

# 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 ..... 29/06/2022 16:20 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/06/2022 11:48 (SGT)  
Exact Location of Accident ..... Near 4 Gul Way, Singapore 629192  
Additional Location Information ..... GUL WAY SLIP ROAD TOWARDS JALAN AHMAD IBRAHIM  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH7358G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EMERSON ASIA PACIFIC PRIVATE LIMITED  
Company Reg No ..... 196500174M  
Email Address ..... CINDY\_TK.TAN@EMERSON.COM  
Mobile Phone No ..... (Phone) +65-87499858  
Alternative Phone No ..... (Office) +65-68917600

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Caddy  
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 ..... Auto  
CC ..... 1968

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 1210000431

### DRIVER

Name of Driver ..... VAJRAVELU SELVAN  
Passport No/FIN ..... G5935005L  
Date Of Birth ..... 18/04/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	03/07/2019
Driving experience .....	2 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81272284
Alt. Phone Number .....	-
Email Address .....	SELVAN.VAJRAVELU@EMERSON.COM
Address .....	9 GUL ROAD
Address complement .....	-
Postcode .....	629361
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 - Head to Rear
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 THE ATTACHMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMW1564H
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Avante
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	MR CHU
Contact Number .....	(Phone) +65-96685616

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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:

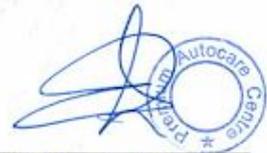
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.



*Walehan*  
29/06/22 14:45 hrs



Policyholder's Signature / Date & Time  
29/6/2022

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

Witnessed by Reporting Centre Personnel  
*Chang Chee Sing*  
170

Sketch Plan

@ 15:03

*Refer to the attachment.*

**Describe Circumstances of the Accident**

Refer to attachment.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
29/6/2022  
@ 15:03

*Signature*

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



Witnessed by Reporting Centre Personnel  
*Chang Chee Sing*  
170W

Accident Report:

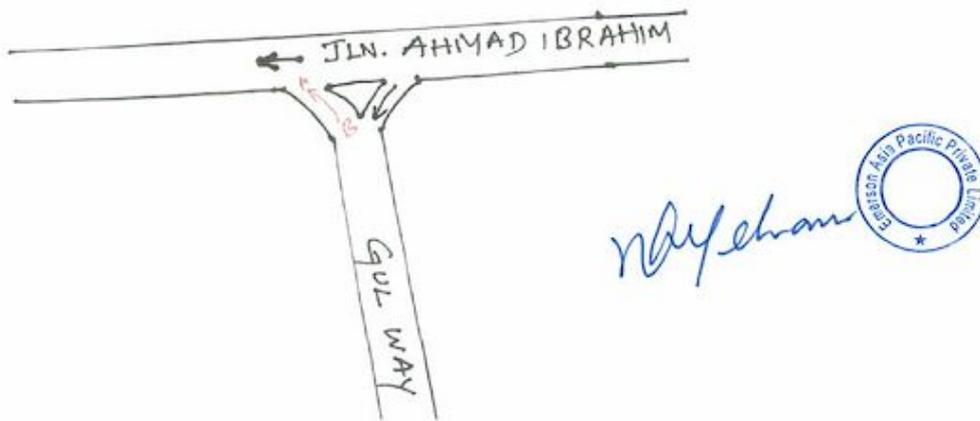
ACCIDENT INVOLVING **SMW 1564H** (VEHICLE A) AND **GBH 7358G** (VEHICLE B) ON 20/06/2022 11:48 ALONG/AT GUL WAY SLIP ROAD TOWARDS JALAN AHMAD IBRAHIM

Brief Description of the Accident:

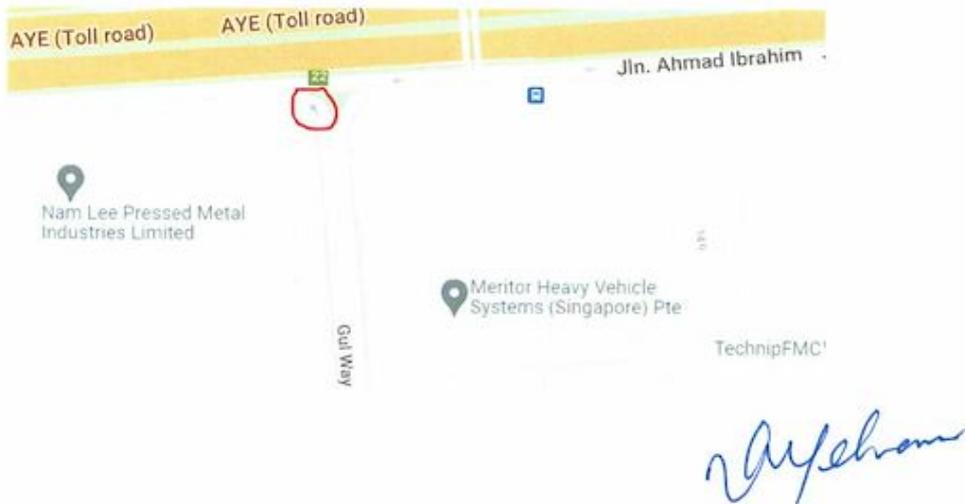
On 20.06.2022 at about 11.48 am both Vehicle A&B were travelling (Vehicle A in the front & Vehicle B behind as in the illustration below) along Gul Way slip Road towards Jalan Ahmad Ibrahim, exact location shown in below snapshot of Road Map - red encircled.

The vehicle A was stopped for a while at slip Road and so was the Vehicle B to check the on-coming vehicle in the main Road (Jln Ahmad Ibrahim). Vehicle A started to move and stopped again. The driver of the Vehicle B was checking the on-coming vehicle on the main Road (Jln Ahmad Ibrahim), but failed to notice that Vehicle A was stand-still at the slip Road, which resulted in hitting the rear of the Vehicle A.

None of the occupants in the two vehicles got hurt due to accident.

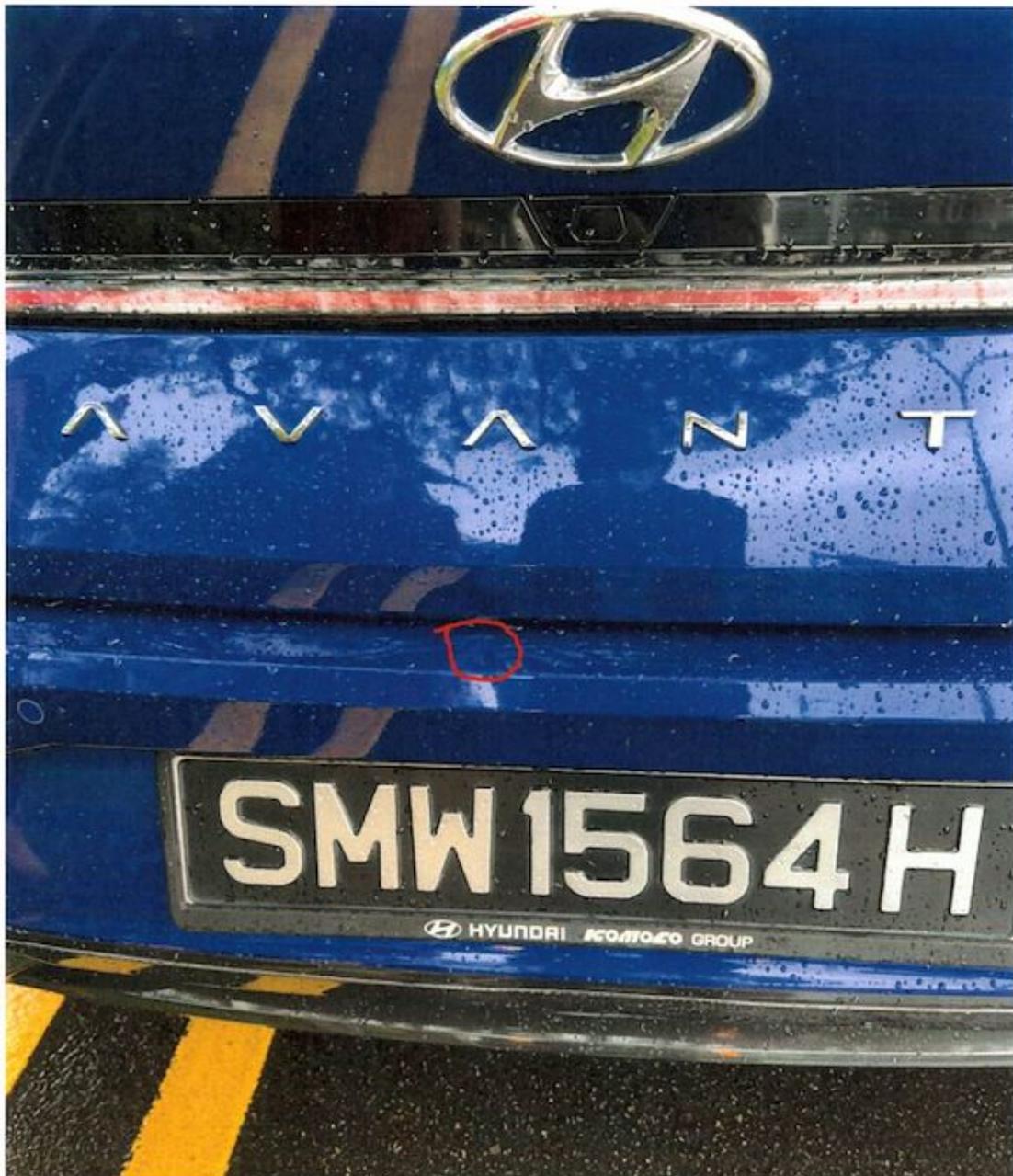


Exact Location of the accident encircled in Red:



Vehicle A:

Picture show that the Vehicle A got a dent resulted from the accident – encircled in Red colour



Vehicle B:

Picture show that Vehicle B did not get any physical damage (sractch/dent)



































