

96450019



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	23/12/2021 13:07 (SGT)
Date of Accident	22/12/2021 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAN-ISLAND EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4603D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN TECK CHYE
NRIC No	SXXXX716D
Email Address	TCTCNA58@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96338571
Alternative Phone No	(Home) +65-96338571

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	NISSAN NV350
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100489327-05
Cover Note Number	-

DRIVER

Name of Driver	CHAN THOR KHOON
NRIC No	SXXXX510E



Date Of Birth	17/12/1972
Occupation	Outdoor
Date Of Driving Pass	16/11/1990
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81571720
Alt. Phone Number	-
Email Address	TCTCNA58@YAHOO.COM.SG
Address	154 SERANGOON NORTH AVENUE 1
Address complement	04-408
Postcode	550154
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2297G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YEO TE TE
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	CHAN THOR KHOON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON JOINTS AND MUSCLES
Injured person in which vehicle?	GBF4603D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: E 8F 4603 D

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3. Information provided must be as truthful and accurate as possible. Any false information or misstatement of fact may allow insurers to deny or reduce the policyholder's liability.
4. The filing 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 assertion may be referred to the Police for investigation.
6. The report will be forwarded to 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 lodgment 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 if required.
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/small 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/are 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 situated 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 exist in evaluating, investigating, controlling or managing fraud, regulation, 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: 22/12/21

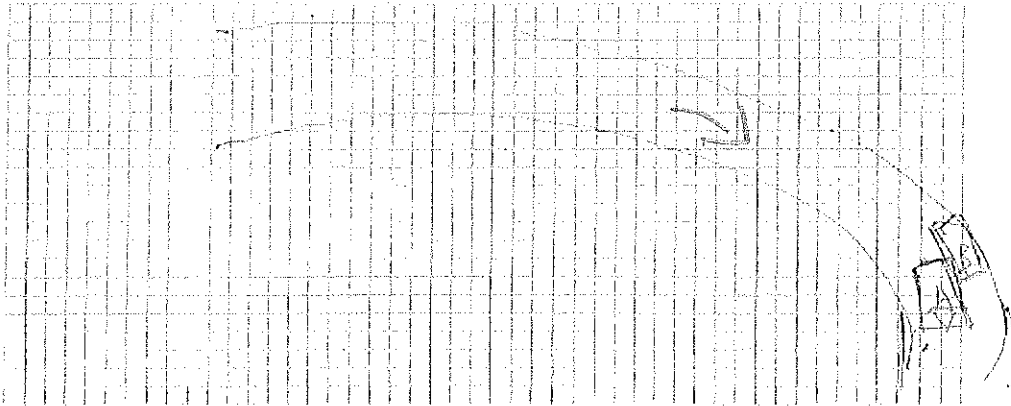
Driver's Signature

(If driver is not the policyholder)
Date & Time: 22/12/21

Reporting Centre Representative Signature

Date & Time: 22/12/21

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: 63 F 4603 D

Accident Location: P 1

Accident Date: 2/2/12/21

Time: 09.15 (an) / pm

- Brief Details Of Accident -

Refer to police report

Other Vehicle Involvement Details

(B) Ven No: 34022976, NL Pax: Driver Name: ~~Alt~~ Yeol Te Te

(C)	Veh No:	Reg:	Per:	Driver Name:	PL
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DECLARATION

We declare the foregoing particulars are true in every respect

李俊卿

Interpretation of Significance

Date of issue: 22/12/21

[Signature]

Driver's Signature _____

(H) driver's output (polyethylene)

221, 212

Repeating Circle 16 69 and 17 69 69 69

Method

$$-\frac{1}{8}f_0\bar{\psi}\gamma^5\psi+\frac{1}{4}f_0\bar{\psi}\gamma^5\psi$$

