

# 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 ..... 15/09/2022 16:07 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/09/2022 08:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BKE/WOODLANDS EXIT WOODLANDS AVENUE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA5454U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAIMLER SOUTH EAST ASIA PTE LTD  
Company Reg No ..... 199000355E  
Email Address ..... Jonchris.tan@gmail.com  
Mobile Phone No ..... (Phone) +65-92222842  
Alternative Phone No ..... (Office) +65-68498000

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200 SEDAN AVG  
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? ..... Yes  
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 ..... 999996111

### DRIVER

Name of Driver ..... TAN AIK CHONG ,JONATHAN  
NRIC No ..... S7414336I  
Date Of Birth ..... 07/05/1974  
Occupation ..... Indoor

Date Of Driving Pass .....	13/03/1995
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92222842
Alt. Phone Number .....	-
Email Address .....	Jonchris.tan@gmail.com
Address .....	The Nexus, 951 Bukit Timah Road
Address complement .....	#09-02
Postcode .....	589650
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

AT THE FILTER LANE, TRAFFIC FLOWS WAS SLOW MOVING. FRONT VEHICLE HAS ALREADY MOVE AND STOPPED SUDDENLY.I APPLIED BRAKE NOT ENOUGH TIME. ENDED MY VEHICLE HIT INTO FRONT VEHICLE REAR PORTION.

#### 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 .....	SHD613R
Vehicle Manufacturer .....	Renault
Vehicle Model .....	LATITUDE 2.0L DCI AUTO D/AB 4DR
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Taxi
Name of Driver .....	CHNG TECK CHAI

NRIC No .....	S0653626C
Contact Number .....	(Phone) +65-91890963
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

PASSENGER 1

Name .....	Passenger 1
Gender .....	Male


PASSENGER 2

Name .....	Passenger 2
Gender .....	Male

**SKETCH PLAN****IMPORTANT NOTICE**

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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 Officer  
Aizam Bin Atan  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

AT THE FILTER LANE, TRAFFIC FLOWS WAS SLOW MOVING. FRONT VEHICLE HAS ALREADY MOVE AND STOPPED SUDDENLY. I APPLIED BRAKE NOT ENOUGH TIME. ENDED MY VEHICLE HIT INTO FRONT VEHICLE REAR PORTION.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

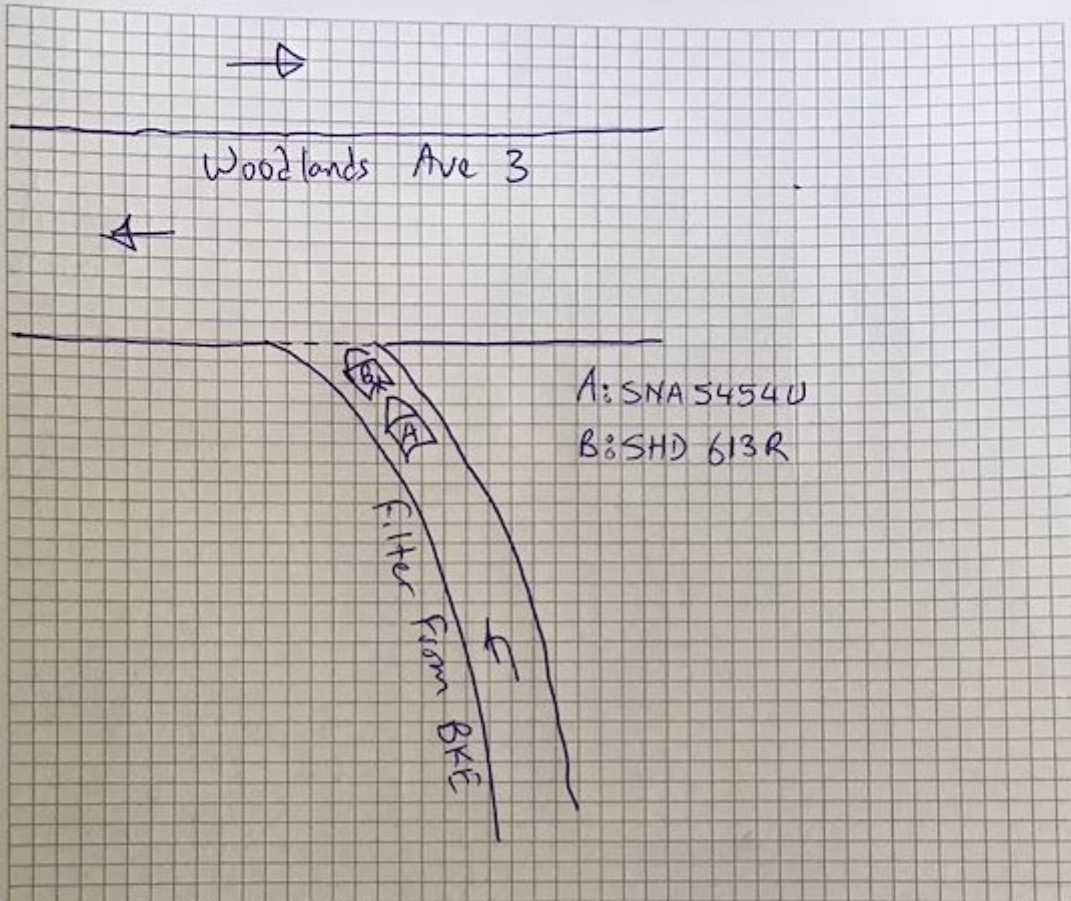
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Aizam Bin Atan  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

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

*[Signature]*  
JUNATHAN TAN

Witnessed By Reporting Officer  
Aizam Bin Atan

Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD























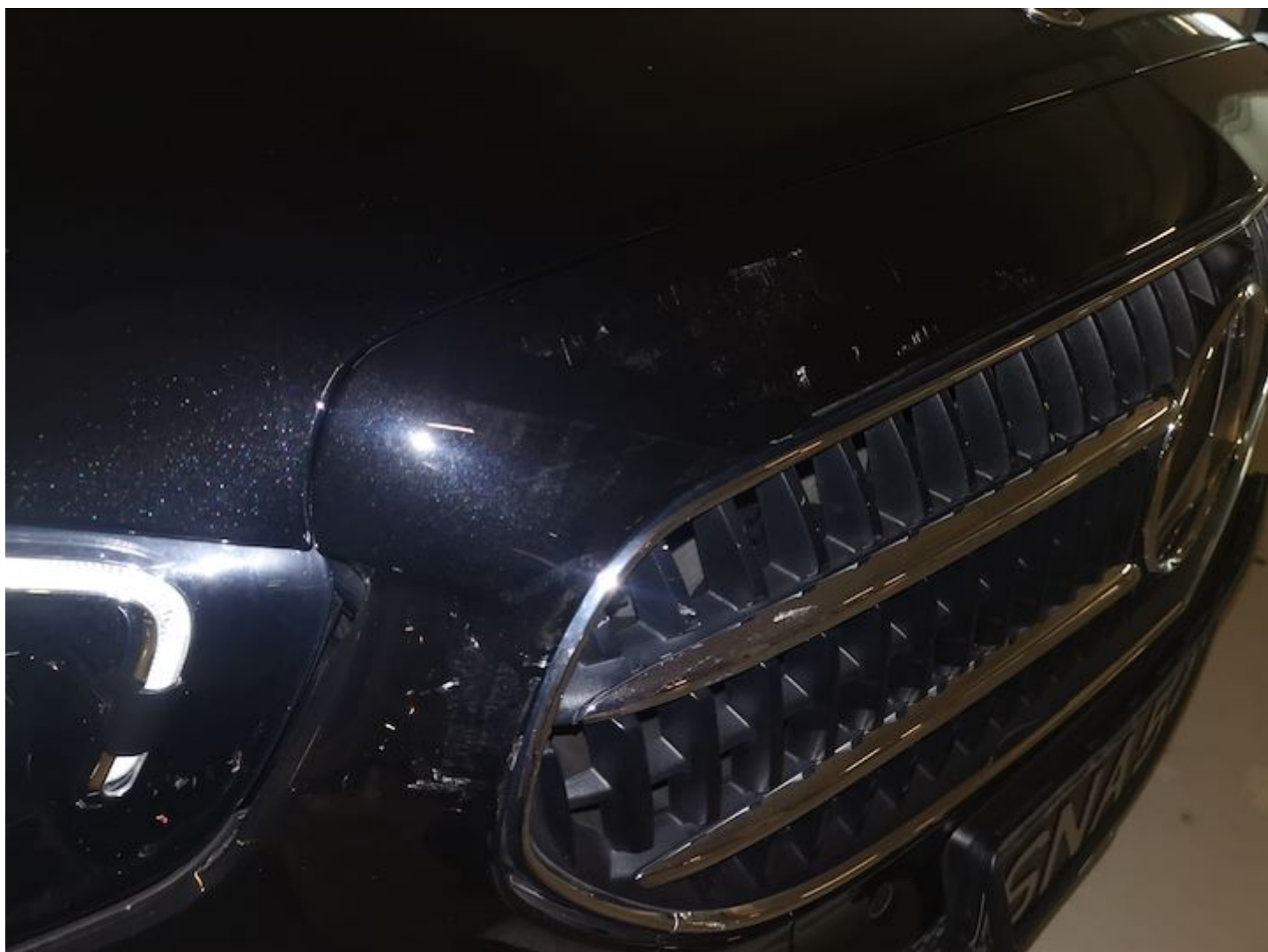


















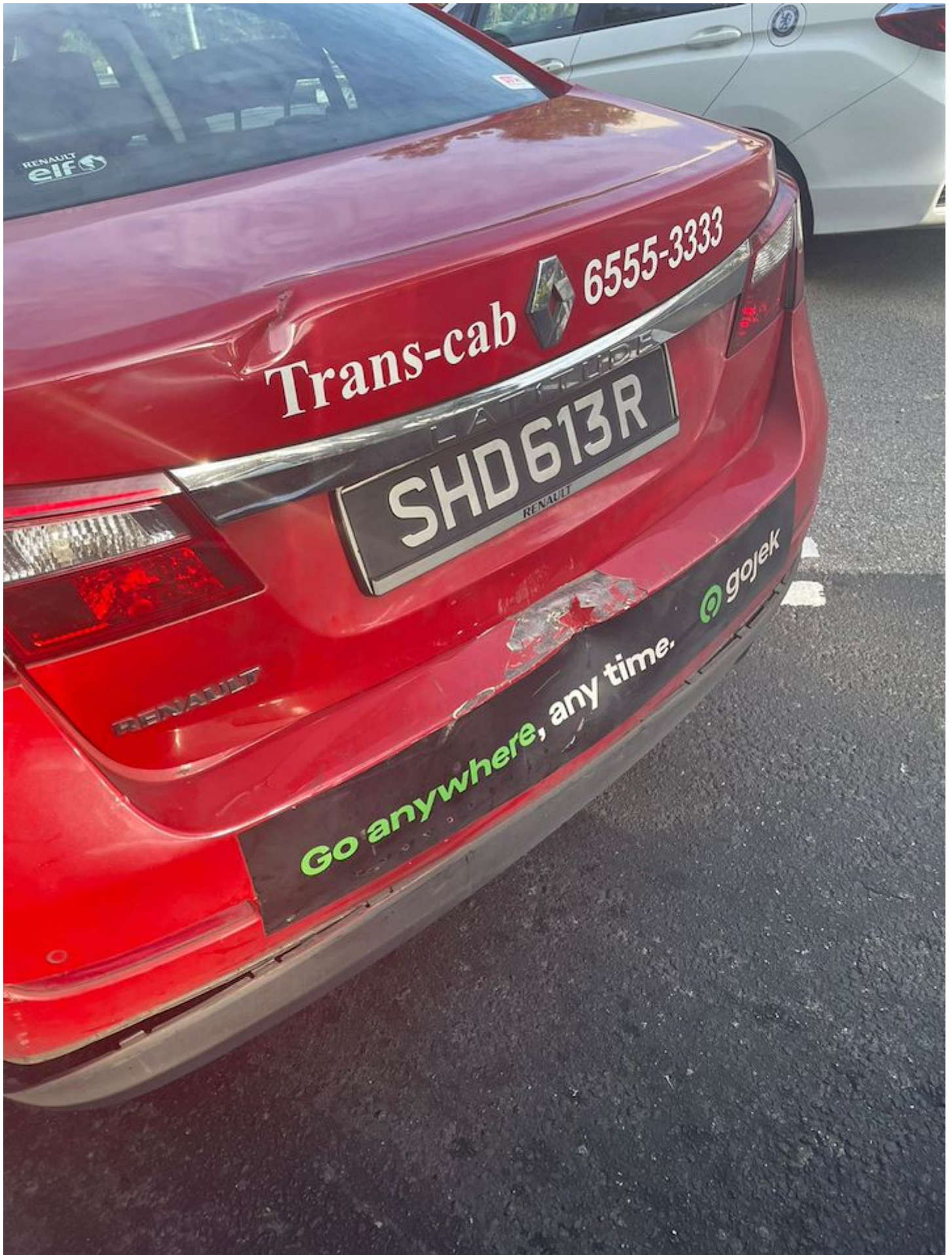








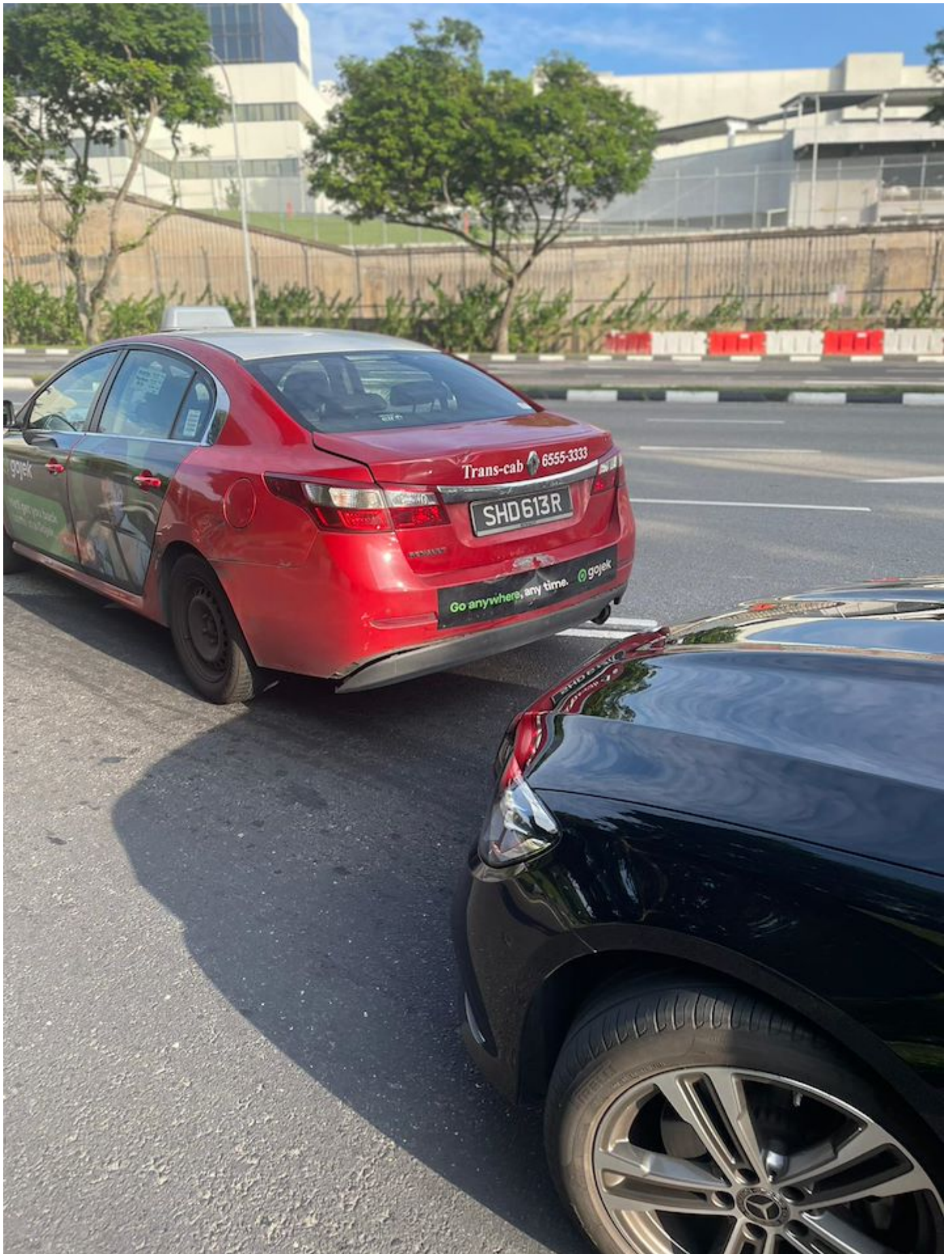










































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1D229F0004-01 Vehicle Registration No: SNA5454U  
 Name (as shown in NRIC): TAN AIK CHONG, JONATHAN NRIC/FIN/Passport No: SXXXX336I  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 92222842  
 Email Address: \_\_\_\_\_  
 Date of Accident: 15/09/2022 Time of Accident: 08:20  
 Place of Accident: BKE/WOODLANDS EXIT WOODLANDS AVENUE 3  
 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. AMEND TO OWN DAMAGE CLAIM

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: MEERA  
 NRIC/FIN No.:  
 Date: 22/09/2022