

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	12/10/2022 16:57 (SGT)
Reported by	Both
Date of Accident	12/10/2022 13:30 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARD EXIT 1/ECP(AIRPORT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6392A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY HOAN SHY
NRIC No	S8029712B
Email Address	JACT.TAY@GMAIL.COM
Mobile Phone No	(Phone) +65-81818875
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800045324-03

DRIVER

Name of Driver	TAY HOAN SHY
NRIC No	S8029712B
Date Of Birth	07/10/1980
Occupation	Indoor

Date Of Driving Pass	26/02/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81818875
Alt. Phone Number	-
Email Address	JACT.TAY@GMAIL.COM
Address	138 PUNGGOL WALK #02-31
Address complement	-
Postcode	828700
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)	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

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

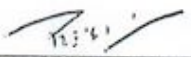
Vehicle Registration Number	SG1696Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

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

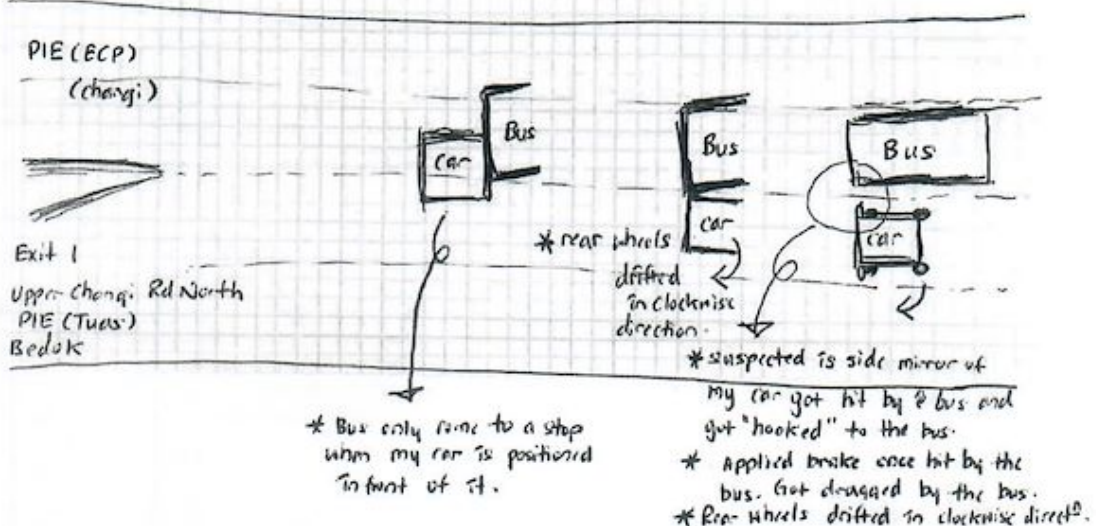
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

- N.A -
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by/Reporting Centre Personnel

Sketch Plan



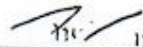
Describe Circumstances of the Accident

I was driving towards Exit 1 (back to my office @ The Signature) within my lane. Drove past a SMART bus and suspected that the bus had hit my side mirror (driver's side) which caused my car to be "hooked" to it. My car was damaged by 2 bus. I had applied brake ^{all the way} since I heard a hitting sound. The bus did not stop which resultant in my rear wheels drifted in clockwise direction. My car ended in a position that is in front of the bus.

* Note: Request to proceed with 2 repair work etc. ^{first} in activation of own policy (during the investigation) and seek for recovery ^{full} from SMART concurrently.

Declaration

We declare the foregoing particulars are true in every respect.

 13/10/22
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



















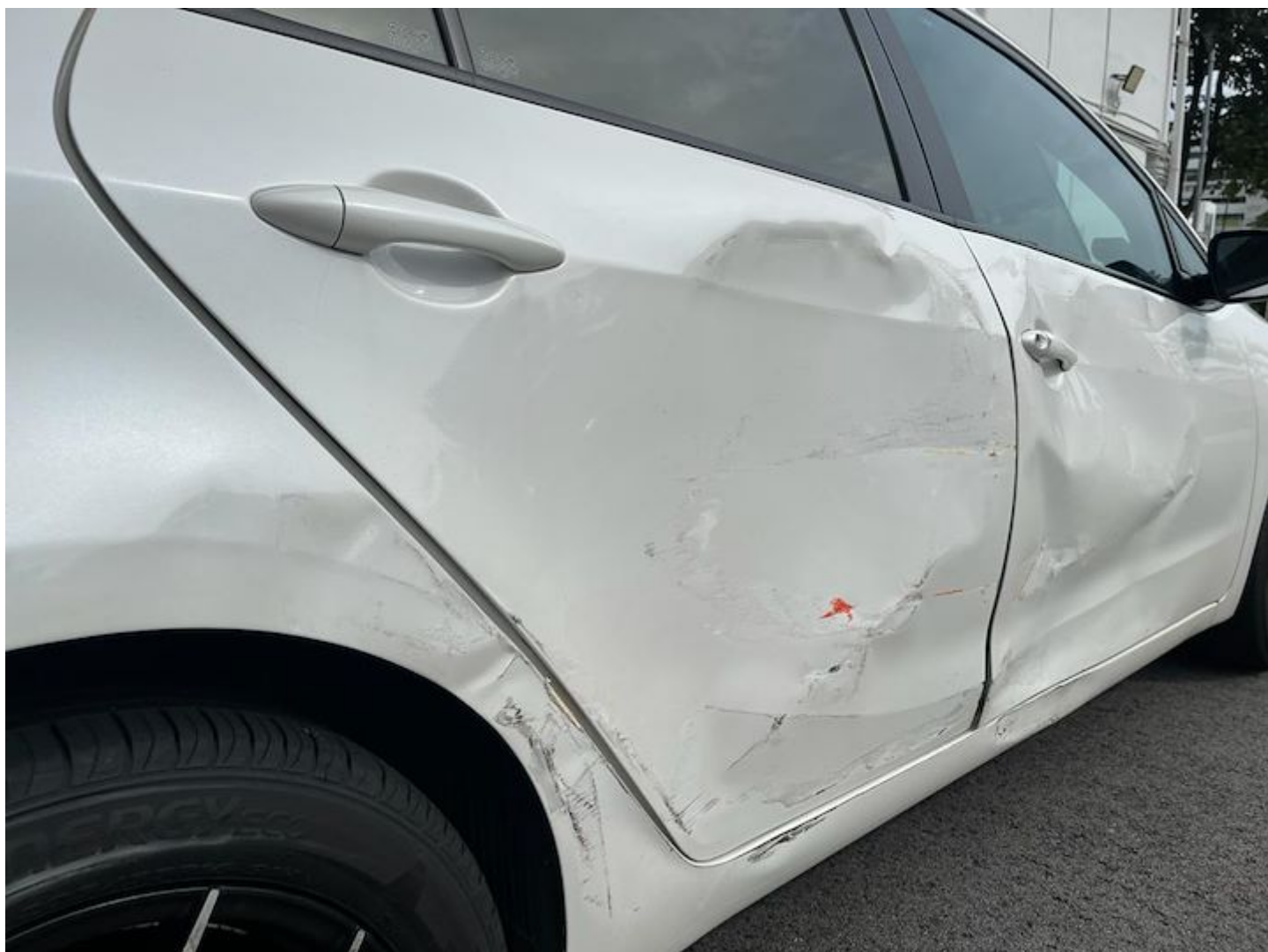




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1X22AC0006 Vehicle Registration No: SL26392A

Name (as shown in NRIC): Tay Hoan Shy NRIC/FIN/Passport No: S50247128

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate * Both the owner & driver (if both of accident)

Address: 138 Punggol Walk #02-31 Singapore (828700)

Contact (Tel): 8181-8875 Mobile No.: 8181-8875

Email Address: jact.tay@gmail.com

Date of Accident: 13/10/2022 Time of Accident: Approx. 1330hrs

Place of Accident: Road towards Exit 1 (Upper Changi Rd North)

Insurance Company: AIQ

(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. Detailed sketch plan.

2. Details to the circumstances of the accident.

[Signature]
Policyholder / Driver's Signature
Date: 13/10/22

[Signature]
Reporting Centre Personnel's Signature
Name: Vikneswaran
NRIC/FIN No.:
Date: 13/10/22