

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	26/08/2021 14:14 (SGT)
Date of Accident	25/08/2021 06:50 (SGT)
Exact Location of Accident	Anchorvale Dr, Singapore
Additional Location Information	TWDS ANCHORVALE LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR758U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TECK KHOON NICHOLAS
NRIC No	SXXXX748A
Email Address	nicttk@gmail.com
Mobile Phone No	(Phone) +65-96888511
Alternative Phone No	+65-96888511

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700052220-03
Cover Note Number	-

DRIVER

Name of Driver	TAN TECK KHOON NICHOLAS
NRIC No	SXXXX748A

Date Of Birth	14/10/1974
Occupation	Indoor
Date Of Driving Pass	15/12/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96888511
Alt. Phone Number	+65-96888511
Email Address	nicctk@gmail.com
Address	19 SENGKANG EAST AVE
Address complement	#16-17
Postcode	544808
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC6558D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN TECK KHOON NICHOLAS
Gender	Male
Phone No	(Phone) +65-96888511
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,RIGHT ARM,RIGHT ELBOW & SHOULDER
Injured person in which vehicle?	SGR758U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

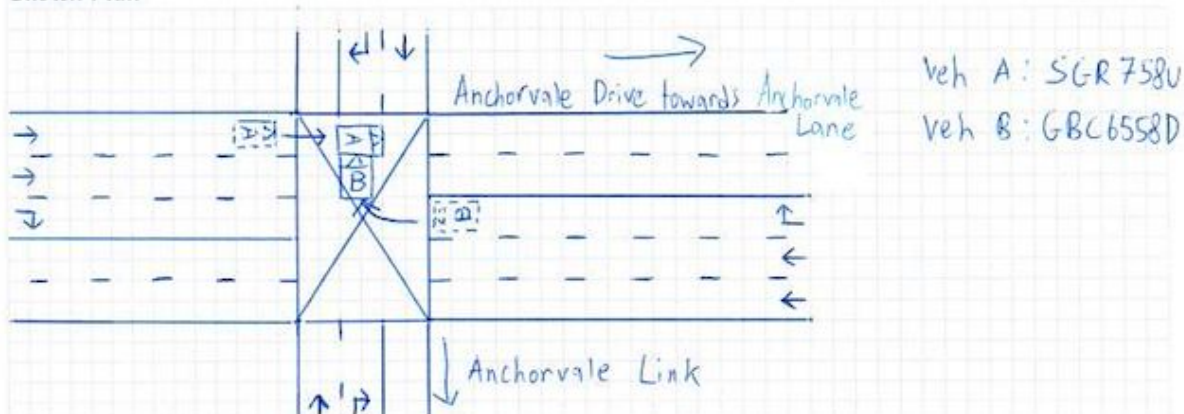
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or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

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 26/08/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated time and date, I was driving my vehicle (SGR758V) on my way to work at Anchor Green Primary School. While I was driving along lane 1 of the 3 lanes along Anchorvale drive towards Anchorvale lane, at the traffic junction I was driving straight and suddenly I felt an impact on the right of my vehicle. I alighted my vehicle feeling shocked and realised that GB6558D had collided into the right side of my car. We took some pictures of the damages of our vehicles and exchanged particulars. After which, we moved our vehicles away from the accident area to avoid congestion. After the accident, I went to Goodhealth Medical Centre located at Hougang as I was feeling pain in my neck, the right side of my body, mainly at my right elbow and right arm and neck and received 2 days MC.

Declaration

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

 26/08/21
Witnessed by Reporting Centre Personnel



































