

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 11/05/2021 12:55 (SGT)
Date of Accident 09/05/2021 12:50 (SGT)
Exact Location of Accident Clementi Ave 3, #01-293 Blk 450, Singapore 120450
Additional Location Information CARPARK BEHIND BLK 450
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN6047Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHIN SIANG JAMEISON
NRIC No S0125567C
Email Address jameisontan@singnet.com.sg
Mobile Phone No (Phone) +65-91918838
Alternative Phone No +65-91918838

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100377809-06
Cover Note Number -

DRIVER

Name of Driver TAN CHIN SIANG JAMEISON
NRIC No S0125567C

Date Of Birth	11/08/1954
Occupation	Indoor
Date Of Driving Pass	19/06/1984
Driving experience	36 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91918838
Alt. Phone Number	+65-91918838
Email Address	jameisontan@singnet.com.sg
Address	NA
Address complement	-
Postcode	-
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	Side Swipe
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 ATTACHED STATEMENT

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	SKA2206A
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	KELVIN KOA JUN LONG
NRIC No	S9214667G
Contact Number	(Phone) +65-98285604
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage ACCIDENT
Details of property damaged in accident RIGHTHAND PORTION
No. Of Passenger (Including Driver) -

SKETCH PLAN

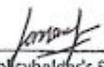
IMPORTANT NOTICE

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. The 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 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:

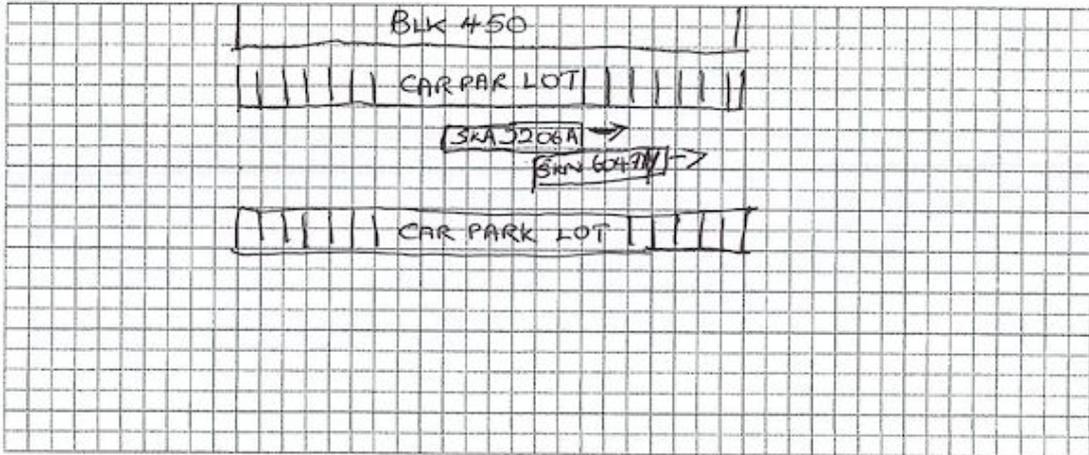
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 11/05/2021
 Policyholder's Signature
 Date & Time:

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date: 9 MAY 2021 Accident Time: 12.50 PM AM/PM

Accident Location: CLEMENTI AVE 3 CARPARK BEHIND BLK 450

- Details of circumstances -

ON 9 MAY 21 AT APPROX 12:50 PM, THE DRIVER OF VEHICLE NO SKA 2206A STOP AND WAITED INAPPROPRIATELY AT CLEMENTI AVE 3 CARPARK BEHIND BLK 450. THE SAID VEHICLE FAILED TO KEEP EXTREME LEFT WHILST WAITING CAUSING OBSTRUCTION TO TRAFFIC FLOW. I OVERTOOK HIM SUBSEQUENTLY AND SUDDENLY FELT A LIGHT JERK. I DISEMBARK TO CHECK WHETHER EVERYONE IS ALRIGHT AND NOTED THAT SKA 2206A SUSTAINED MINOR SCRATCHES ABOVE THE RIGHT FRONT FENDER ABOVE THE TYRE WITH NO OTHER VISIBLE DAMAGES.

SKN 6047Y SUSTAINED DENTS ON THE LEFT PASSENGER DOOR TO EDGE OF REAR BUMPER WITH SCRATCHES ON ITS PAINTWORK

THIS REPORT IS IN EVENT OF CLAIMS BEEN MADE AGAIN AIG

Third Party Details: -

(B) Veh No: SKA 2206A	(C) Veh No:
(B) Veh Model: MITSUBISHI LANCER	(C) Veh Model:
(B) Driver Name: KELVIN KOA JUN LONG	(C) Driver Name:
(B) ID No: S9214667G	(C) ID No:
(B) Contact No: 98285604	(C) Contact No:

DECLARATION

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

[Signature] 11/5/2021
 Policyholder's Signature
 Date & Time:

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

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

























