

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	28/07/2022 12:13 (SGT)
Reported by	Both
Date of Accident	27/07/2022 12:09 (SGT)
Exact Location of Accident	61 Stamford Rd, Singapore 178892
Additional Location Information	STAMFORD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN8500L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WAN TUCK KIONG KELVIN
NRIC No	S8611802E
Email Address	KELWANDQ@GMAIL.COM
Mobile Phone No	(Phone) +65-97120032
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	2.0 TFSI
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.
Policy Number / Cover Note Number	7210085601

DRIVER

Name of Driver	WAN TUCK KIONG KELVIN
NRIC No	S8611802E
Date Of Birth	06/04/1986
Occupation	Indoor

Date Of Driving Pass	25/09/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97120032
Alt. Phone Number	-
Email Address	KELWANDQ@GMAIL.COM
Address	171 HOUGANG AVE 1
Address complement	#14-1477
Postcode	530171
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	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?	Yes
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

AT TRAFFIC LIGHT JUNCTION. ALL VEHICLES STATIONARY BECAUSE RED LIGHT. VEHICLE IN FRONT ON HAZE LIGHT WHEN TRAFFIC LIGHT TURNED GREEN. VEHICLES ON THE LEFT AND RIGHT START MOVING. LIGHT COLLISION HAPPENED 3 SEC (AS PER VIDEO) LATER. NO INJURIES. HIS CAR BROKE DOWN AND I ACCOMPANIED HIM TO WAIT FOR A TOW TRUCK FROM 1:50 PM TO 2 PM. WE STAND AT THE ROADSIDE AND CHIT-CHAT. HE LOOKS FINE. NO ONE SUSTAIN INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5662R
Vehicle Manufacturer	Opel
Vehicle Model	Insignia
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car

Name of Driver	LEE ANDESON
Contact Number	(Phone) +65-93659724
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



27/07/2022

Policyholder's Signature / Date & Time

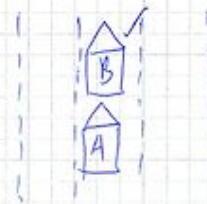
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

A: SCN 85002
B: SMG 5662R



Describe Circumstances of the Accident

At traffic light junction. All vehicles stationary because red light.

Vehicle in front on haze light ~~when~~ traffic light turned Green/vehicle on left/right start moving.

Light collision happen 3sec (as per video) later. No injuries.

His car broke down and I accompany him to wait for tow truck till ~ 1:50pm to 2pm
we stand at the roadside and chat chat. He looks fine.

No one sustain injuries.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

27/07/2022 5:46pm.

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



Witnessed by Reporting Centre Personnel













































