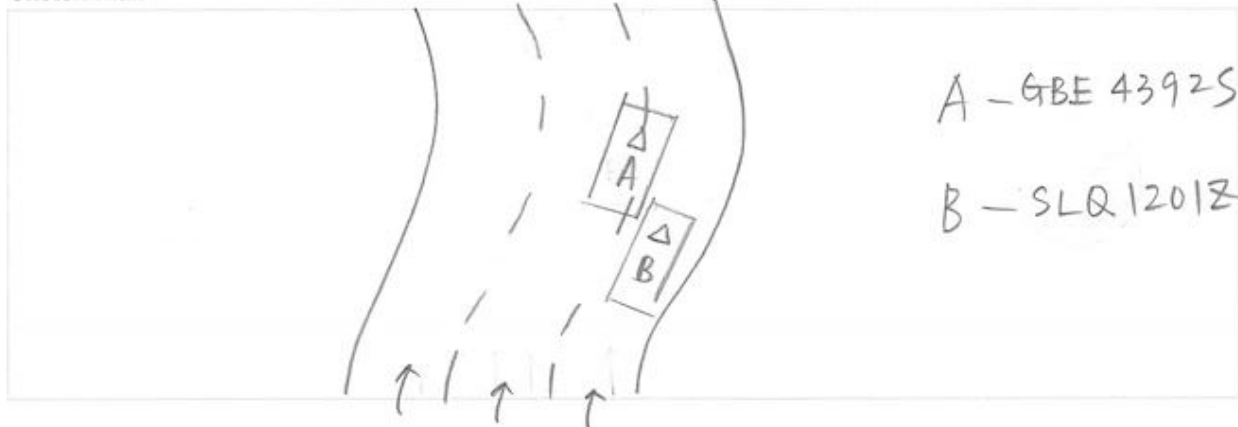
Policyholder's Signature / Date & Time

Michael

Driver's Signature (If driver is not the policyholder) / Date & Time 12/3/2021 @ 15:50HR

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON THE MENTIONED DATE & TIME, I WAS DRIVING ALONG SLIP ROAD OF TPE ON THE 2ND LANE OF 3 LANES ROAD. WHEN I WAS DRIVING STRAIGHT, I WAS DISTRACTED DUE TO ONE OF MY ITEM DROPPED. AS A RESULT, MY VEHICLE ACCIDENTALLY WENT TO 1ST LANE AND COLLIDED WITH A VEHICLE SLQ1201Z. NOBODY WAS INJURED.

Insurance Co.: AIG INS

Vehicle no.: GBE4392S

Date of accident: 6/3/2021

Claim type: REPORTING ONLY

Workshop: NIL

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 12/3/2021 @ 15:50HR

Witnessed by Reporting Centre
Personnel

















