

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 22/09/2022 15:46 (SGT)
Reported by Both
Date of Accident 21/09/2022 16:44 (SGT)
Exact Location of Accident 200 Victoria St, Singapore 188021
Additional Location Information BUGIS JUNCTION BASEMENT 2 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV5264P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN KUEN WAI, DENNIS @ CHAN QUANWEI
NRIC No SXXXX816J
Email Address dennistan19822@gmail.com
Mobile Phone No (Phone) +65-98581556
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant -
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1995

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1700094478-04

DRIVER

Name of Driver TAN KUEN WAI, DENNIS @ CHAN QUANWEI
NRIC No SXXXX816J
Date Of Birth 06/01/1982
Occupation Indoor

Date Of Driving Pass	20/03/2001
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98581556
Alt. Phone Number	-
Email Address	dennistan19822@gmail.com
Address	BLK 89 DAWSON ROAD #15-06
Address complement	-
Postcode	142089
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8989A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

INJURED PERSONS DETAILS

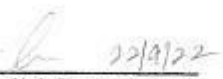
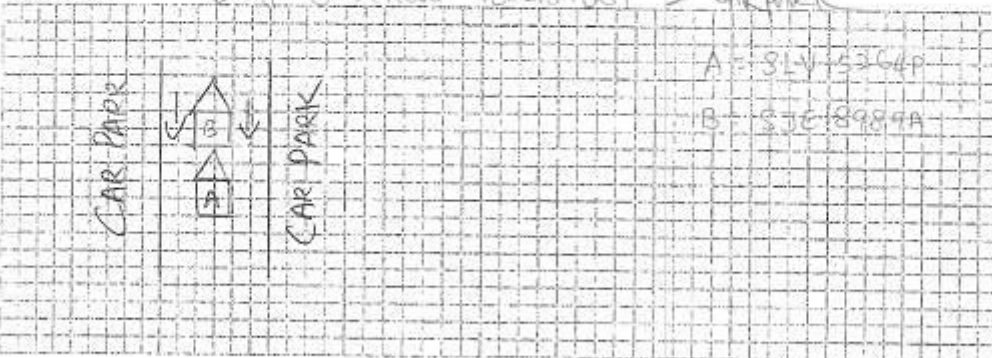
INJURED 1

Name of injured person	TAN KUEN WAI, DENNIS @ CHAN QUANWEI
Gender	Male
Phone No	(Phone) +65-98581556
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV5264P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- B. 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  22/1/22	Driver's Signature (If driver is not the policyholder) / Date & Time  22/1/22	Witnessed by Reporting Centre Personnel  22/1/22
Sketch Plan 		

Describe Circumstances of the Accident was driving into Bing's Junction to find a parking slot (Boulevard 2 Carport). I stopped behind Toyota Wish JJB8989A on the car was at a complete stop. The next moment the toyota wish engaged reverse gear (reverse light was lighted up) and was reverse at an accelerate speed. I honked at the vehicle but the car did not attempt to stop until it knock knock onto my car.
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Declaration

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

 22/9/22

Policyholder's Signature / Date & Time

 22/9/22

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

 22/09/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





