

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	30/05/2022 16:08 (SGT)
Date of Accident	29/05/2022 10:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4889L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOFRESH OFFSHORE SUPPLY
Company Reg No	53038227W
Email Address	JESSIE@SOFRESH.SG
Mobile Phone No	(Phone) +65-98193631
Alternative Phone No	+65-98193631

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100313675-09
Cover Note Number	-

DRIVER

Name of Driver	LOW KHIM YONG
NRIC No	S0197126C

Date Of Birth	14/03/1954
Occupation	Indoor
Date Of Driving Pass	21/03/1974
Driving experience	48 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98193631
Alt. Phone Number	-
Email Address	JESSIE@SOFRESH.SG
Address	BLK 425 BEDOK NORTH ROAD
Address complement	#03-549
Postcode	460425
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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

I WAS TRAVELLING ALONG AYE TOWARDS CITY, AFTER THE CLEMENTI ROAD EXIT. THERE IS TRUCK SUDDENLY CUT INTO MY LANE, I HAVE NOT ENOUGH TIME TO BRAKE MY VEHICLE I TRY TO SWERVE TO RIGHT BECAUSE I GOING TO HIT THE BACK OF THE TRUCK. BUT THERE IS A CAR (SMS 3511 T) WAS TRAVELLING ON MY RIGHT AND I COLLIDED TO HIS LEFT-HAND FRONT. I DID NOT RECORD DOWN THR TRUCK VEHICLE NUMBER AND HE WENT 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	SMS3511T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAMUEL SANTOSH GOPINATHAN
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 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' 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/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' 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/can be 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.



[Handwritten signature]



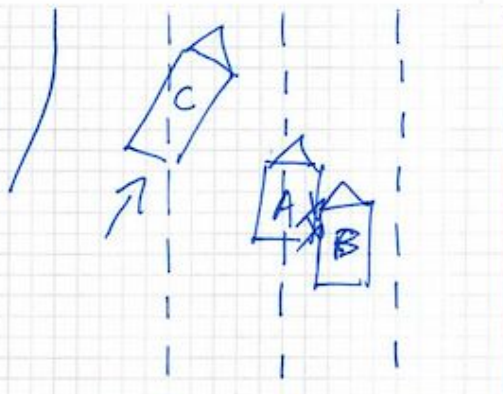
Policyholder's Signature / Date & Time
 50/5/2022

Driver's Signature (if driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel
Chang Aue Sing
1704

Sketch Plan @ 15:34

A = GBC 4889 L
 B = SMS 3511 T
 C = Unknown car plate



Describe Circumstances of the Accident

I was travelling along AYR twols City, after the Clementi Rd exit, there is a truck suddenly cut into my lane, I have not enough time to brake my vehicle I try to swerve to the right because I going to hit the back of the truck, but there is a car (SMS 3511T) was travelling on my right and I collided to his left hand front. I did not record down the truck vehicle number and he went off.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

30/5/2022
@ 15:34

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



Witnessed by Reporting Centre Personnel

Chang Chee Sing
17m

































