

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 06/10/2021 16:11 (SGT)
Date of Accident 06/10/2021 12:30 (SGT)
Exact Location of Accident 500 Guillemard Rd, Singapore 399839
Additional Location Information OUTSIDE 500 GUILLEMARD ROAD (ESTA RUBY CONDO)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY3307K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SURESH MINHAS
NRIC No SXXXX809F
Email Address SURESH.MINHAS@ICLOUD.COM
Mobile Phone No (Phone) +65-90093122
Alternative Phone No +65-90093122

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210020626
Cover Note Number -

DRIVER

Name of Driver SURESH MINHAS
NRIC No SXXXX809F

Date Of Birth	22/07/1983
Occupation	Indoor
Date Of Driving Pass	31/08/2002
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90093122
Alt. Phone Number	+65-90093122
Email Address	SURESH.MINHAS@ICLOUD.COM
Address	1 JALAN KUALA
Address complement	#21-01
Postcode	239639
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	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

I WAS TRAVELLING STRAIGHT. THEN WAITING TO MAKE A RIGHT TURN INTO MY CONDO WITH MY SIGNAL ON. AS I WAS TURNING THE TAXI HIT MY VEHICLE ON THE FRONTAL RHS.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4103A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH
Contact Number	(Phone) +65-88080889
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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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 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 law firms/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

10/6/21, 3:07 PM

502 Guillemard Rd - Google Maps

Google Maps 502 Guillemard Rd



Image capture: Jul 2021 © 2021 Google

Singapore

Google

Street View - Jul 2021



A: SMY3307K

Signature

B: SHL 4103 A

Describe Circumstances of the Accident

I was travelling straight, then waiting to make a right turn into my condo with my signal on. As I was turning the taxi hit my vehicle on the front left.

Declaration

We declare the foregoing particulars are true in every respect.

 06/10/2021

Policyholder's Signature / Date & Time

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

 

Witnessed by Reporting Centre Personnel





























