

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 24/07/2021 10:32 (SGT)
Date of Accident 23/07/2021 16:05 (SGT)
Exact Location of Accident Orchard Boulevard, Singapore
Additional Location Information JUNCTION OF ORCHARD BOULEVARD & GRANGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG4030S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POK SUE CHI
NRIC No S7963624Z
Email Address suepok@gmail.com
Mobile Phone No (Phone) +65-92323254
Alternative Phone No +65-96795976

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100461064-05
Cover Note Number -

DRIVER

Name of Driver POK SUE CHI
NRIC No S7963624Z

Date Of Birth	18/08/1979
Occupation	Indoor
Date Of Driving Pass	25/03/2006
Driving experience	15 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92323254
Alt. Phone Number	+65-96795976
Email Address	suepok@gmail.com
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 vehicle 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	YEO CHEE SEONG
Gender	Male

PASSENGER 2

Name	SLOANE YEO
Gender	Female

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

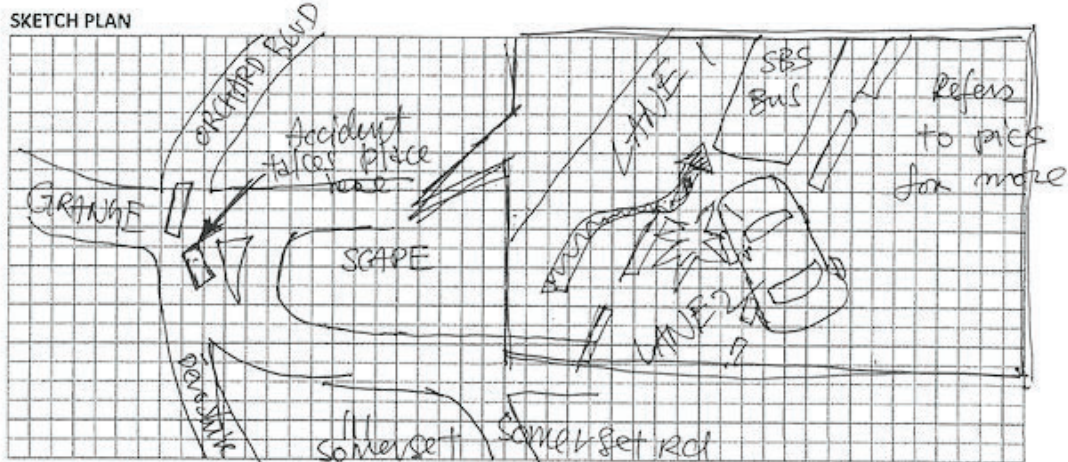
ATTACHMENT(S)

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	SBS5123Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YEO CHIN KHIM
NRIC No	S7323166C
Contact Number	(Phone) +65-97914921
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	ACCIDENT
Details of property damaged in accident	RIGHT HAND PORTION
No. Of Passenger (Including Driver)	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date: 23 July 2021	Accident Time: 4:05 PM
Accident Location: Orchard Blvd	
- Details of circumstances -	
<p>I was forming in lane and my car was stationary when a SBS bus tried to form in lane and side swipe my car.</p>	
Third Party Details: -	
(B) Veh No: SBS 51237	(C) Veh No:
(B) Veh Model: SBS single deck bus	(C) Veh Model:
(B) Driver Name: Joo Chin Khine	(C) Driver Name:
(B) ID No: S 7323/66C	(C) ID No:
(B) Contact No: +65 9791 4921	(C) Contact No:

DECLARATION

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

 Policyholder's Signature
 Date & Time:

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


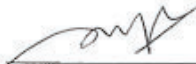

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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