

## 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 Actual 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	08/08/2022 08:48 (SGT)
Reported by	Both
Date of Accident	05/08/2022 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	270 JOO CHIAT PLACE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2618Z
<b>INSURED/POLICYHOLDER</b>	
Is company?	No
Name Of Registered Owner	SIM NGEE YIANG
NRIC No	SXXXX808D
Email Address	SIM_FRANCIS@MAIL.COM
Mobile Phone No	(Phone) +65-96380470
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100461435-05

### DRIVER

Name of Driver	SIM NGEE YIANG
NRIC No	SXXXX808D
Date Of Birth	31/08/1958
Occupation	Indoor

Date Of Driving Pass	15/02/1978
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96380470
Alt. Phone Number	-
Email Address	SIM_FRANCIS@MAIL.COM
Address	BLK 1 ELIAS GREEN #12-03
Address complement	-
Postcode	519959
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	Side Swipe
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)	0
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

I WAS PARKED ALONG JOO CHIAT PLACE INFRONT OF HOUSE NO: 268/270.  
A BUS BEARING PLATE NO: SBS6555C PASSED BY AND SCRATCHED MY CAR NO: SKE2618Z.  
MY CAR WAS STATIONARY AND I WAS NOT IN THE CAR WHEN THE ACCIDENT HAPPENED, MY FRIEND CALLED ME OUT TO INSPECT THE DAMAGE.  
AFTER SPEAKING WITH THE BUS CAPTAIN, WE EXCHANGED PARTICULARS.  
AFTER WHICH I RECEIVED A CALL FROM THE GOAHEAD BUS COMPANY TO PROCEED WITH THE ACCIDENT REPORTING AND CLAIM.

#### 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	SBS6555C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MR CALVIN SOON
Passport No/FIN	GXXXX535U
Contact Number	(Phone) +65-63847169
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## 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.

Policyholder's Signature / Date & Time

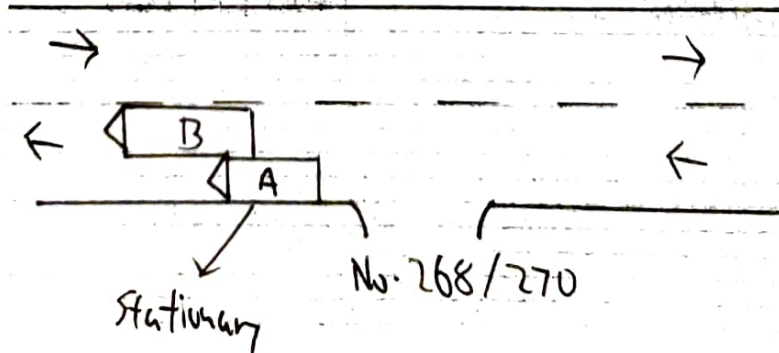
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel Alan Goh

#### Sketch Plan

(A) SKE 2618Z

(B) SBS 6555C





Describe Circumstances of the Accident

I was parked along Joo Chiat Place in front of Home No: 268/270

A bus bearing plate No: SBS 6555C passed by and scratched my car No: SKE 2618Z.

My car was stationary and I was not in the car. When the accident happened, my friend called me out to inspect the damaged.

After speaking with the bus captain, we exchanged particulars.


Afterwards I received a call from the Godhead Bus company to proceed with the accident reporting and claim.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 06/08/1  
Witnessed by Reporting Centre Personnel Alan Chuek