

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 17/08/2022 11:05 (SGT)
Reported by Both
Date of Accident 07/08/2022 19:20 (SGT)
Exact Location of Accident Jln Toa Payoh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ6127L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FLORENT GREGORY DAVY DHAYNAUT
NRIC No S7586585F
Email Address SDHAYNAUT@GMAIL.COM
Mobile Phone No (Phone) +65-92348944
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mini
Model Cooper
Variant ONE 5DR HB 1.2 A/T D/AB ABS DSC
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.
Policy Number / Cover Note Number -

DRIVER

Name of Driver FLORENT GREGORY DAVY DHAYNAUT
NRIC No S7586585F
Date Of Birth 09/10/1975
Occupation Indoor

Date Of Driving Pass	29/10/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92348944
Alt. Phone Number	-
Email Address	SDHAYNAUT@GMAIL.COM
Address	21 PECK HAY ROAD
Address complement	#03-02, CITY VISTA RESIDENCES
Postcode	228314
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?	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

ON AUG 7TH AROUND 7.20PM AT JALAN TOA PAYOH, I BUMPED INTO A CAR IN A VERY SLOW SPEED. BECAUSE I THOUGHT THERE WAS NO DAMAGE AT ALL INTO THE REAR OF THE OTHER CAR (SLOW MOTION) I FELT FROM THE TRAFFIC. THE DRIVER REACHED OUT TO ME SAYING THERE WAS DAMAGE IN HER CAR (REAR). I DID NOT DO REPORTING ON SITE AND JUST REPORTING TODAY AFTER THE OTHER DRIVER RAECHED. IT WAS A FRONT TO BACK BUMPER TO BUMPER.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

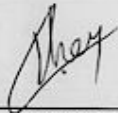
Vehicle Registration Number	SJX6751G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-


Vehicle Category	Private car
Name of Driver	-
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

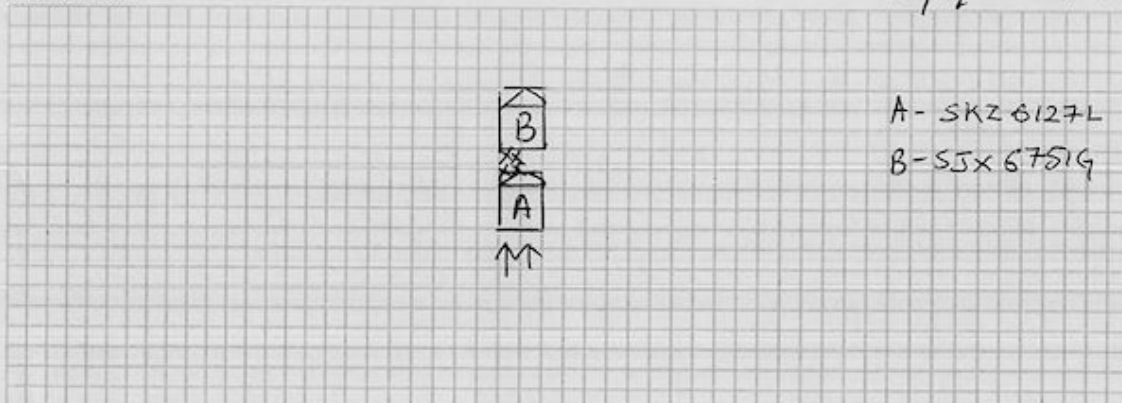
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.
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
17/8/22 09:37

Sketch Plan



Handwritten labels on the grid:

- Top center: A box containing the letter 'B' with an arrow pointing up to it.
- Bottom center: A box containing the letter 'A' with an arrow pointing up to it.
- Right side: Two lines of text: 'A - SKZ 6127L' and 'B - SSX 67519'.

Describe Circumstances of the Accident

On Aug 7th around 7.20pm at Jalan Toa Payoh, I bumped into a car in a very slow speed. Because I thought there was no damage at all into the rear of the other car (slow motion) I left from the traffic. The driver reached out to me saying there was damage in her car (rear). I did not do reporting on site and just reporting today after the other driver reached. It was a front to back bumper to bumper.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

17/09/22

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

Witnessed by Reporting Centre Personnel





































