

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 02/11/2021 17:48 (SGT)
Date of Accident 31/10/2021 19:17 (SGT)
Exact Location of Accident Raffles Blvd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2699E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIANG SEAFOOD SUPPLIER
Company Reg No 5XXXX327J
Email Address siang63@yahoo.com.sg
Mobile Phone No (Phone) +65-98784655
Alternative Phone No +65-98784655

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070061314-01
Cover Note Number -

DRIVER

Name of Driver TOH KIAN KEAT
NRIC No SXXXX400G

Date Of Birth	05/03/1991
Occupation	Outdoor
Date Of Driving Pass	22/03/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98784655
Alt. Phone Number	-
Email Address	siang63@yahoo.com.sg
Address	BLK 451A SENGKANG WEST WAY #04-369
Address complement	-
Postcode	791451
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ELAINE ANG YI QING
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

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	SHB668T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ELAINE ANG YI QING
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBH2699E
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

REPORT FORM

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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 insure 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, notices, reports or notices etc., which could result in the disclosure of certain personal data about me to being about delivery of the same as well as on the electronic transfer of any relevant packages, etc.);

(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

and my Personal Information may/are disclosed by any of the Insurers to the GIA to deal with my claims and/or for other purposes including their everyday business which may be done outside of Singapore, for one or more of the above Purposes.

~~Signature~~
Policyholder's Signature / Date & Time



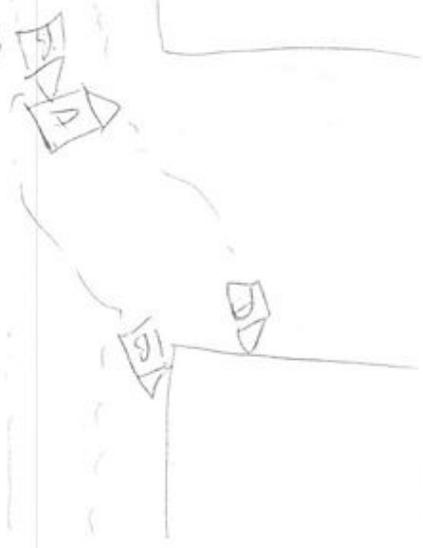
~~Signature~~
Driver's Signature (if driver is not the policyholder) / Date & Time

02/Jul/2021
Submitted by Reporting Centre Personnel

Sketch Plan

ROFFENS BOULEVARD

A: EBH 2699 E
K: S11 B 6687



Accident Report Form (continued)

TRAFFIC LIGHT WAS GREEN ARROW IN MY FAVOR. I PROCEEDED TO MOVE. Suddenly, I felt a huge impact from the left & my vehicle SPIN & hit onto the kerb

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Time




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


Witnessed by Reporting Centre Personnel















CHASSIS NO. : J1FA135Y10K210050
G.W. : 1780 KG
M.L.W. : 3500 KG
PASS. CAP. : 02
TYRE SIZE : F.195/75R-15
 : R.155R-12-8(D)



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821B20004 Vehicle Registration No: 9PH 2685E
 Name (as shown in NRIC): TEH KIAN KHA7 NRIC/FIN/Passport No: SXXX
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98784655
 Email Address: _____
 Date of Accident: 23/10/2021 Time of Accident: 19:17
 Place of Accident: RAFFLES BLVD
 Insurance Company: MG

(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:

Policy number to 207006134-01

 Policyholder / Driver's Signature
 Date:

18/11/2021

 Reporting Centre Personnel's Signature
 Name: Resdi Luman
 NRIC/FIN No.: _____
 Date: