

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 21/04/2022 15:38 (SGT)
Date of Accident 20/04/2022 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TOWARD CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS5597G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BAET YEOK LIN
NRIC No S1441291C
Email Address baet_dsd@yahoo.com
Mobile Phone No (Phone) +65-94307275
Alternative Phone No +65-94307275

VEHICLE PARTICULARS

Manufacturer Nissan
Model Note
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 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 19000011596
Cover Note Number -

DRIVER

Name of Driver BAET YEOK LIN

Date Of Birth 03/01/1960
Occupation Indoor
Date Of Driving Pass 09/07/1992
Driving experience 29 YEARS AND 9 MONTHS
Gender Male
Mobile Number (Phone) +65-94307275
Alt. Phone Number +65-94307275
Email Address baet_dsd@yahoo.com
Address 189 BUKIT BATOK WEST AVE 6 #17-27
Address complement -
Postcode 650189
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 Raining
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 4
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

SEE ATTACHED

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 YN6743E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver JESURAJ STEPHEN SURESH
Contact Number (Phone) +65-98067598
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 SKC4752R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TARA CATHERINE BURNS
Contact Number (Phone) +65-82429788
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number XE1952K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver XU CHAN SHENG
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICEVehicle No: 3LS55976

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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:

21-04-2022/1430



Driver's Signature

(If driver is not the policyholder)

Date & Time:

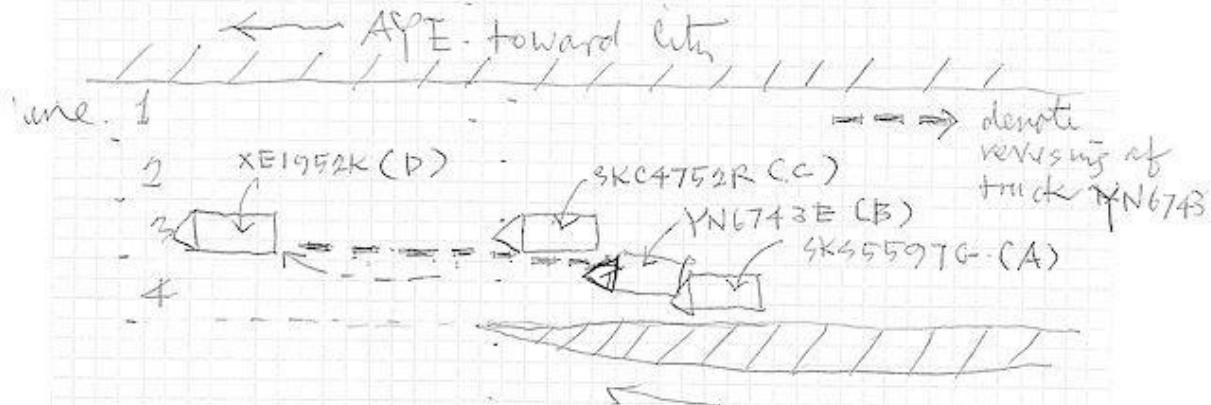


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: SKS 5597G.

Accident Location: AYE toward city, near ERP gantry & exit Alexandra Road
 Accident Date: 20.04.2022 Time: 6.00 am / pm

- Brief Details of Accident -

- Accident Location: AYE toward city at about 150m to ERP gantry, before Alexandra road exit.
- 4 vehicles involved in accident across lane 3 & 4.
- the 14ft truck crashed into left back of tipper truck (P)
- the 14ft reversing out from back of tipper truck from lane 3 to 4 after the collision.
- then it hit the left of private car SKC4752R during reversing.
- it has continued reversing and hit into my car (SKS5597G)

- Other Vehicle Involved Details -

(B) Veh No: YN6743E Hp: 98067598 Pax: Driver Name: Mr. Jesuraj Stephen Suresh
 (C) Veh No: SKC4752R Hp: 82429788 Pax: Driver Name: Ms. Tara Catherine Burns.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 CB > XE 1952K

Mr. Xu Changsheng.

Bout

Policyholder's Signature

Date & Time:

21.04.2022 / 1450

GAIAC Sketch Plan Form_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

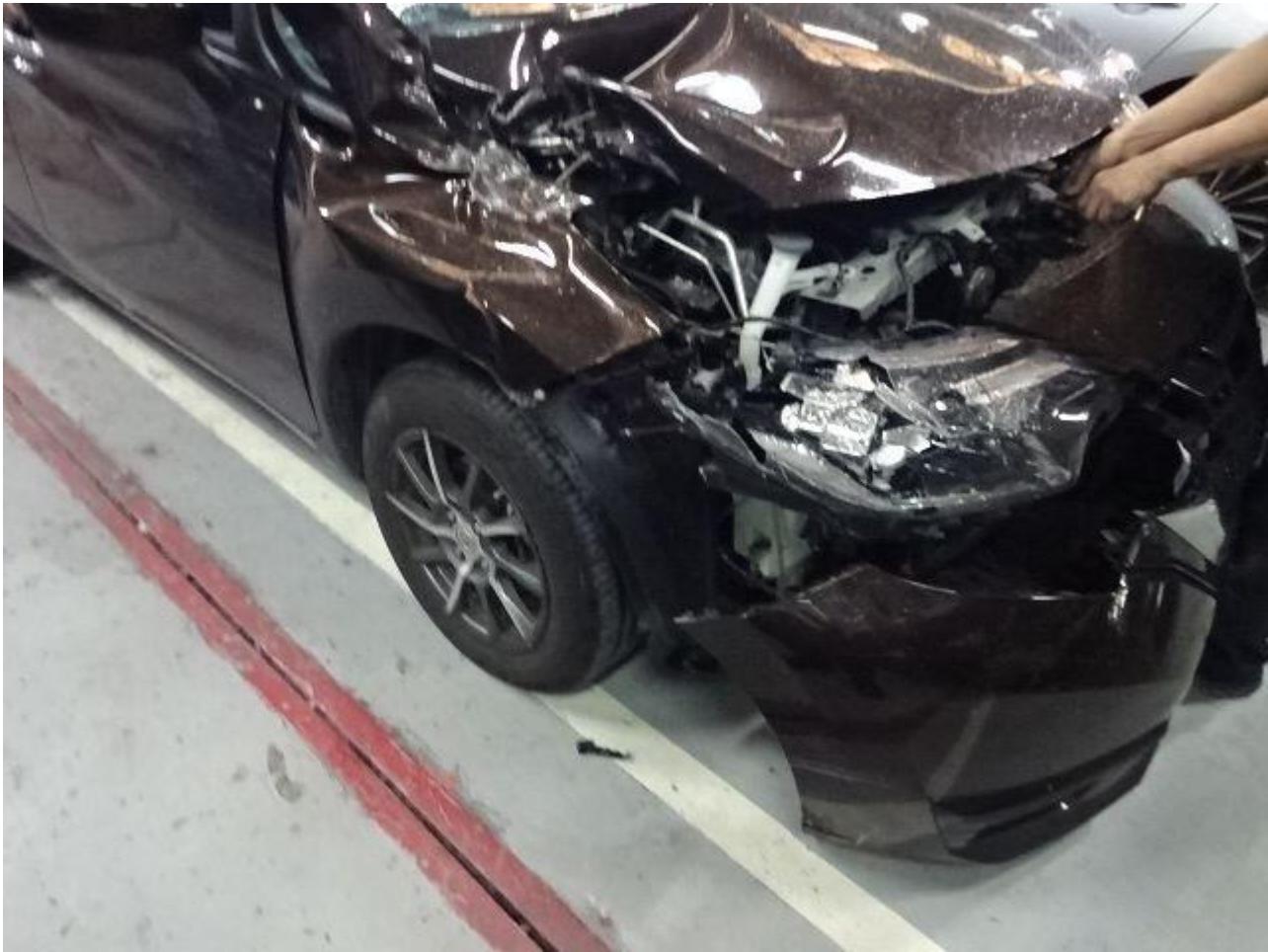
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NRIC/FIN No.:

IMAGES



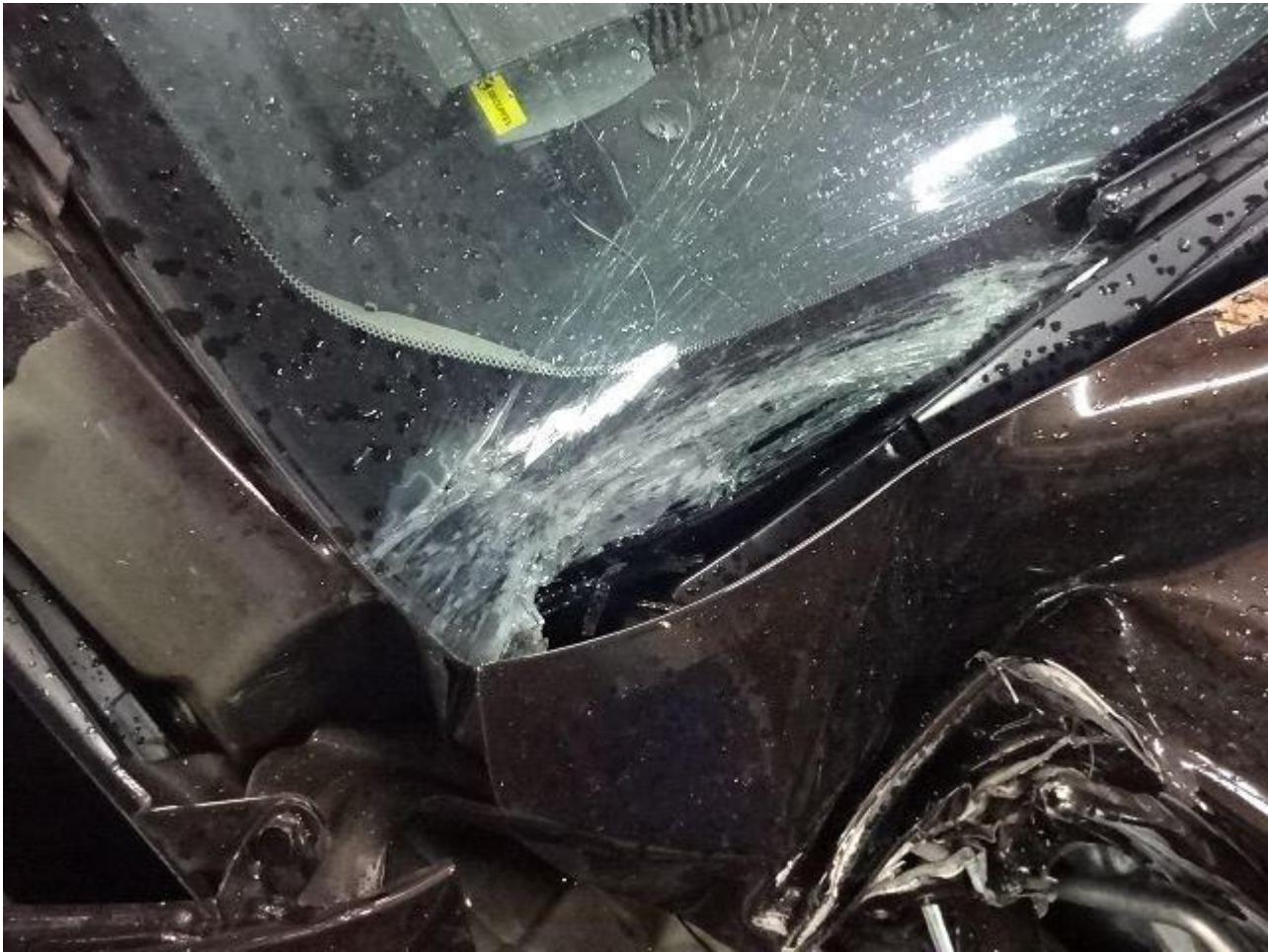
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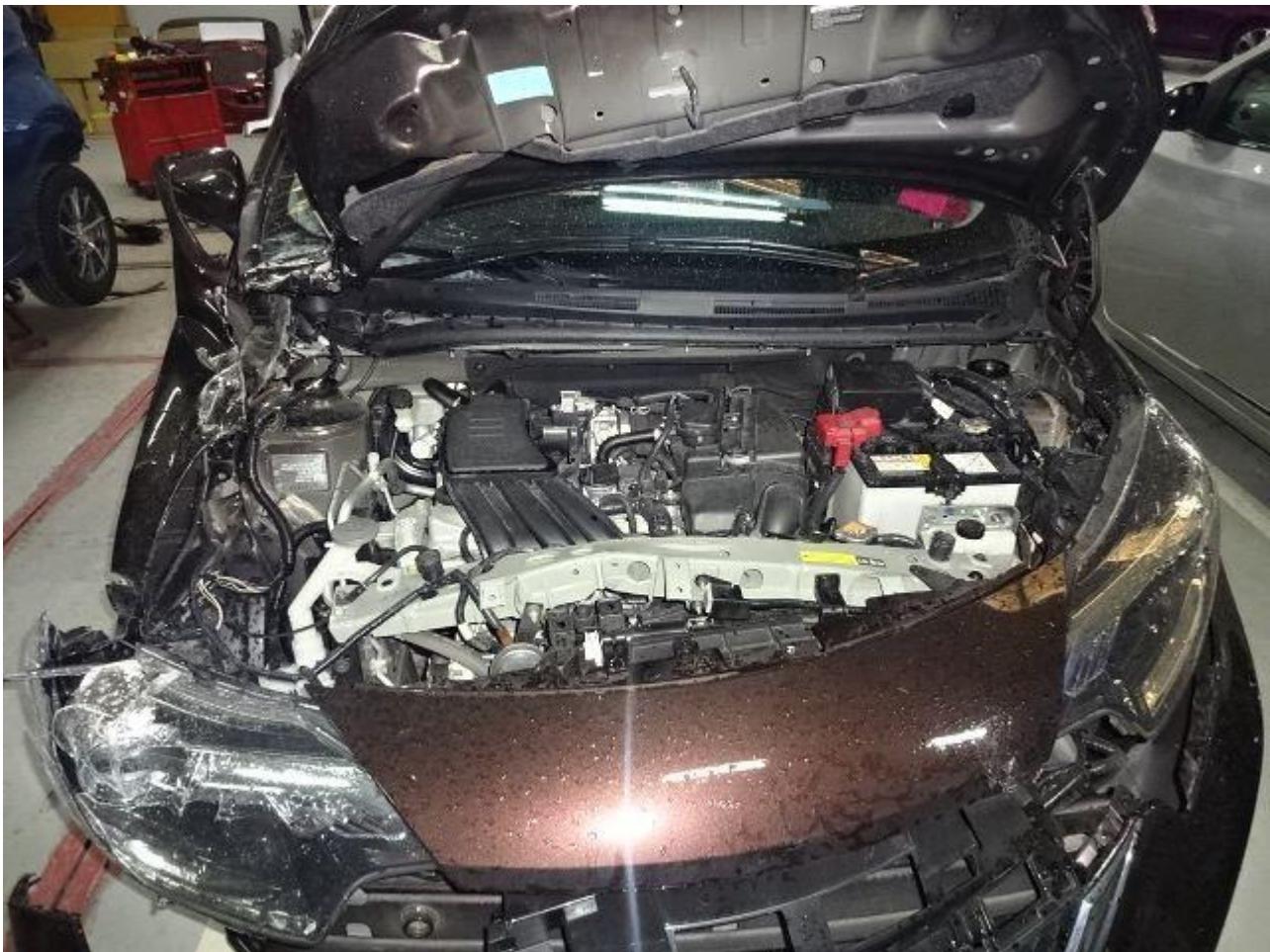
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IMAGES #12

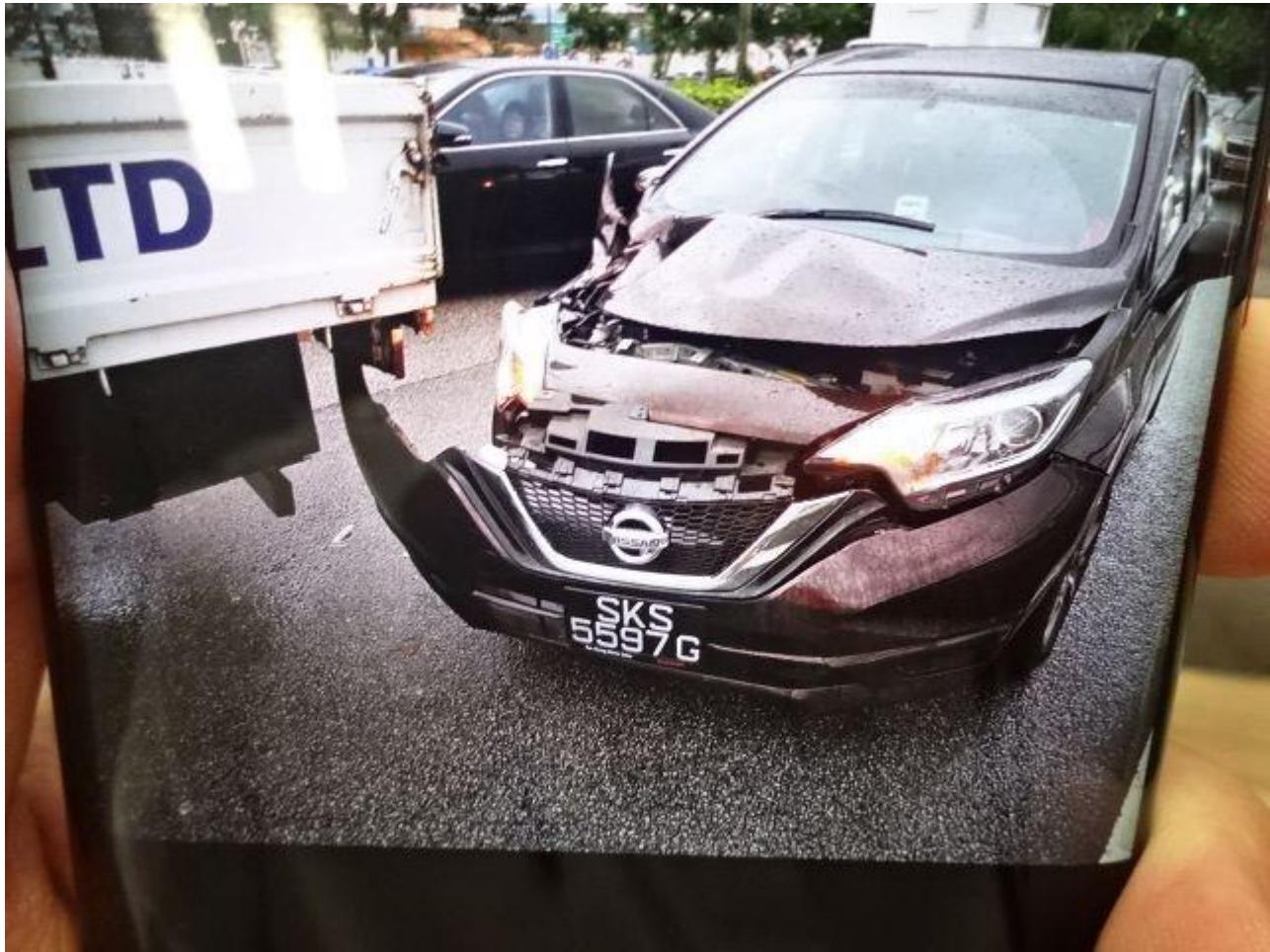


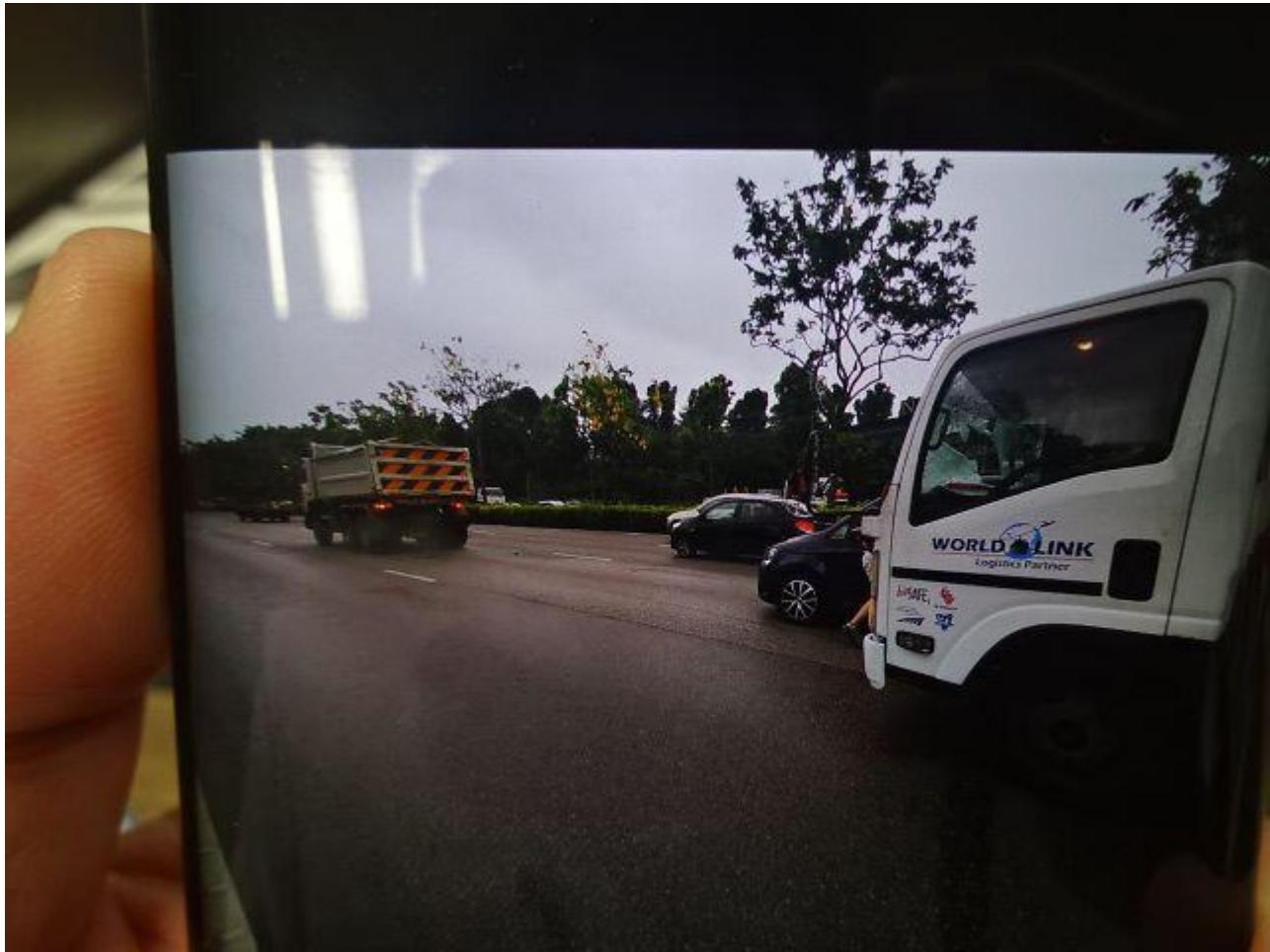
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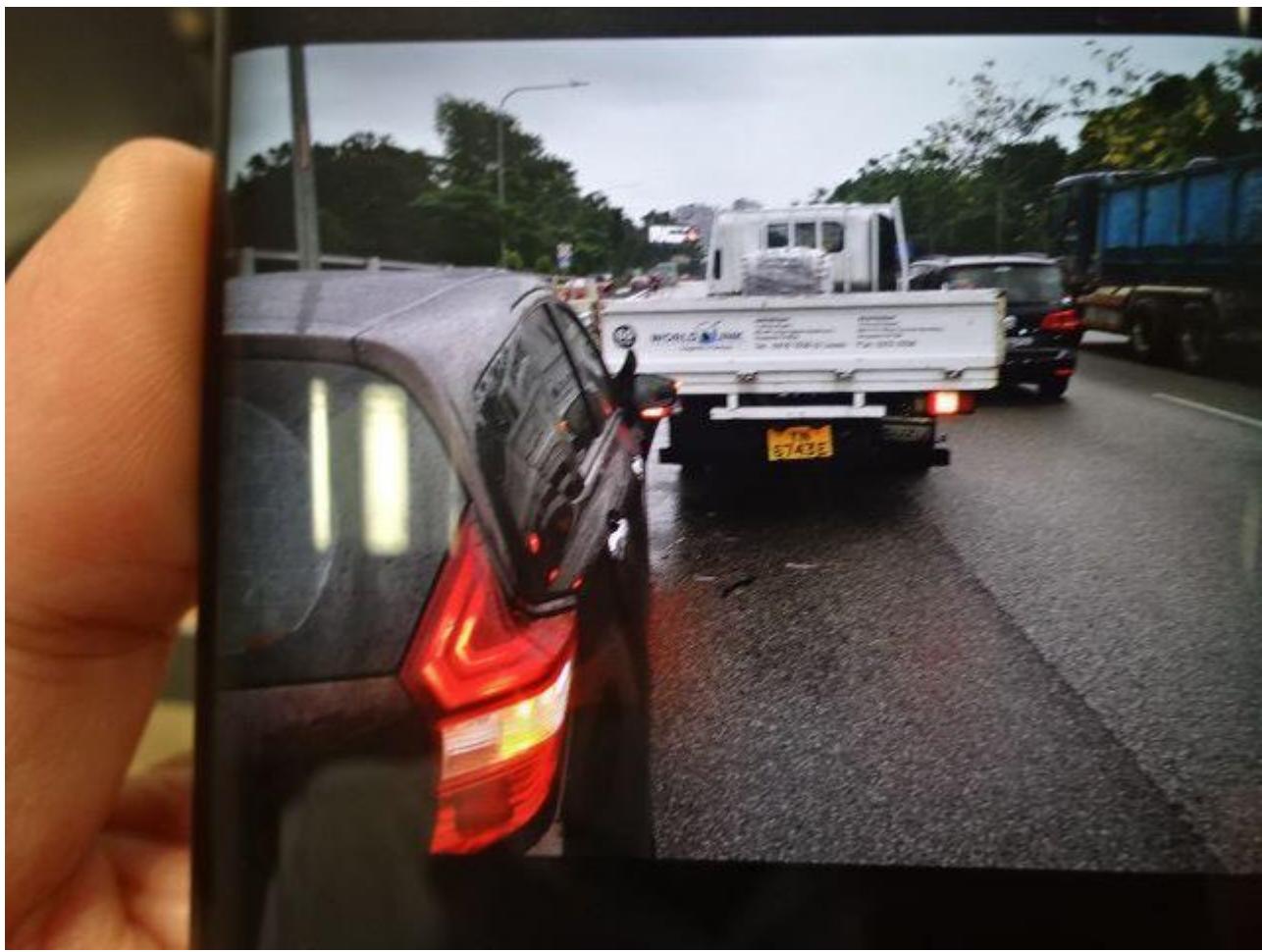










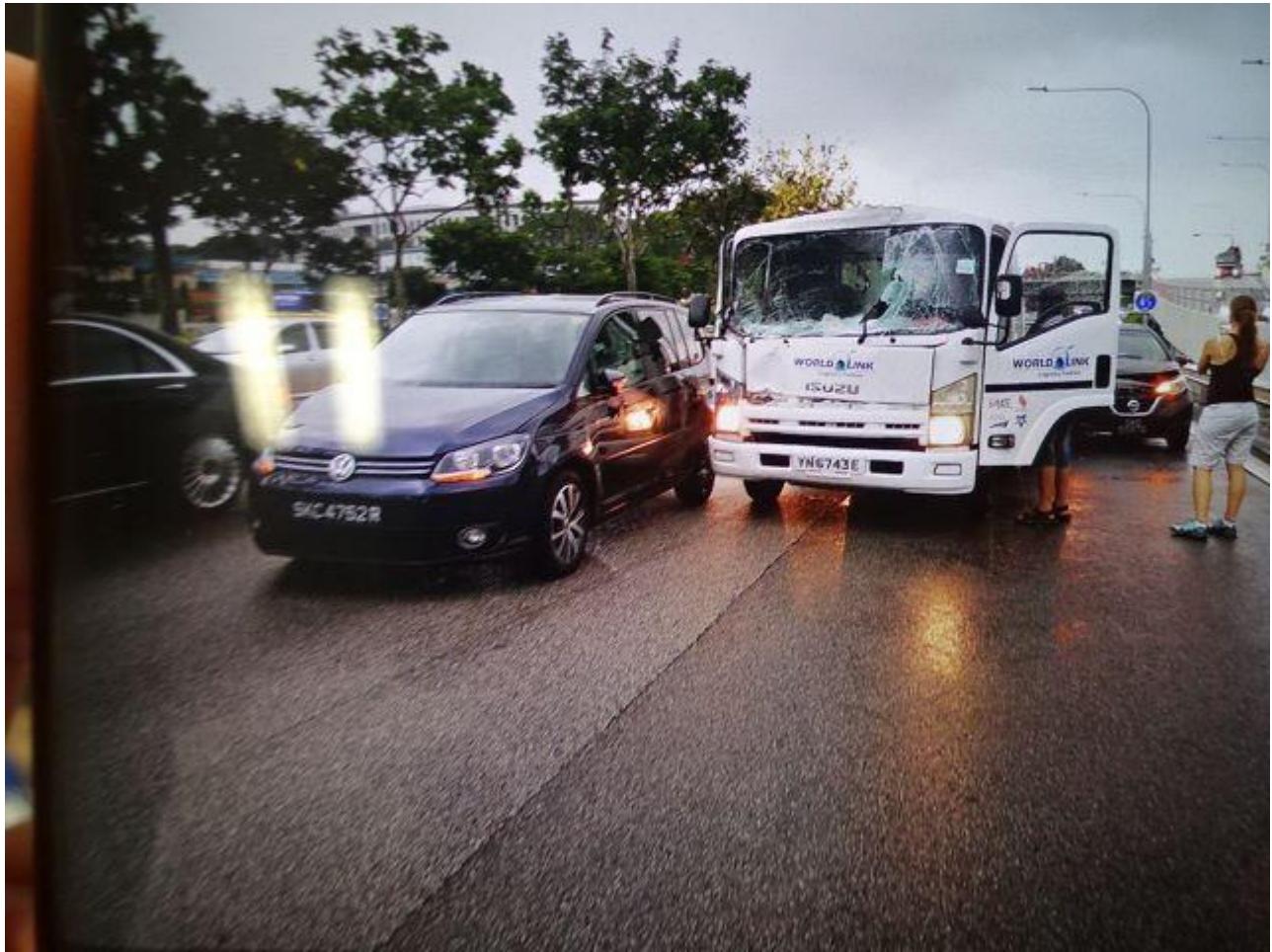


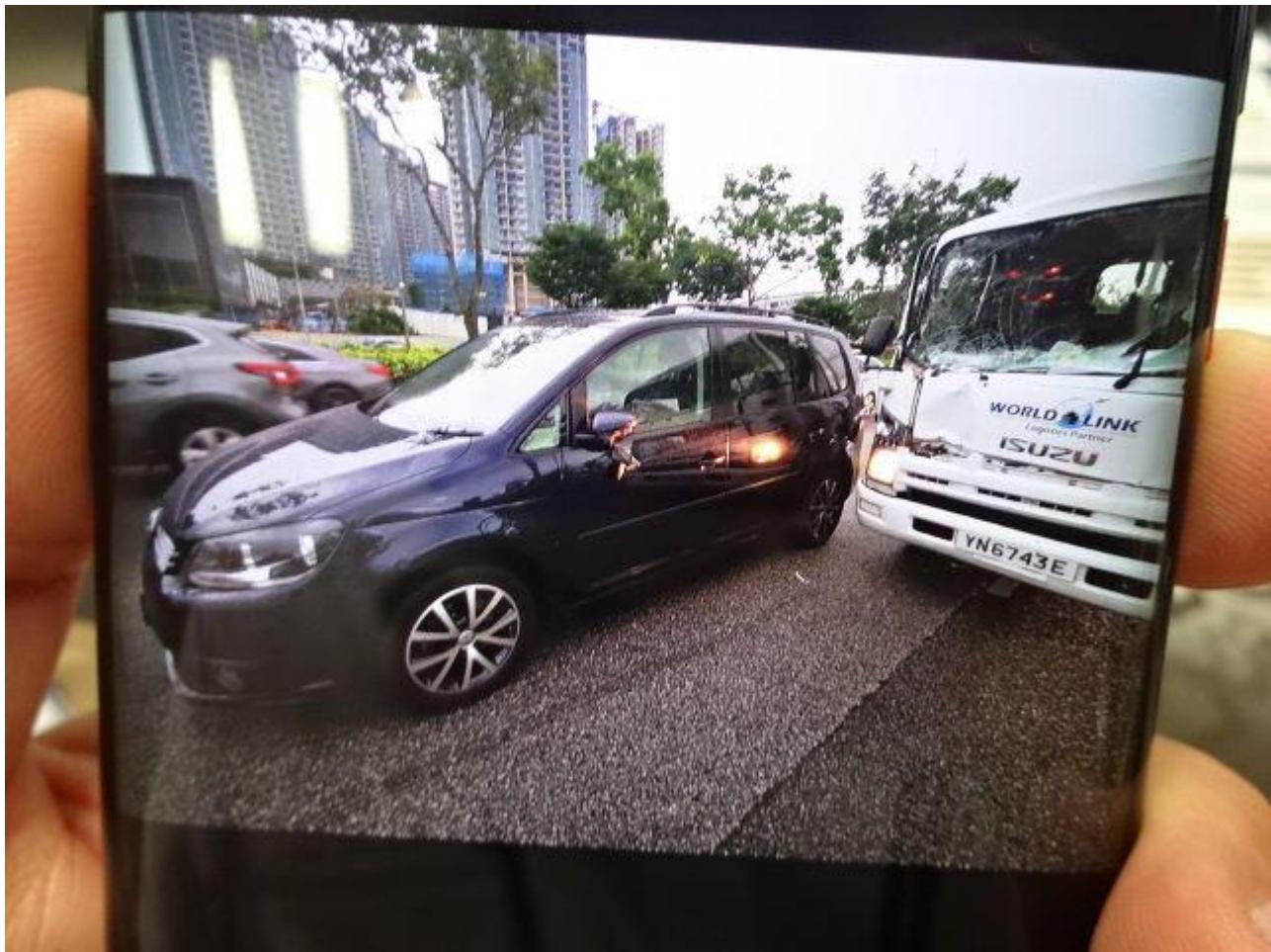


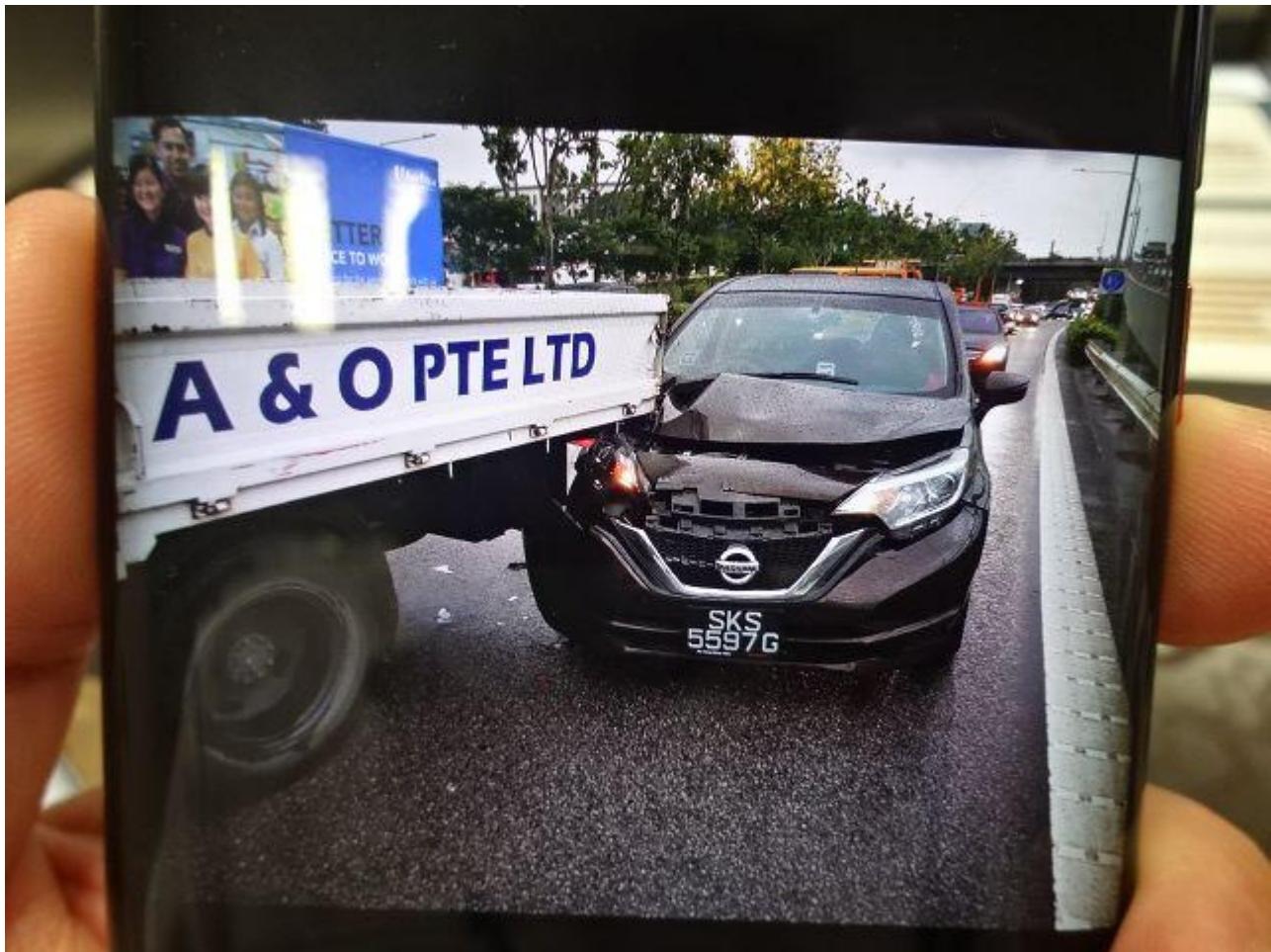
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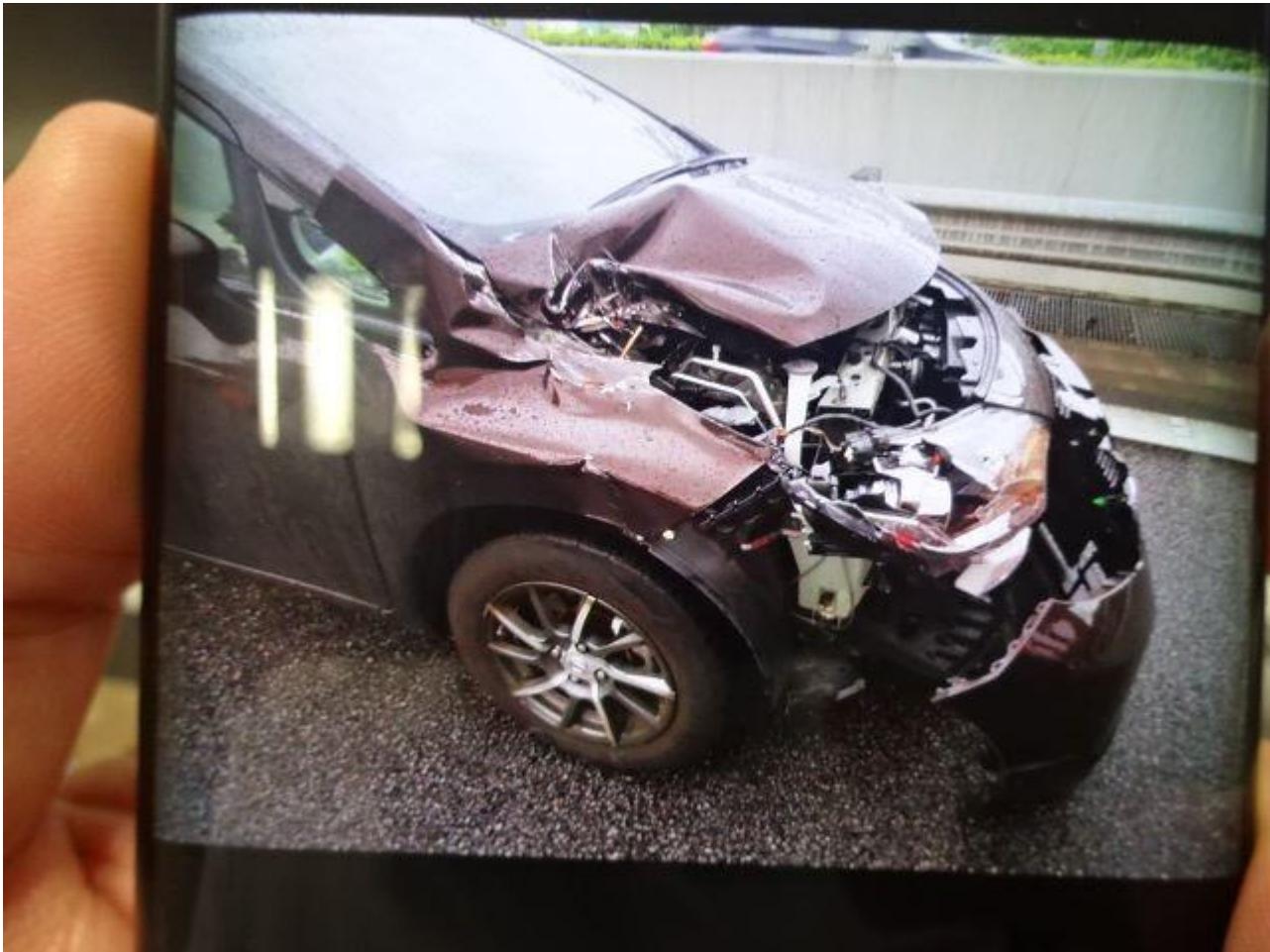
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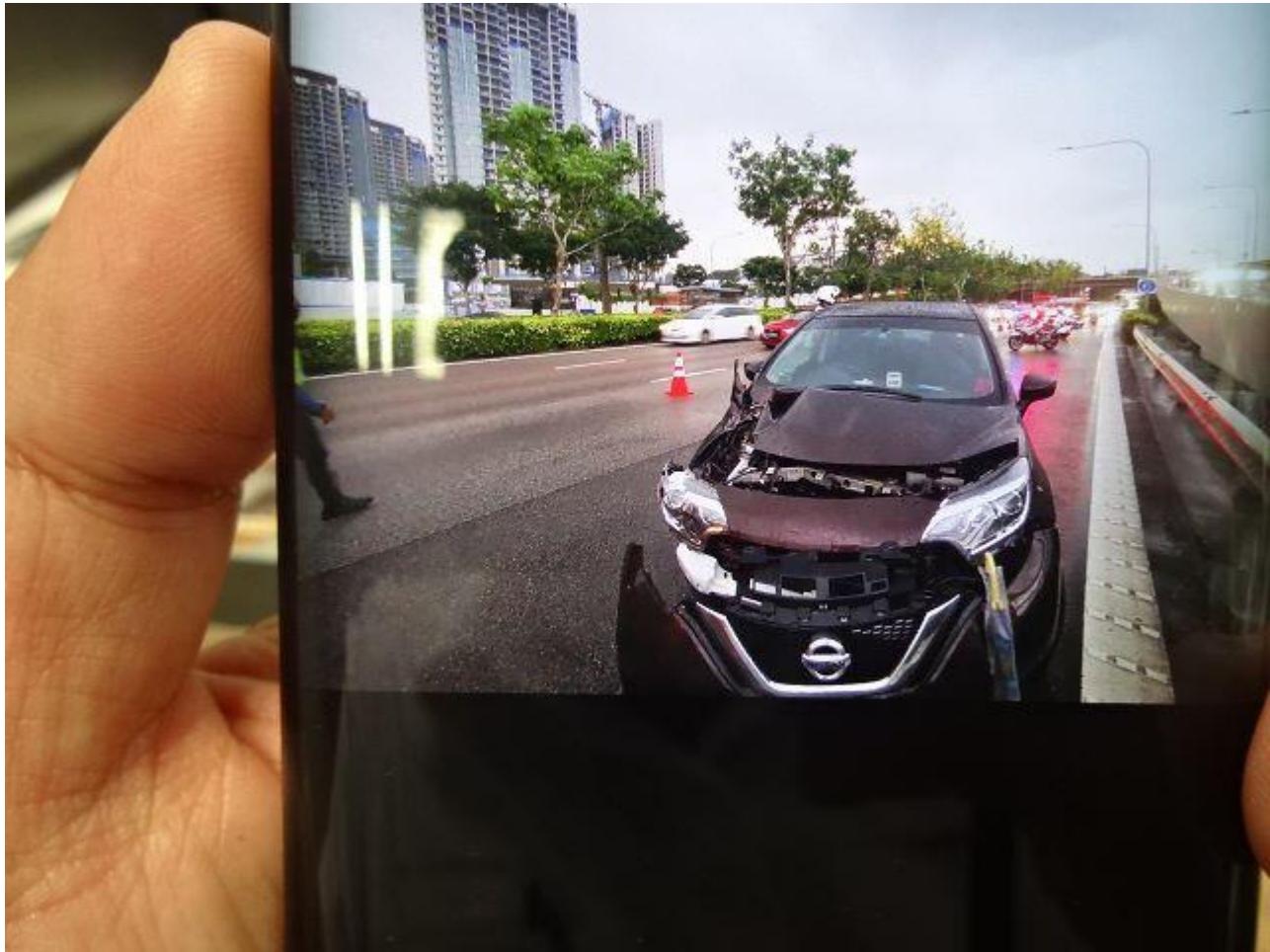




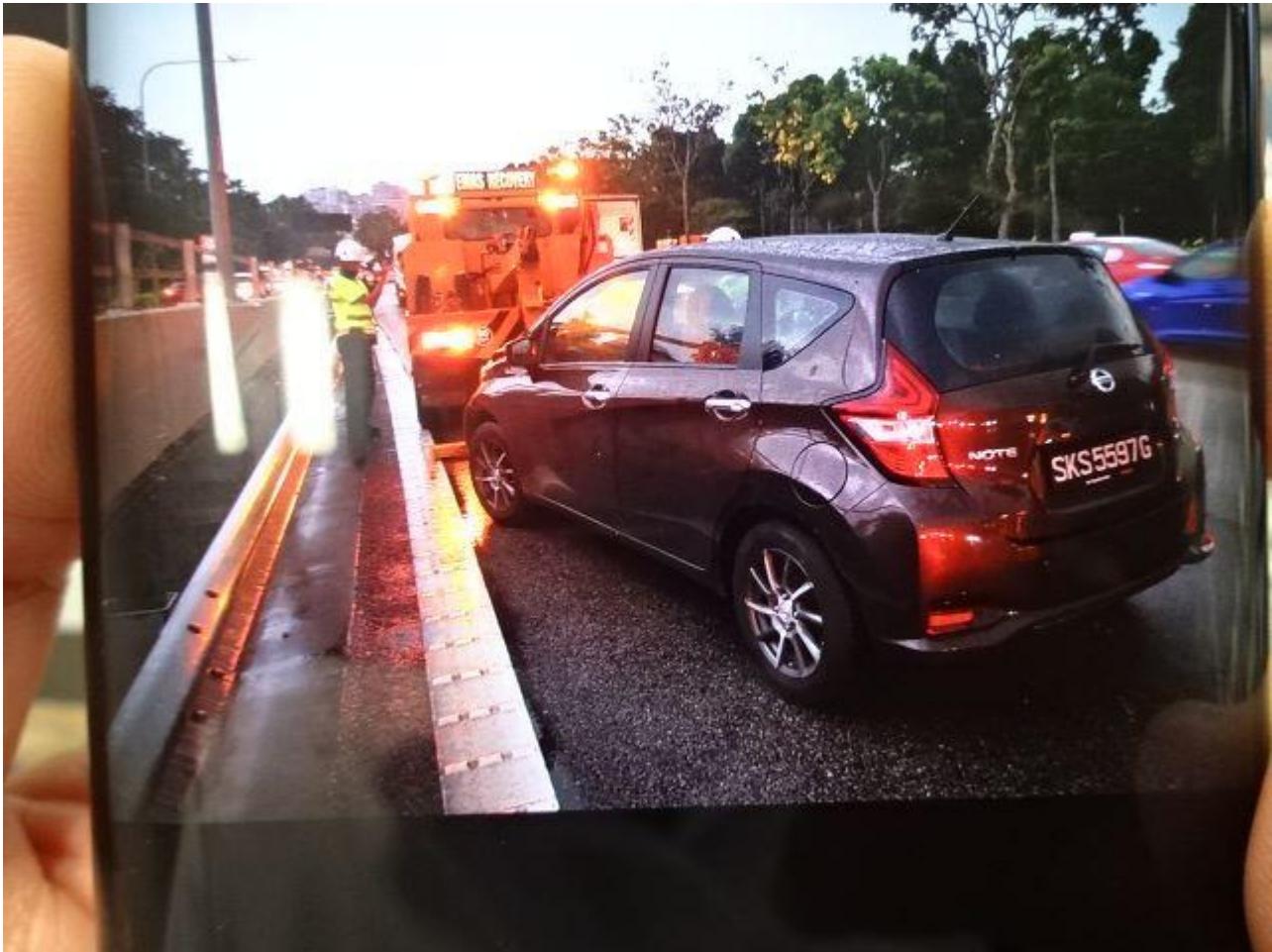
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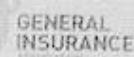


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IMAGES #27





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: STOW2541002 Vehicle Registration No: SKS5597G

Name (as shown in NRIC): BAET YEOK LIN NRIC/FIN/Passport No: SXXXX291C

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: Block 189, Bukit Batok West Ave. 6, #17-27 Singapore (650130)

Contact (Tel): Mobile No.: 94307275

Email Address: bnet_dsd@yahoo.com

Date of Accident: 20/04/2022 Time of Accident: 1800

Place of Accident: AYE toward City (near Alexandra Road exit)

Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I will claim under own damage.

x Bart
Policyholder / Driver's Signature
Date: 22-04-2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: