

# 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 ..... 17/03/2021 13:50 (SGT)  
Date of Accident ..... 16/03/2021 14:00 (SGT)  
Exact Location of Accident ..... Near 215 Pandan Loop, Singapore 128406  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG5730M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Tan Tat Yeou  
NRIC No ..... S7135120C  
Email Address ..... tatyeou@hotmail.com  
Mobile Phone No ..... (Phone) +65-97519620  
Alternative Phone No ..... +65-97519620

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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? ..... Yes  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070086222  
Cover Note Number ..... 07/07/2020-06/07/2021

### DRIVER

Name of Driver ..... Tan Li Ping  
NRIC No ..... S7212481B  
Date Of Birth ..... 18/04/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	29/09/2003
Driving experience .....	17 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97464162
Alt. Phone Number .....	-
Email Address .....	tanliping1804@hotmail.com
Address .....	Blk 154 Gangsa Rd #19-327
Address complement .....	-
Postcode .....	670154
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 - Cross Junction
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 .....	FBL958A
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	Mervin Eng Hong Jie
NRIC No .....	S9619284C
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:

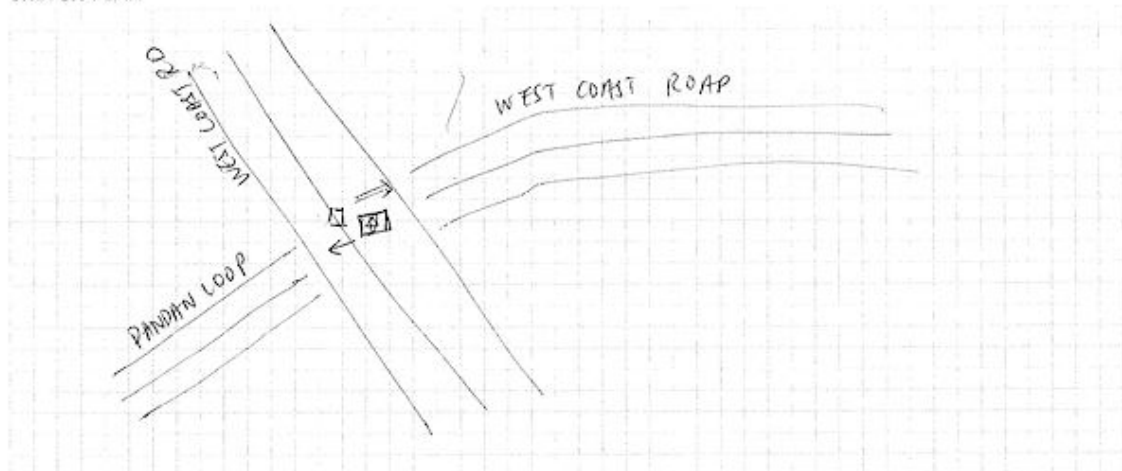
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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: 17/3/21

Reporting Centre Personnel's Signature  
Name: Pule Gervan Anan  
NRIC/FIN No.:

SKETCH PLAN






DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>On 16 Mar at around 2pm, I was driving my car along West Coast Road and I was planning to turn right towards West Coast Road. The weather was fine, visibility was clear.</p> <p>The traffic light was green and after checking that there was no vehicles or pedestrians crossing the road, I proceeded to turn right. However, while turning right a black motorbike was moving in a straight direction towards me. By then, I could not stop in time to avoid him. My car hit the motorbike, causing the rider to fall off his bike. I quickly park drove to park my car along the road (West Coast Rd) And went on to check on the motorcyclist. He was conscious and not seriously injured.</p>					
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<table border="1"> <tr> <td>Reporting Only</td> </tr> <tr> <td><input checked="" type="checkbox"/> Claim OD</td> </tr> <tr> <td>Claim TP</td> </tr> <tr> <td>Claim OD / TP at other workshop</td> </tr> </table>	Reporting Only	<input checked="" type="checkbox"/> Claim OD	Claim TP	Claim OD / TP at other workshop
Reporting Only					
<input checked="" type="checkbox"/> Claim OD					
Claim TP					
Claim OD / TP at other workshop					

DECLARATION

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

<p></p> <p>Policyholder's Signature</p> <p>Date &amp; Time:</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder)</p> <p>Date &amp; Time: 12/3/21</p>	<p></p> <p>Reporting Centre Personnel's Signature</p> <p>Name: <u>Rahman Arif</u></p> <p>NRIC/FIN No.:</p>
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