

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 25/03/2022 16:43 (SGT)
Date of Accident 25/03/2022 11:45 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE TOWARDS CITY AFTER ALEXANDRA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM2164K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HIKARU FUJISHIMA
NRIC No S7871244I
Email Address fujishimahikaru@gmail.com
Mobile Phone No (Phone) +65-96984296
Alternative Phone No +65-96984296

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant 2.0 XT
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700071308-04
Cover Note Number -

DRIVER

Name of Driver HIKARU FUJISHIMA
NRIC No S7871244I

Date Of Birth	14/11/1978
Occupation	Indoor
Date Of Driving Pass	25/03/2000
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-96984296
Alt. Phone Number	+65-96984296
Email Address	fujishimahikaru@gmail.com
Address	BLK 19 JALAN MEMBINA #05-26
Address complement	-
Postcode	163019
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)	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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR7876U
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TIAN YILIN
NRIC No	-1
Contact Number	(Phone) +65-98323255
Address	-

Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	BADLY DAMAGE
Details of property damaged in accident	FRONT DAMAGE
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")

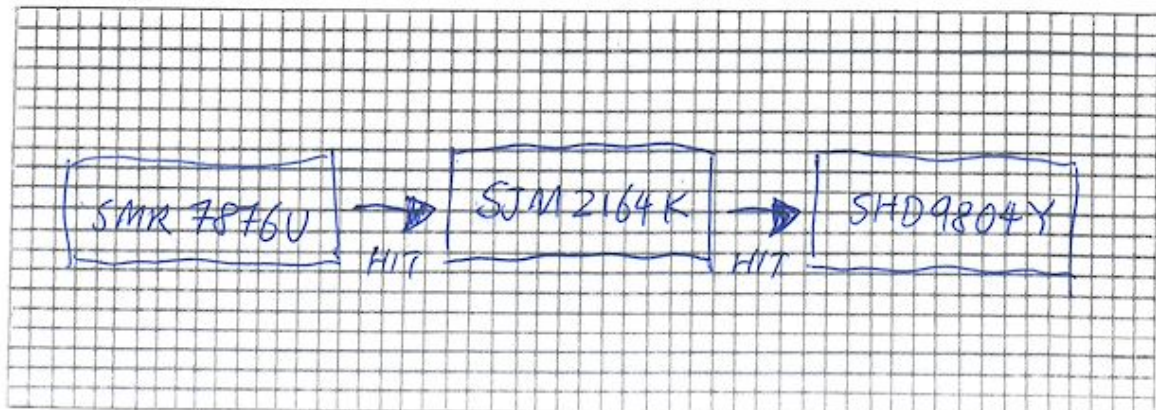
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 25 MAR 2022
Policyholder's Signature / Date & Time

 25 MAR 2022
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I WAS DRIVING ALONG AYE TOWARDS CITY, ON LANE 1. JUST AFTER ALEXANDRA EXIT, THE VEHICLE IN FRONT OF ME BRAKED HARD. I BRAKE HARD AS WELL TO AVOID A COLLISION WITH IT. SHORTLY AFTER, THE VEHICLE BEHIND ME COLLIDED WITH MY VEHICLE.

VEHICLE IN FRONT: SHD 9804 Y

DRIVER - LAU LIANG SOON

NRIC - 9876

MOBILE - 96216532

VEHICLE AT REAR: SMR 7876 U

DRIVER - TIAN YILIN

NRIC - 9196

MOBILE - 98323255

Declaration

We declare the foregoing particulars are true in every respect.

 25 MAR 2022
Policyholder's Signature / Date & Time

 25 MAR 2022
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel