

## 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 ..... 25/02/2022 11:55 (SGT)  
Date of Accident ..... 25/02/2022 06:47 (SGT)  
Exact Location of Accident ..... Near 236 Holland Rd, Singapore 278596  
Additional Location Information ..... SLIP ROAD AT HOLLAND ROAD AND NORTH BUONA VISTA ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDS6826Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KOK KIONG ANDREW  
NRIC No ..... SXXXXX917J  
Email Address ..... ATKK2010@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96337330  
Alternative Phone No ..... (Home) +65-64679551

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A6  
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 ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100390817-07  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN KOK KIONG ANDREW

NRIC No .....	SXXXX917J
Date Of Birth .....	25/09/1967
Occupation .....	Indoor
Date Of Driving Pass .....	25/03/1991
Driving experience .....	30 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96337330
Alt. Phone Number .....	(Home) +65-64679551
Email Address .....	ATKK2010@GMAIL.COM
Address .....	24 JALAN HAROM SETANGKAI
Address complement .....	-
Postcode .....	258815
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 .....	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 .....	BRANDON TAN
Gender .....	Male

#### 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

AT THE TURNING IN TO NORTH BUONA VISTA ROAD FROM HOLLAND ROAD, THE RED MAZDA IN FRONT OF THE CAR AHEAD OF ME (TOYOTA) STOPPED SUDDENLY AT PEDESTRIAN CROSSING. THE TOYOTA BRAKED BUT I COULD NOT BRAKE IN TIME. AS A RESULT, I BUMPED INTO THE TOYOTA. I AM NOT SURE IF THE TOYOTA ALSO HIT INTO THE RED MAZDA.

#### 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 .....	SCH2797L
Vehicle Manufacturer .....	Mazda

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	JAMES TAN
Contact Number .....	(Phone) +65-81617974
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJP6956A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	MAVIS HOON
Contact Number .....	(Phone) +65-91552896
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

Circumstances of SKETCH PLAN SKETCH PLAN

IMPORTANT NOTICE

1. Please report as soon as possible to the police to speed up the claims process or early investigation.  
 2. This form must be completed by the Policyholder and/or the Authorized Driver and/or the Police and/or the Insurance Association.  
 3. Information provided must be as true and accurate as possible. Any false information and/or holding of false facts may lead to policy being voided, insurance companies to repudiate policy liability.  
 4. Any false information provided by the policyholder or the Authorized Driver is not an admission of policy liability on the part of the insurance companies.  
 5. Any false information may be referred to the Police for investigation.  
 6. The 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.

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

I understand, acknowledge, agree and consent that:

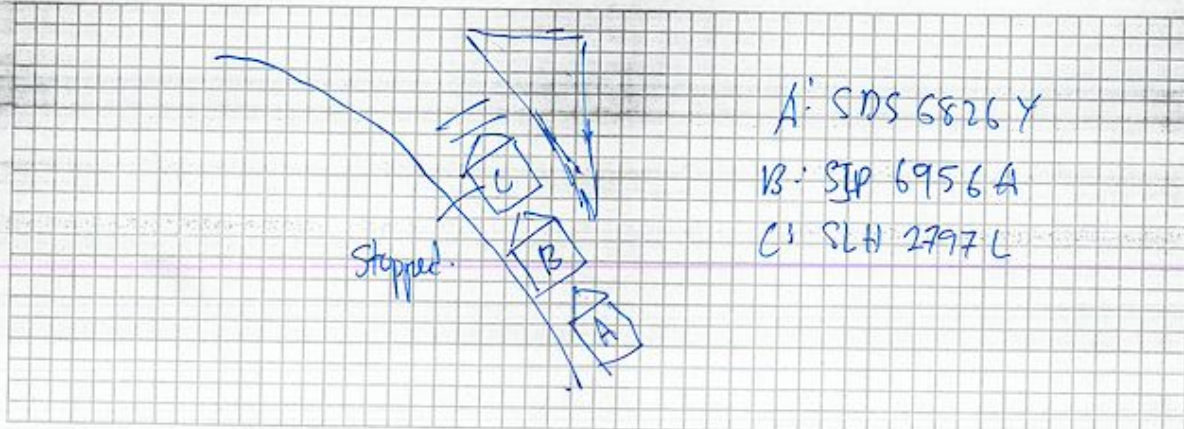
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
 25/02/22

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

  
 Witnessed by Reporting Centre Personnel

Sketch Plan






Describe Circumstances of the Accident

At the turning in to north Buona Vista Road from Holland Road, the Red Mazda in front of the car ahead of me (the Toyota) stopped suddenly at pedestrian crossing. The Toyota braked but I could not brake in time. As a result I bumped into the Toyota. I am not sure if the Toyota also hit into the Red Mazda Mazda.

Declaration

We declare the foregoing particulars are true in every respect.

 25/02/22

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel





































































