

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	16/06/2021 12:30 (SGT)
Date of Accident	15/06/2021 11:15 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	SLIP ROAD TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5272Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STEWARD CROSS PTE LTD
Company Reg No	1XXXXX510Z
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-96312431
Alternative Phone No	+65-96312431

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900108596-02
Cover Note Number	-

DRIVER

Name of Driver	CHAN CHUN CHEONG
NRIC No	SXXXX455J

Date Of Birth	22/01/1954
Occupation	Outdoor
Date Of Driving Pass	27/04/1978
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96312431
Alt. Phone Number	-
Email Address	mysincerelead@gmail.com
Address	BLK 27 TELOK BLANGAH WAY #08-1020
Address complement	-
Postcode	090027
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 - 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHAN KENG CHEAM
Gender	Male

PASSENGER 2

Name	HO TUCK HOI
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

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	SHA1572J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Steward Cross Pte Ltd

Co. Reg. No. 199603510Z
801, Loreng 7 Tea Payoh
#06-06 WBL Building
Singapore 319319

Tel: 6253 2838 Fax: 6253 2438
Policyholder's Signature / Date & Time

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

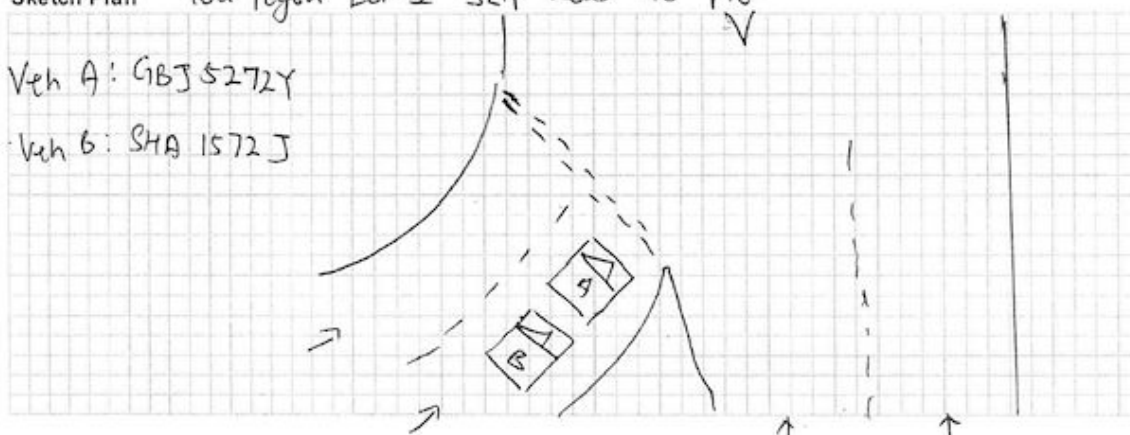
Witnessed by Reporting Centre Personnel

Sketch Plan

Toa Payoh Lor 2 SLIP Road to P16

Veh A: GBJ5272Y

Veh B: SHA 1572J



On the stated date and time I vehicle A was stationary on the stated venue. Suddenly vehicle B came from behind and hit onto my vehicle's rear portion.

We declare the foregoing particulars are true in every respect.

Co. Reg. No. 199603510Z
801, Lorong 7 Toa Payoh
#06-06 WBL Building
Singapore 319319

Policy Number: 253293
Signature: [Signature]
Date: 2/4/38
Time: [Time]

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

Witnessed by Reporting Centre
Personnel

















