

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 16/10/2021 11:28 (SGT)
Date of Accident 15/10/2021 13:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION UPPER B.TIMAH AND CLEMENTI RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT9705G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DE MENTEN DE HORNE (BARON) QUENTIN MARIE M.
NRIC No G5107033Q
Email Address QDEMENTENDEHORNE@COCA-COLA.COM
Mobile Phone No (Phone) +65-81218537
Alternative Phone No (Home) +65-81218537

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant NISSAN QASHQAI
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 1199

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070111958-01
Cover Note Number -

DRIVER

Name of Driver DE MENTEN DE HORNE (BARON) QUENTIN MARIE M.
NRIC No G5107033Q

Date Of Birth	02/12/1978
Occupation	Indoor
Date Of Driving Pass	17/08/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81218537
Alt. Phone Number	(Home) +65-81218537
Email Address	QDEMENTENDEHORNE@COCA-COLA.COM
Address	30 LORONG PISANG UDANG
Address complement	-
Postcode	597714
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	FBD2226H
Insurance Company of Other Vehicle Owned by Driver 1	AXA Insurance Pte Ltd
Vehicle Registration Number of Other Vehicle Owned by Driver 2	FBG6735Y
Insurance Company of Other Vehicle Owned by Driver 2	AXA Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HECTOR
Gender	Male

PASSENGER 2

Name	OSCAR
Gender	Male

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

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	SMX3929X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR TAN
Contact Number	(Phone) +65-91857797
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

Vehicle No: SMT 9705 G

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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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 15.10.2021

Driver's Signature

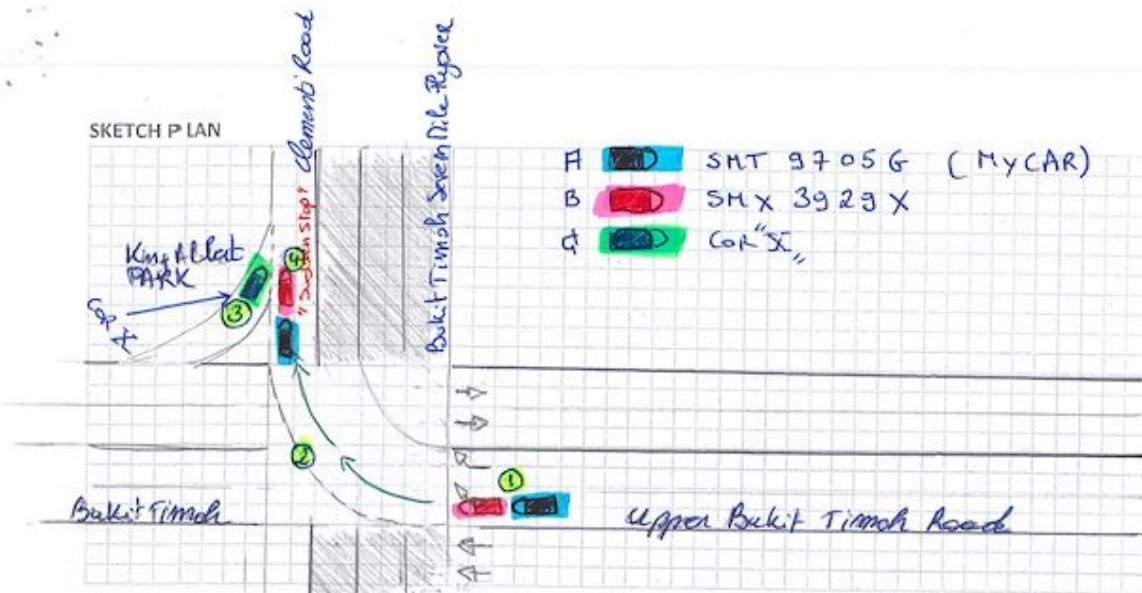
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: **SMT 9705 G**

Accident Location: Junction Upper Bukit Timah and Clementi Road	
Accident Date: 15 octobne 2021	Time: 1.35/40 am/pm
- Brief Details Of Accident -	
① Both car waiting on upper Bukit Timah Road for green light turn to engage on Clementi Road	
② At green light both car engaged at Medium Speed and turn right to engage on Clementi Road.	
③ A vehicle "X" is approaching from the opposite side (Bukit Timah road) and engage on the ramp. The vehicle not honoring the priority is preparing to stop.	
④ the car SMX 3929 X sudden break to stop at approach of car X, surprised by this sudden break and with no reason to stop SMT 9705 G could not avoid the impact.	
- Other Vehicle Involve Details -	
(B) Veh No: SMX 3929 X	Hp: 91857797 Pax: Driver Name: Mr Tan
(C) Veh No: unknown	Hp: Pax: Driver Name:

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





















