

# 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 16:29 (SGT)  
Date of Accident ..... 20/09/2021 16:30 (SGT)  
Exact Location of Accident ..... Florence Rd, Singapore  
Additional Location Information ..... SIMON LANE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR4415L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH YONG SENG  
NRIC No ..... SXXXX808C  
Email Address ..... autohub325@gmail.com  
Mobile Phone No ..... (Phone) +65-90999283  
Alternative Phone No ..... +65-90999283

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Outlander  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900260446  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH YONG SENG  
NRIC No ..... SXXXX808C

Date Of Birth .....	14/08/1978
Occupation .....	Outdoor
Date Of Driving Pass .....	08/04/2004
Driving experience .....	17 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90999283
Alt. Phone Number .....	+65-90999283
Email Address .....	autohub325@gmail.com
Address .....	BLK 646 HOUGANG AVE 8
Address complement .....	#03-291
Postcode .....	530646
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBE3588B
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) ..... -

**SKETCH PLAN**

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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.

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

I understand, acknowledge, agree and consent that:

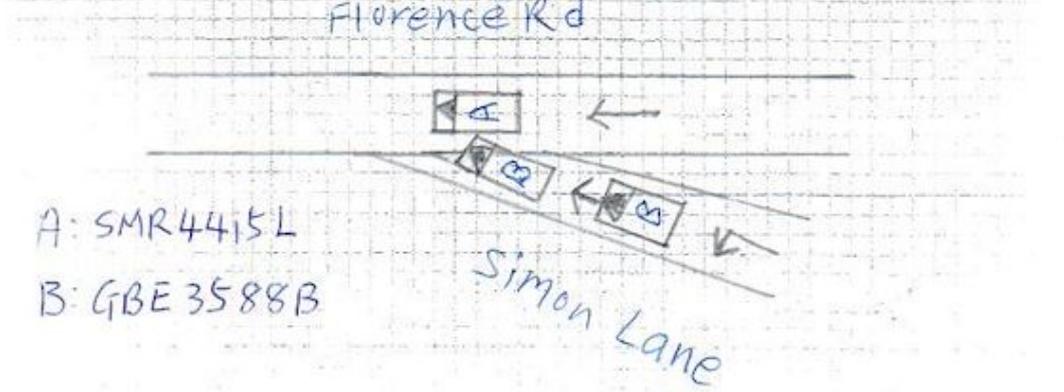
- (a) I, Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or access my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers 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) complying with and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondents, statements, invoices, reports or notices to me, which could involve the transmission 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 Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 situated outside of Singapore, for one or more of the above Purposes.

UP 21 Sep 21  
 Policyholder's Signature / Date & Time

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

shym 21/09/21  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe the Circumstances of the Accident

I was travelling straight along Florence Road towards Hougang. Suddenly veh B from Simon Lane didn't stop at the giveaway line and hit onto my front left side portion of my veh.

Declaration

I declare the foregoing particulars are true in every respect.

UT 21 Sep 21

Policyholder's Signature / Date &

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

21/09/21

Witnessed by Reporting Centre Personnel





















