

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 03/01/2022 11:51 (SGT)
Date of Accident 31/12/2021 19:12 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC2869R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO CHEN BIN
NRIC No S9238590F
Email Address 707.teochenbin@gmail.com
Mobile Phone No (Phone) +65-96649017
Alternative Phone No +65-96649017

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210121947
Cover Note Number -

DRIVER

Name of Driver TEO CHEN BIN
NRIC No S9238590F

Date Of Birth	17/10/1992
Occupation	Indoor
Date Of Driving Pass	14/07/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96649017
Alt. Phone Number	+65-96649017
Email Address	707.teochenbin@gmail.com
Address	BLK 24 UPPER SERANGOON CRESCENT #14-56
Address complement	-
Postcode	534024
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	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?	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

ON 31/12/2021 AT APPROXIMATELY 1912HRS, I WAS MAKING AN U-TURN ALONG BUKIT TIMAH ROAD TO DUNEARN ROAD. WHEN CHECKING MY BLINDSPOT, I WAS NOT AWARE THAT CAB B IN FRONT APPLIED HIS BRAKE. I WAS ON THE IMPRESSION THAT HE HAS MOVED OFF. AFTERWHICH, MY CAR MADE IMPACT WITH HIS REAR. IT WAS A SMALL CONTACT AND THERE WAS NO VISIBLE DAMAGE ON ANY INJURIES. AFTER A FEW PHOTOS WAS TAKEN, CAR B MOVE OFF.

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	SHC801U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-94567387

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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

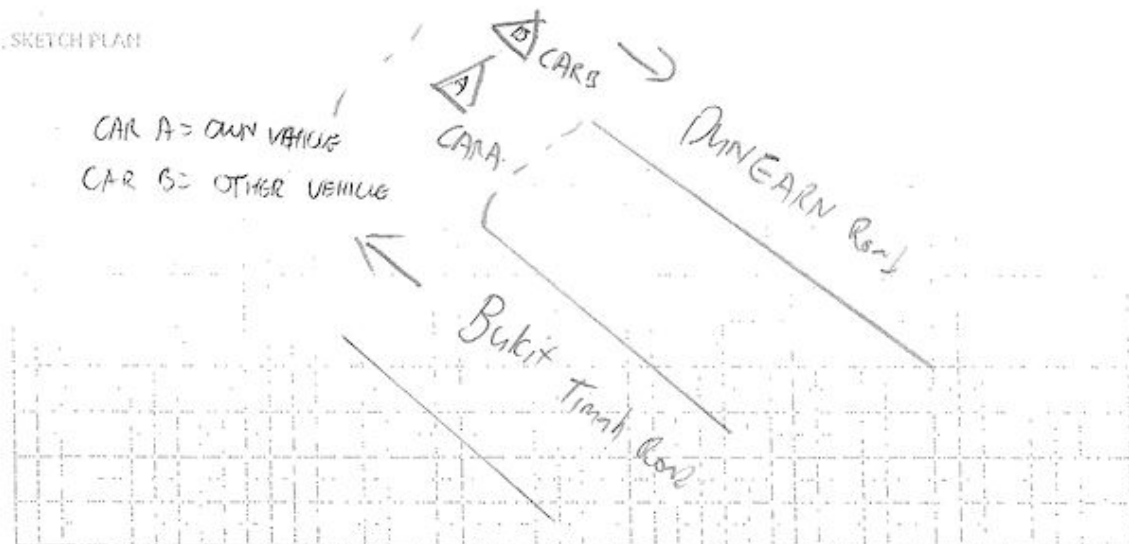
I understand, acknowledge, agree and consent that:

- (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:


Driver's Signature
(If d.d. is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
(If R/GIA staff)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31 DEC 21, AT APPROXIMATELY 1912, I WAS ~~MAKING~~ MAKING A U-TURN ALONG BUKIT TIMAH ROAD TO DUNEARN ROAD. WHEN CHECKING MY BUND SPOT, I WAS UNAWARE THAT CAR "B" IN FRONT OF APPLIED HIS BRAKE. I WAS ON THE IMPRESSION THAT HE HAS MOVED OFF. AFTER WHICH, MY CAR MADE CONTACT WITH HIS REAR. IT WAS A SMALL CONTACT AND THERE WAS NO VISIBLE DAMAGE OR ANY INJURIES. AFTER A FEW PHOTOS WAS TAKEN, CAR "B" PULLED OFF.

DECLARATION

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


Police Officer's Representative
Name & Title:


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

Passenger's Name & Position in the Party
Name:
Date & Time:

I here by authorize SMG motor pte LTD
Send my accident report To my workshop
email: phbm5@yahoo.com













