

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 31/03/2021 15:26 (SGT)
Date of Accident 31/03/2021 10:25 (SGT)
Exact Location of Accident Loyang Ave, Singapore
Additional Location Information SLIP ROAD JUNCTION OF PASIR RIS DR 1 AND LOYANG AVE
6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP9739E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAY CHING HOCK
NRIC No SXXXXX643J
Email Address WILLIAMTC@GMAIL.COM
Mobile Phone No (Phone) +65-93850621
Alternative Phone No +65-93850621

VEHICLE PARTICULARS

Manufacturer Audi
Model A6
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
Transmission Auto
CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900173682-01
Cover Note Number -

DRIVER

Name of Driver TAY CHING HOCK

NRIC No	SXXXX643J
Date Of Birth	15/02/1959
Occupation	Indoor
Date Of Driving Pass	10/05/1985
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93850621
Alt. Phone Number	+65-93850621
Email Address	WILLIAMTC@GMAIL.COM
Address	BLK 235 PASIR RIS ST 21
Address complement	#02-59
Postcode	510235
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

THIS ACCIDENT HAPPENED AROUND 1025HRS OF 31/3/21 @ THE SLIP ROAD JUNCTION OF PASIR RIS DR 1 & LOYANG AVE.

THE PICK-UP WAS INFRONT OF ME AT THE SLIP ROAD ABOUT TO TURN INTO LOYANG AVE WHEN HIS CAR STARTED TO MOVE FORWARD. (AND I DIDNT REALIZED HE STOPPED THE CAR) I THEN LOOK OVER MY RIGHT SHOULDER FOR ONCOMING CAR, THERE WAS THIS WHITE PICKUP ON-COMING CAR BUT WAS STILL A SHORT DISTANCE BEFORE THE RIGHT TRAFFIC LIGHT WHICH WAS SAFE FOR ME TO MOVE. THAT WAS WHEN I RELEASED MY FROOT ON THE BRAKE PEDAL AND PRESSED ON THE ACCELERATOR. MY CAR MOVED AND THEN HIT THAT PICK UP (GBC9859R) WHICH WAS STOPPED INFRONT OF ME.

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	GBC9859R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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

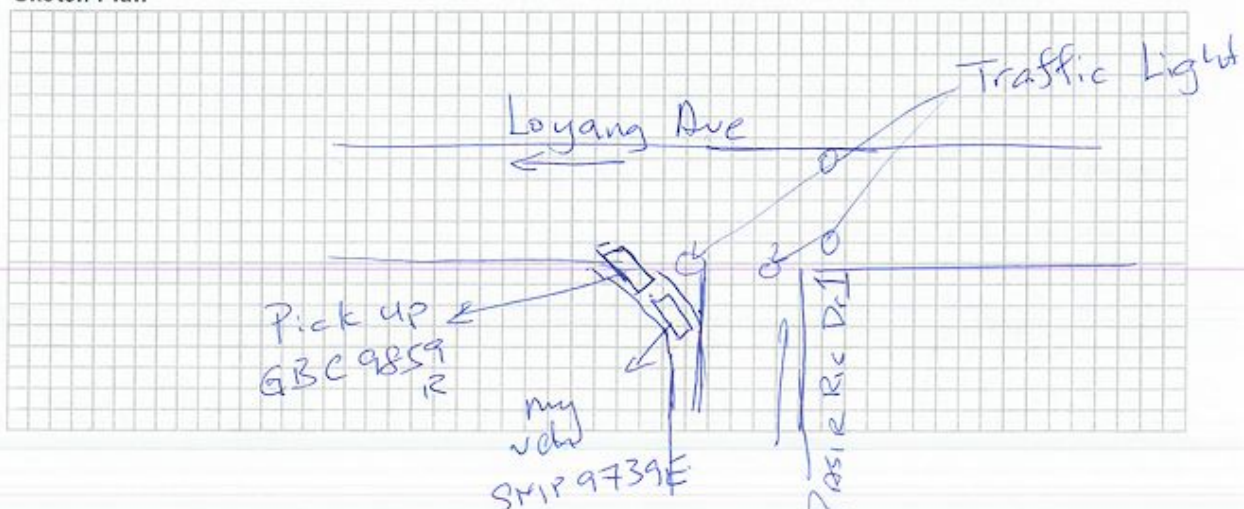
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

This accident happened around 1025 hrs
 of 31/3/21 @ the slip road junction of
 Passer Rd. 1 & Loyang Ave.

The Pick-up was ^{about} in front of me @ the
 Slip Rd, turning, to turn into Loyang

Ave. When ~~he~~ his car started to
 forward (and I didn't realise he stopped his car)
 moved ~~more~~ I then look over my right

shoulder for on coming car; ~~which was~~
 this

There was ~~then~~ while pickup on-coming
 car, but was still a short distance
 before the right traffic light
 which was safe for me to move;

But ~~when I~~ ~~was~~ that was when I

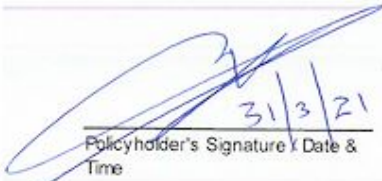
~~more~~ press ~~on~~ release my foot
 on the brake pedal & ~~foot~~ press on

accelerator, my car moved & ~~then~~ then
 (GBR 9859R)

hit the pick-up ~~car~~ which was
 stopped in front of me.

Declaration

We declare the foregoing particulars are true in every respect.


 31/3/21
 Policyholder's Signature / Date &
 Time

Driver's Signature (if driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel







































