

## 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 ..... 21/09/2021 13:56 (SGT)  
Date of Accident ..... 11/09/2021 10:30 (SGT)  
Exact Location of Accident ..... Pioneer Rd, Singapore  
Additional Location Information ..... PIONEER ROAD ROUNDABOUT TOWARDS AYE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK4160M

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... METAQUIP TC INDUSTRIAL PTE LTD  
Company Reg No ..... A199305621Z  
Email Address ..... fanny\_loi@tanchong.com  
Mobile Phone No ..... (Phone) +65-92992693  
Alternative Phone No ..... (Office) +65-67038746

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
Variant ..... PANEL VAN  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2500

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 999993682/100881176-00000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SIM WEI HAO  
NRIC No ..... S9203759B

Date Of Birth .....	26/01/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	14/03/2013
Driving experience .....	8 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91072913
Alt. Phone Number .....	+65-91072913
Email Address .....	fanny_loi@tanchong.com
Address .....	NA
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 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 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 .....	SJT9411P
Vehicle Manufacturer .....	Daihatsu
Vehicle Model .....	Terios
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	TEO EE LING
NRIC No .....	S7829794H
Contact Number .....	-
Address .....	-


Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	ACCIDENT
Details of property damaged in accident .....	REAR SPARE TYRE COVER
No. Of Passenger (Including Driver) .....	-


# SKETCH PLAN

## IMPORTANT NOTICE

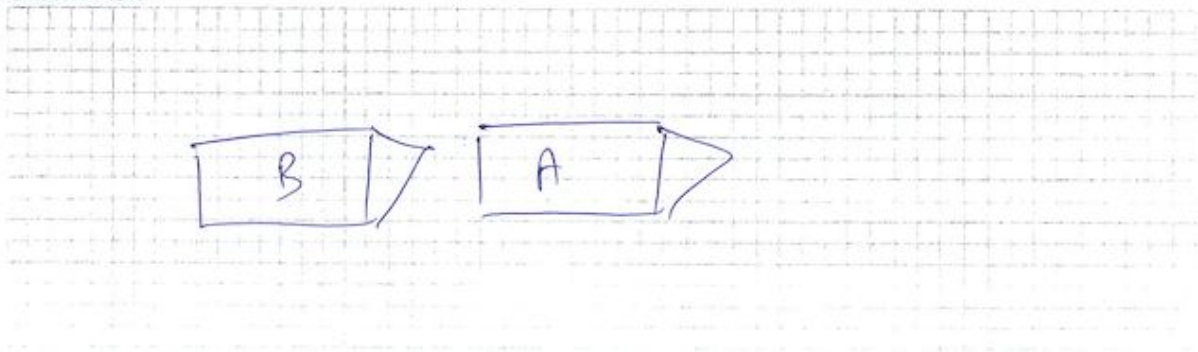
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

## Sketch Plan



## Declaration

Policyholder's Signature / Date &  
Time

Witnessed by Reporting Centre  
Personnel















































## ADDENDUM

## (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : ST0X219L0001 Vehicle Registration No: G3K4160M  
 Name (as shown in NRIC) : METACORP TC IND PTE LTD NRIC/FIN/Passport No : TA  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 92992693  
 Email Address : fanny-loi@tanchong.com  
 Date of Accident : 11/09/2021 Time of Accident : 1030  
 Place of Accident : PONSER RD ROUNDABOUT TOWARD AYR  
 Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD

## (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADDENDUM FROM REPORTING ONLY TO O.D. CLAIM

  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_



  
 Reporting Centre Personnel's Signature  
 Name: SAY DINAH A  
 NRIC/FIN No.: TA  
 Date: 25/9/2021

