# **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 witholding 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.

- 4. The issue and acceptance 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 18/09/2021 15:10 (SGT) Date of Accident 17/09/2021 12:38 (SGT) Exact Location of Accident Clemenceau Ave, Singapore Additional Location Information ALONG CLEMENCEAU AVE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Private use

Vehicle Registration Number SJX249F

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner TAN INN POH BERNARD (CHEN YINBAO BERNARD)

NRIC No. SXXXX136I

Email Address BERN8RD@GMAIL.COM Mobile Phone No (Phone) +65-97401570 Alternative Phone No (Home) +65-66332068

VEHICLE PARTICULARS

Manufacturer Audi Model Q2

Variant AUDI Q2 1.0 TFSI

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car

Transmission Auto CC 1000

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number 1900112346

Cover Note Number

DRIVER

Name of Driver TAN INN POH BERNARD (CHEN YINBAO BERNARD) NRIC No. SXXXX136I

Accident report SP0R219I0001

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	26/09/1974 Indoor 15/05/1997 24 YEARS AND 4 MONTHS Male (Phone) +65-97401570 (Home) +65-66332068 BERN8RD@GMAIL.COM 962 DUNEARN ROAD #07-30 587489 Yes
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?  Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 5
Name Gender	NICLOE PANG Female
PASSENGER 2  Name Gender  PASSENGER 3	JOSHUA TAN Male
Name Gender	SHAUNA TAN Female
PASSENGER 4	
Name Gender	JONAH TAN Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -

CIRCUMSTANCES OF ACCIDENT

I WAS ENTERING CLEMENCEAU AVE NORTH FROM NEWTON RD , ONTO THE RIGHTMOST LANE . I WAS WAITING TO FILTER TO THE MIDDLE LANE AND SIGNALLING LEFT. ONCE CLEARED, I PROCEEDED TO FILTER LEFT AND WAS COLLIDED BY THE OTHER VEHICLE. FROM REAR CAMERA, I CAN NOW TELL THAT IT WAS BEHIND ME, ENTERING FROM CTE CAIRNHILL EXIT ONTO CLEMENCEAU AVE NORTH. IT WAS FILTERING FROM THE LEFT LANE TO THE MIDDLE LANE AS WELL.

## 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	SKB9627S
Vehicle Manufacturer	Volkswagen
Vehicle Model	Touran
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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

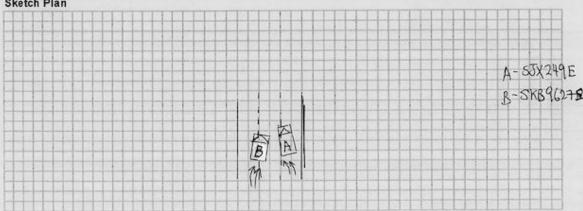
Policyholder's Signature / Date &

Time 18/9/2021 @ 10:25

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of t	Clemenceau Are N. from Newton &	d, outs to Method
lane. I was wait		re god craglly
1st. Once clas		and was collided
by se other veh		100 tell that it
woods behild me	extern from CTE carphill	
	is filtery even to left le	
lane as well.	13 ALOUND AVECENCE INTO	NE 15 O MINGUE
lane as well.		
		The second second
604		
Declaration		
We declare the foregoing particular	s are true in every respect.	
		CAPTES.
0/		(a)
		(NO )*
		Ta way 380
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time 18/9/2021 0 10:25	& Time	Personnel



