

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 11/02/2022 09:47 (SGT)
Date of Accident 09/02/2022 16:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOA PAYOH TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB6744G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BKW RENT A CAR PTE LTD
Company Reg No 200106276D
Email Address KENNETH.TAN@BKW.SG
Mobile Phone No (Phone) +65-97898888
Alternative Phone No (Office) +65-97898888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 1210001098
Cover Note Number -

DRIVER

Name of Driver ANWAR BIN JUAINI
NRIC No S6906883I

Date Of Birth	18/02/1969
Occupation	Indoor
Date Of Driving Pass	06/12/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97898888
Alt. Phone Number	-
Email Address	KENNETH.TAN@BKW.SG
Address	120 LOWER DELTA ROAD #02-15 CENDEX CENTRE
Address complement	-
Postcode	169208
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	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

PLEASE REFER TO SKETCH PLAN & STATEMENT

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	SLG7909D
Vehicle Manufacturer	Nissan
Vehicle Model	X-trail
Vehicle Variant	-
Vehicle Colour	-
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) -

SKETCH PLAN

IMPORTANT NOTICE

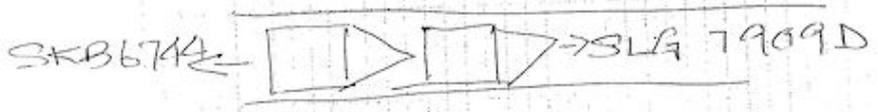
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or processed 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' law yers/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 and packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) of insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date & Time: _____
 Driver's Signature (if driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: _____

Sketch Plan

PIE TOWARD Changi Airport

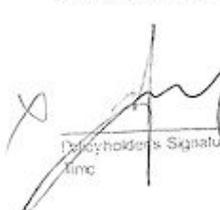
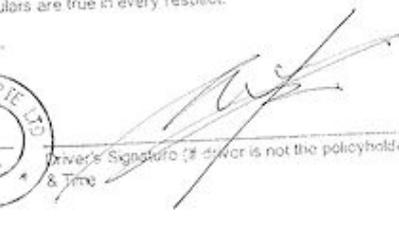


Describe Circumstances of the Accident

I driving on PIE TOA PAYOH
 at 2nd LANE traffic was heavy moving traffic
 slow due to Raining suddenly front
 car RED NISSAN SLG 7909D stop
 I immediately breaks but still hit front (behind)
 car SLG 7909D

Declaration

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



Witnessed by Reporting Centre Personnel



