

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 witholding 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 the research of this report will for a fee the made available upon application by interested parties. 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	18/06/2021 19:51 (SGT)
Date of Accident	18/06/2021 08:55 (SGT)
Exact Location of Accident	Tuas, Singapore
Additional Location Information	TUAS ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7273C
INSURED/POLICYHOLDER	

Audi

Is company?	Yes
Name Of Registered Owner	YAN SAN METALS PTE LTD
Company Reg No	1XXXXX367G
Email Address	EDWARDNAH@YANSANMETALS.COM
Mobile Phone No	(Phone) +65-68632433
Alternative Phone No	(Office) +65-68632433

VEHICLE PARTICULARS

Manufacturer

	, taai
Model	A3
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy	AXA Insurance Pte Ltd Comprehensive No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	NAH CHER YI, EDWARD
NRIC No	SXXXX462J

Date Of Birth 23/06/1986 Occupation Indoor Date Of Driving Pass 27/12/2008 Driving experience 12 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91760397 Alt. Phone Number Email Address EDWARDNAH@YANSANMETALS.COM Address BLK 99 BEDOK NORTH AVE 4 Address complement #20-1904 Postcode 460099 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ON THE ROUNDABOUT AT TUAS ROUNDABOUT WHEN A VEHICLE FROM THE MINOR ROAD. SPEED AND DASH OUT WITHOUT NOTICING ME ON THE ROAD. I HAD TO APPLY EMERGENCY BRAKE TO STOP MY VEHICLE FROM ENTERING INTO A COLLISION. AFTER WHICH, ANOTHER VEHICLE FROM BEHIND HIT AND BANG INTO MY CAR REAR BUMPER. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKN182D

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Vehicle Registration Number

Name of Driver

Contact Number	-
Address	-
Address complement	-
Postcode	-
nsurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
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.



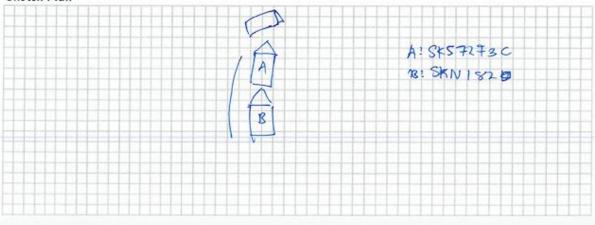
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describ	e Circumstances of the Accident
A	thile I was driving on the roundabout road (At Twas Roundabou
AV	thick that was coming from the minor
Ī	was driving on the roundabout road at This Roundabout when
a ve	ricle from the minor roud, speed and dash out without noticing
me	on the road and I had app to apply emergency brank to Stop
my	vehicle from entering into a collision. with
Flfte	which, another vehicle from behind hit and being into my car
War	bunyer.

Declaration

IWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Art.

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

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Witnessed by Reporting Centre Personnel

































