

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 13/12/2021 16:10 (SGT)
Date of Accident 10/12/2021 12:00 (SGT)
Exact Location of Accident 8A Paterson Hill, Singapore 238568
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML277B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHANDY KUSUMA
NRIC No S8661671H
Email Address CHANDYKUSUMA@GMAIL.COM
Mobile Phone No (Phone) +65-91852331
Alternative Phone No +65-91852331

VEHICLE PARTICULARS

Manufacturer Audi
Model Rs4
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 2894

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900085534-01
Cover Note Number -

DRIVER

Name of Driver JESSLYN Kianto
NRIC No S9272974E

Date Of Birth	22/03/1992
Occupation	Indoor
Date Of Driving Pass	25/04/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96201678
Alt. Phone Number	-
Email Address	JESSLYNKIANTO@GMAIL.COM
Address	18 NASSIM HILL
Address complement	#03-01 THE NASSIM
Postcode	258485
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain 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	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EVELYN Kianto
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

A YELLOW TAXI BEHIND WAS TRYING TO PASS BY. AS I MANEUVER A LITTLE BIT TO THE RIGHT, I ACCIDENTALLY HIT THE GAS AND CRASH TO THE CAR IN FRONT OF ME.

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	SKH463A
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number	SHF763E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
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)	-

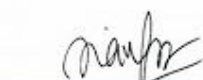
SKETCH PLAN**IMPORTANT NOTICE**

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

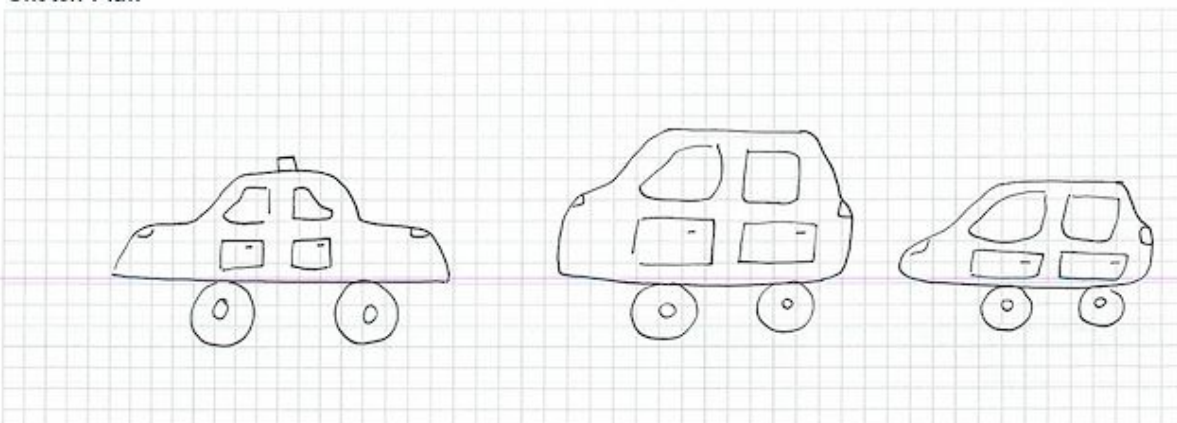
I understand, acknowledge, agree and consent that:

- (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.


 Policyholder's Signature / Date & Time
 12/12/21
 4pm


 Driver's Signature (If driver is not the policyholder) / Date & Time
 10/12/21


 Witnessed by Reporting Centre
 Personnel Tony Fong

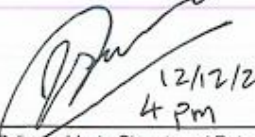
Sketch Plan


Describe Circumstances of the Accident


A yellow taxi behind was trying to pass by. As I maneuver a little bit to the right, I accidentally hit the gas and crash to the car in front of me.

Declaration

We declare the foregoing particulars are true in every respect.


12/12/21
4 pm
Policyholder's Signature / Date & Time


10/12/21
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre
Personnel Tony Fong







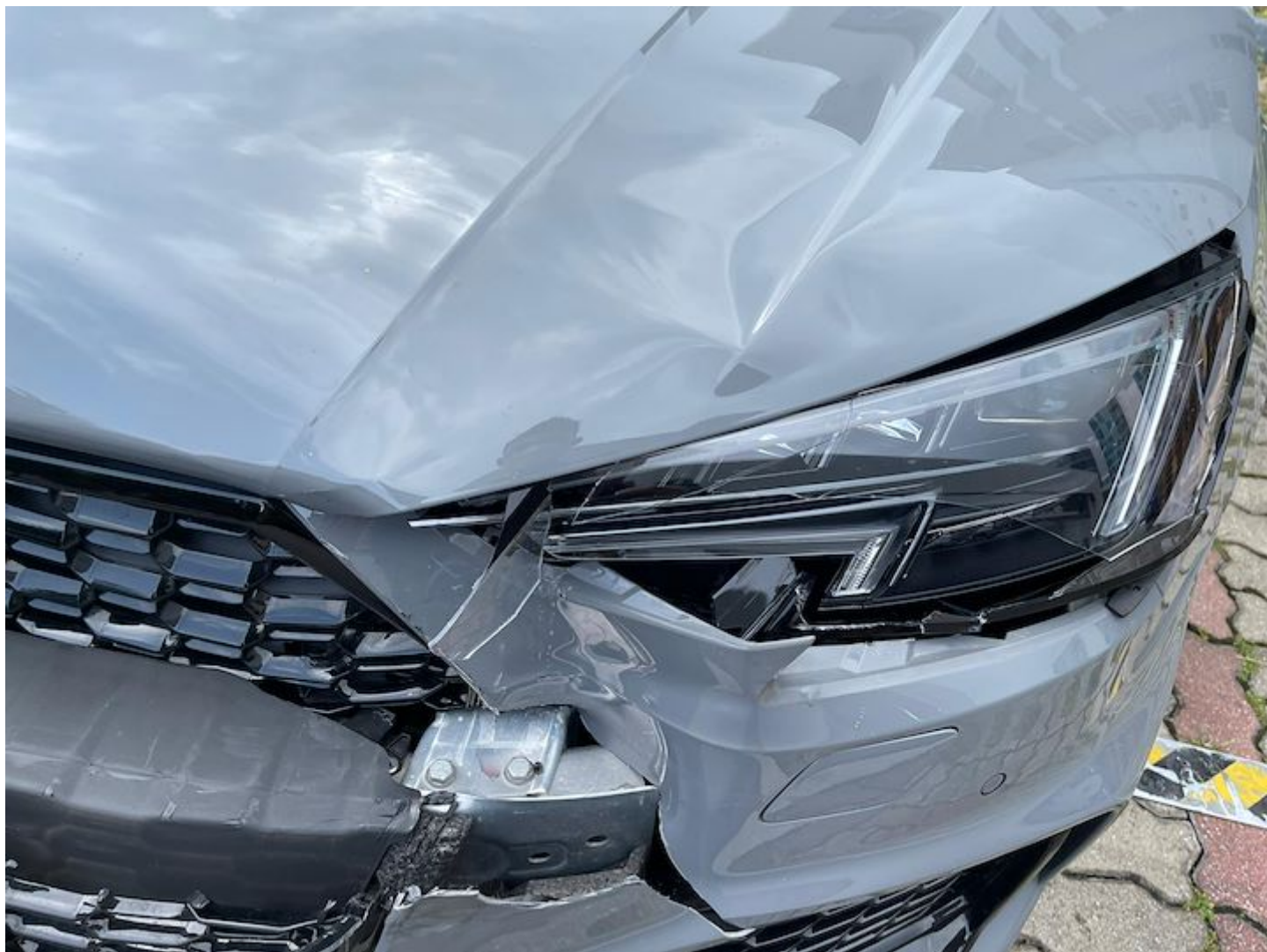




























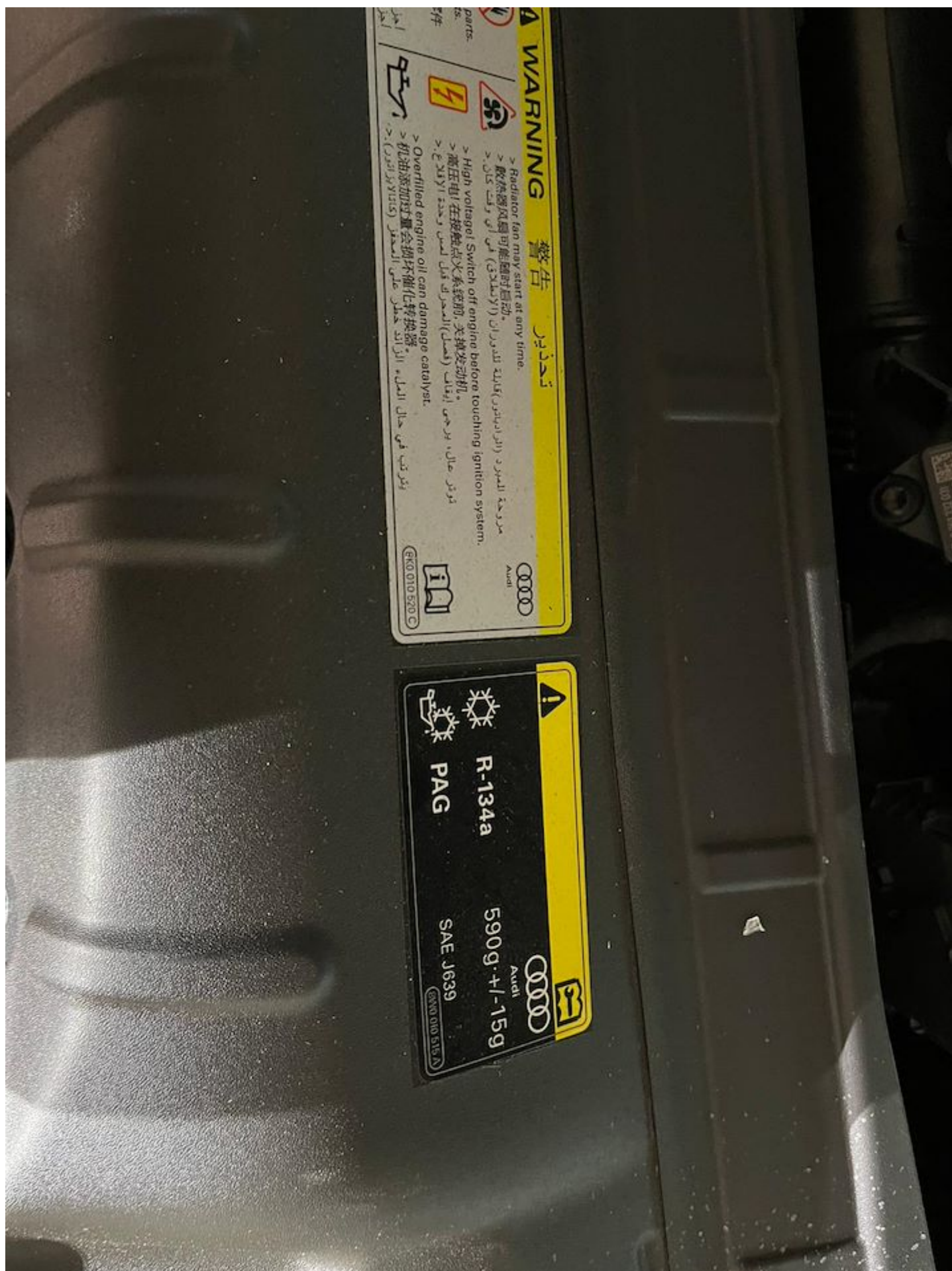




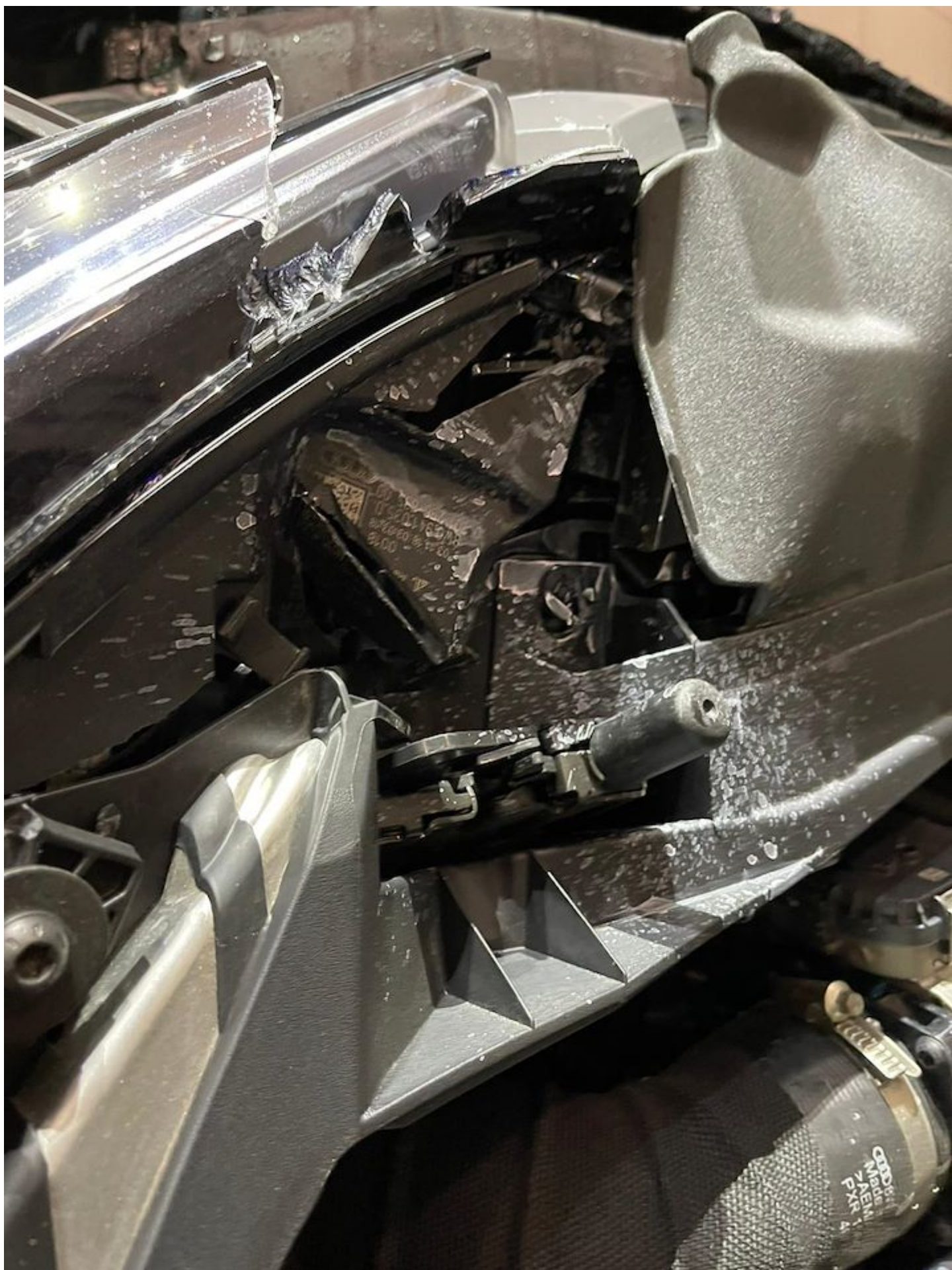


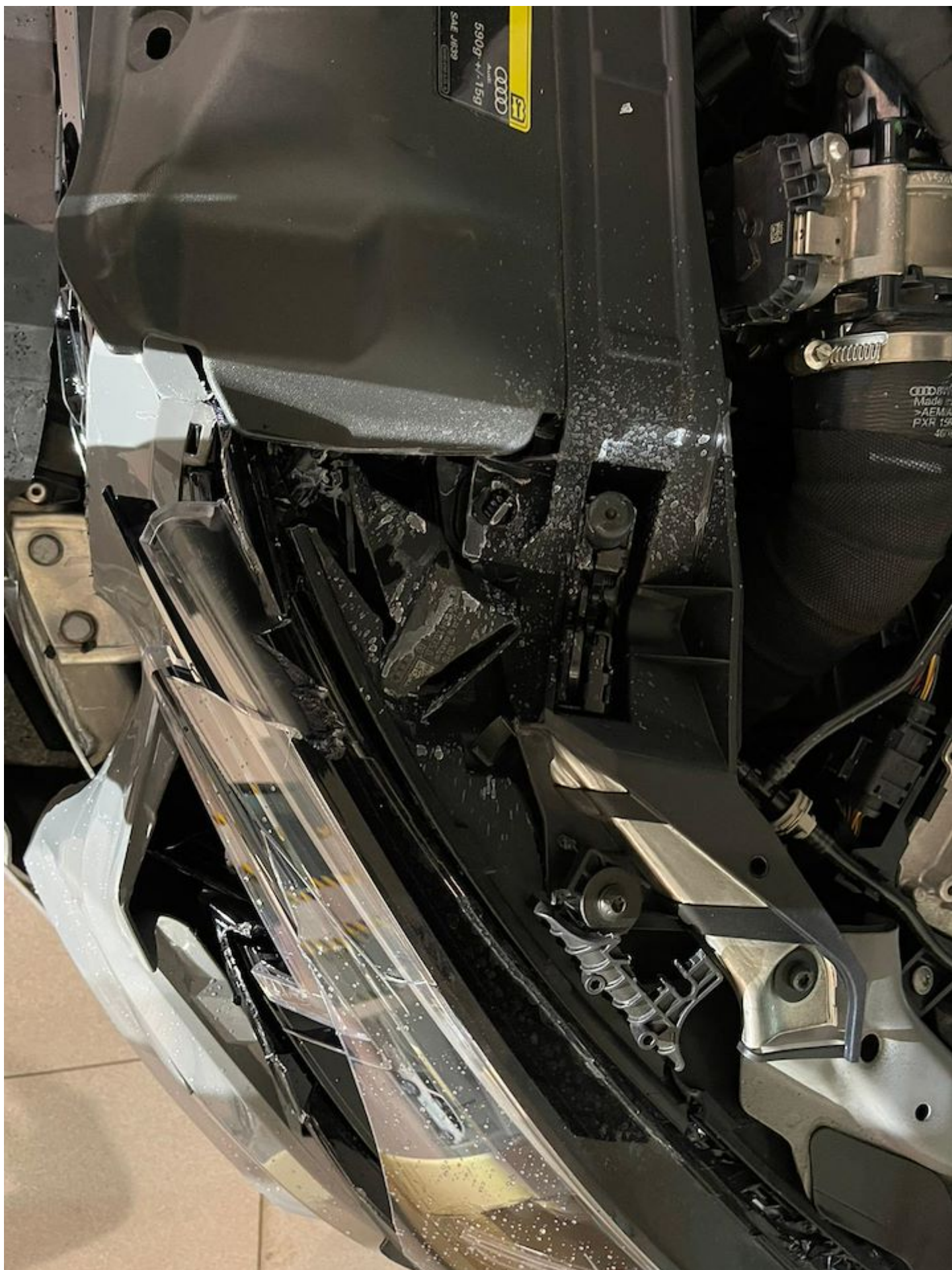














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SP0R21CD0003 Vehicle Registration No: SML 277 B
Name (as shown in NRIC) : CHANDY KUSUMA NRIC/FIN/Passport No : SXXXX671H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 18 NASSIM HILL #03-01 THE NASSIM Singapore (258485)
Contact (Tel) : 91852331 Mobile No. : _____
Email Address : CHANDYKUSUMA@GMAIL.COM
Date of Accident : 10/12/21 Time of Accident : 12:00
Place of Accident : 8A Paterson Hill, Singapore 238568
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(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:

TO CHANGE DRIVING PASS DATE

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: TONY FOONG
NRIC/FIN No.: _____
Date: 13/12/21

