

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 31/08/2021 16:01 (SGT)
Date of Accident 31/08/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG HOLLAND RD OUTSIDE 257
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3268J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHAW KHENG JOO
NRIC No S2533854E
Email Address khawkhengjoo@gmail.com
Mobile Phone No (Phone) +65-91122346
Alternative Phone No +65-91122346

VEHICLE PARTICULARS

Manufacturer Volvo
Model Xc40
Variant T5
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 1999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210034751
Cover Note Number -

DRIVER

Name of Driver KHAW KHENG JOO
NRIC No S2533854E

| | |
|--|------------------------|
| Date Of Birth | 26/06/1948 |
| Occupation | Indoor |
| Date Of Driving Pass | 01/12/1975 |
| Driving experience | 45 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91122346 |
| Alt. Phone Number | +65-91122346 |
| Email Address | khawkhengjoo@gmail.com |
| Address | 61 HOLLAND GROVE DRIVE |
| Address complement | - |
| Postcode | 278889 |
| 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) | 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 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 | SH7961M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | ALAN PAN |
| Contact Number | - |
| Address | - |
| Address complement | - |

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

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1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 31/08/2021 Time: 1400
 Exact Location of Accident ALONG HOLLAND RD COASTSIDE 257 J

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3268J

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) KHAN KHAN JOO
 Personal Identification - NRIC (Singaporean/PR) S2522854E
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer VOLVO Model XCAO
 Type of Vehicle* ☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others
 Exact Purpose for which vehicle was being used at time of accident SOCIAL
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pls select: ☐ Third Party ☒ Reporting)
 Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company* ALL ASIA PACIFIC
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☒ No
 Policy Number 710034751
 Motor CI

DRIVER

☐ Same as Insured above
 Name of Driver KHAN KHAN JOO
 Personal Identification - NRIC (Singaporean/PR) S2522854E
 - FIN/Passport Number
 Date of Birth 26 dd/ 06 mm/ 1978 yy
 Driving Date Pass 01 dd/ 12 mm/ 1975 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation ☒ Indoor ☐ Outdoor
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. 91122346

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| | | | |
|---|--|---|-------------------------------------|
| Address of Driver | 61 HOLLAND GROVE DRIVE. | | Postcode (278899) |
| Email Address | Chew Kheng Joo @ gmoet - 12m | | |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| If No, Relationship of the Driver with the Insured | | | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | | |
| GENERAL INFORMATION OF THE ACCIDENT | | | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | SIDE SWIPE | | |
| Weather Conditions | <input checked="" type="radio"/> Clear | <input type="radio"/> Raining | <input type="radio"/> Others, _____ |
| Road Surface | <input checked="" type="radio"/> Dry | <input type="radio"/> Wet | <input type="radio"/> Others, _____ |
| OTHER INFORMATION | | | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Was any body injured in the accident? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Number of Passengers (Including Driver) | 01 | | |
| DETAILS OF POLICE ACTION | | | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes | <input type="radio"/> No (If Yes, please state which Police Station.) | |
| Police Station Name | | | |
| Police Station Address | | | |
| Police Station Contact | Tel No. | Fax No. | |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes | <input type="radio"/> No (If Yes, against whom?) | |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | | | |
| Vehicle Registration Number | SHT961M | | |
| Vehicle Make/ Model/ Colour | | | |
| Details of Properties | | | |
| Name of Driver | ALAN PAN | | |
| Personal Identification - NRIC (Singaporean/PR) | | | |
| - FIN/Passport Number | | | |
| Contact Number | 97211681 | | |
| Address | | | |
| Name of Insurance Company | | | |
| Nature of Damage | | | |
| No. of Passenger (Including Driver) | | | |
| (Note - Please use page 6 if you need to add more vehicles) | | | |

SKETCH PLAN**IMPORTANT NOTICE**

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 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.
- 6. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

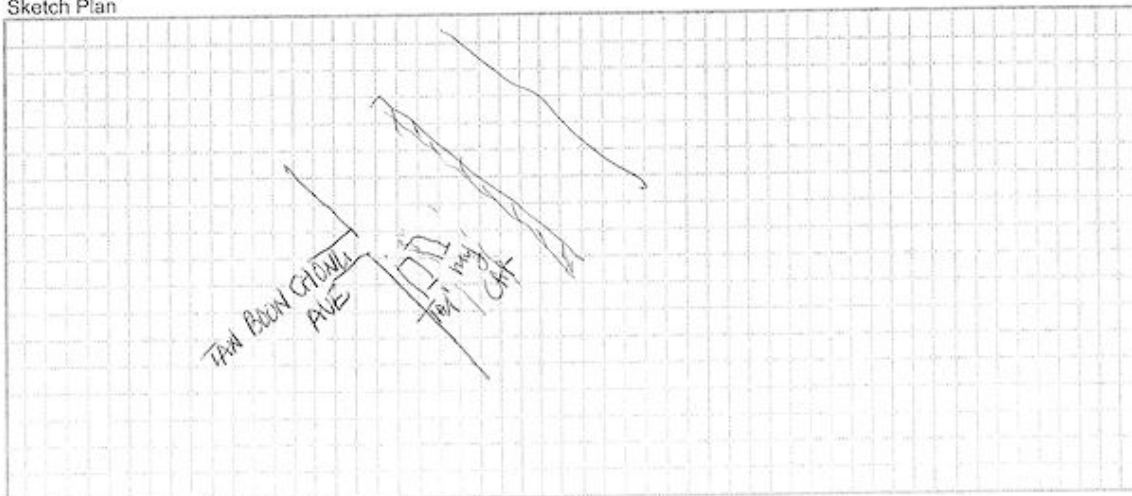
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstance of the Accident

I changed lane and hit the taxi at the right driver side of the taxi and got the front door.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

ALAN PAN
972 11681
SH 7961M

NO INJURY 

I have no injury







