

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 25/02/2020 17:58 (SGT)
Date of Accident 25/02/2020 13:10 (SGT)
Exact Location of Accident Near 187 Middle Rd, Singapore 188979
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW8889X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KIAN NGIAP SEWING MACHINE PTE LTD
Company Reg No 1XXXXX295Z
Email Address KIANNGIAP@SINGNET.COM.SG
Mobile Phone No (Phone) +65-98222200
Alternative Phone No +65-98222200

VEHICLE PARTICULARS

Manufacturer Audi
Model A4 AVANT 2.0T FSI MU
Variant undefined
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.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100456652-03
Cover Note Number -

DRIVER

Name of Driver TAY KEAT SUN(ZHENG JISHEN)
NRIC No SXXXX458E

| | |
|--|-----------------------------|
| Date Of Birth | 07/09/1979 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/05/2000 |
| Driving experience | 19 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98222200 |
| Alt. Phone Number | - |
| Email Address | JASON@BHDFILM.COM |
| Address | 191 TANJONG RHU ROAD #05-01 |
| Address complement | - |
| Postcode | 436927 |
| 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 | 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? | 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 |

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 25TH FEB 2020 13.10PM, WHILE I WAS DRIVING ON THE MOST LEFT LANE TRAVELLING STRAIGHT ON MIDDLE ROAD, AT THE JUNCTION OF BENCOOLEN STREET. MY VEHICLE WAS CROSSING THE JUNCTION WHILE THE TRAFFIC LIGHT IS TURNING FROM GREEN TO AMBER, BASORI BIN MISIRI, OWNER OF VEHICLE FBD 8510 Y, TURN TO MY ROAD FROM THE OPPOSITE DIRECTION AND CAUSED THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | FBD8510Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

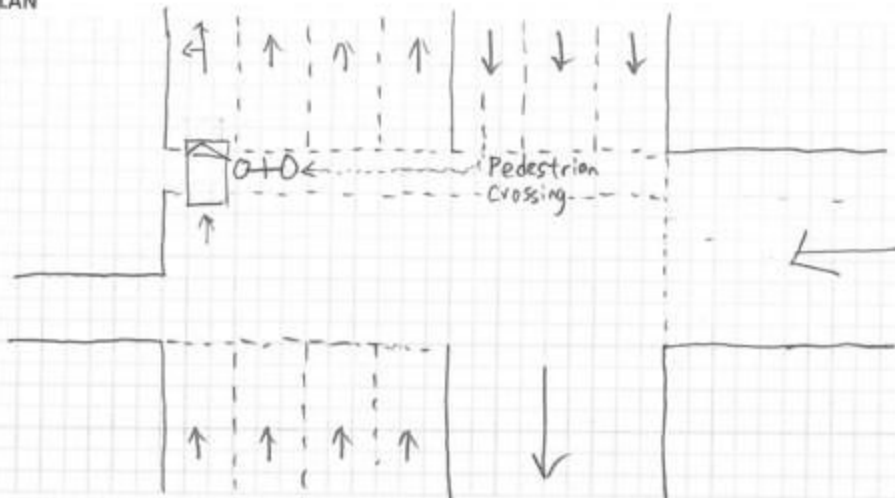


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Tony Fong*
NRIC/FIN No.: *672040107A*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25th Feb, 2020, 13.10pm, while I was driving on the most left lane travelling straight on middle road, at the junction of Rencoden street. My vehicle was crossing the junction while the traffic light is turning from green to amber, Basori Bin Misiri, owner of vehicle FBD 8510Y, turn to my road from the opposite direction and caused the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

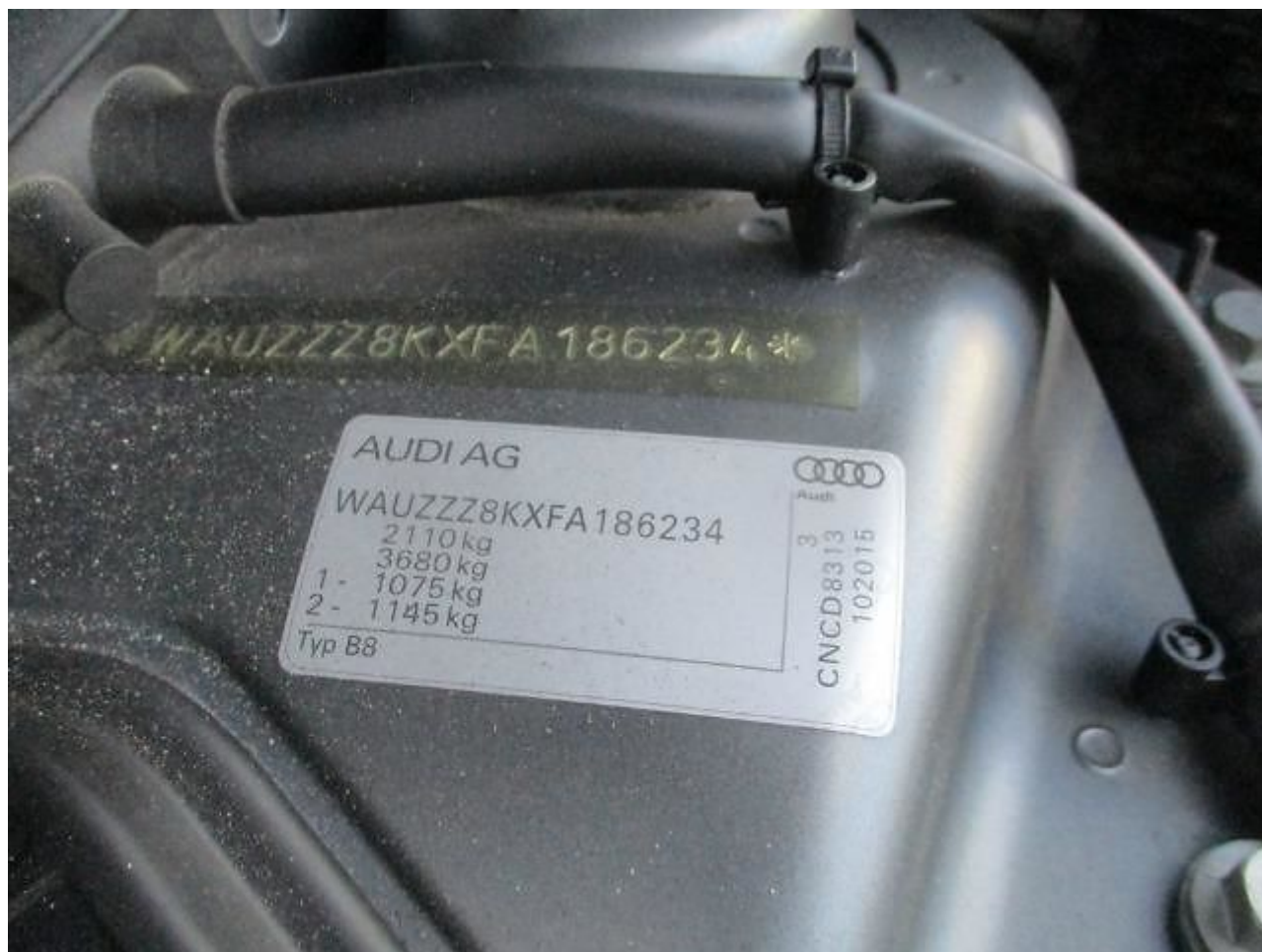
Driver's Signature
(If driver is not the policyholder)
Date & Time:

25/2/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



NAME: TAN FONG
NRIC/FIN No: 672040147A



































































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048580
 Tel (65) 5224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No. - M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA120025073 Vehicle Registration No: SGW8889X
 Name (as shown in NRIC) : KIAN NGIAP SEWING MACHINE PTE LTD NRIC/FIN/Passport No : 199006295Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 98222200
 Email Address : KIANNGIAP@SINGNET.COM.SG
 Date of Accident : 25/2/2020 Time of Accident : 13:10
 Place of Accident : MIDDLE ROAD AND BENCOOLEN STREET JUNCTION
 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:

-TO CONVERT THE REPORT TO CLAIM OWN INSURANCE

-FOR AIG INSURANCE PROCESS RECOVERY ACTIONS AGAINST THIRD PARTY


 Policyholder / Driver's Signature
 Date: _____

 TONY FOONG
 Reporting Centre Personnel's Signature
 Name: Tony Foong
 NRIC/FIN No.: _____
 Date: 12/1/2022