

Adrian
Lee - A15

SS2X22AV000E / SME MOTOR PTE LTD
ENTRY DATE & TIME: 31/10/2022 16:51 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (03/11/2022 10:54 (SGT))

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	31/10/2022 16:51 (SGT)
Reported by	Both
Date of Accident	30/10/2022 21:40 (SGT)
Exact Location of Accident	HarbourFront Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5885U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON WEE DANIEL
NRIC No	S7345293G
Email Address	DANIELTAN1112@GMAIL.COM
Mobile Phone No	(Phone) +65-96372703
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx300
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210016818-01

DRIVER

Name of Driver	TAN BOON WEE DANIEL
NRIC No	S7345293G
Date Of Birth	11/12/1973
Occupation	Indoor

Date Of Driving Pass	08/12/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96372703
Alt. Phone Number	-
Email Address	DANIELTAN1112@GMAIL.COM
Address	BLK 410 PANDAN GARDENS #06-72
Address complement	-
Postcode	600410
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	Raining
Road Surface	Wet

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

I WAS TRAVELLING ALONG HABOURFRONT AVE AND WANTED TO PARK MY VEHICLE INTO A PARKING LOT. WHEN I BEFORE DOING MY REVERSE, I NOTICED M/CAR SMR3204X CAME FROM BUS PARKING LOT AND HAS STOP AFTER ENSURING THAT IT WAS CLEAR. I BEGAN TO REVERSE SLOWLY WHEN SUDDENLY, M/CAR (SMR3204X) DRIVE ACROSS THE BUS PARKING LOT AND SQUEEZE THROUGH THUS COLLIDED WITH MY VEHICLE.

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	SMR3204K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-96896786
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

1. Please report **correctly** the details of the accident to speed up the claims process.

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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.

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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 purposes(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.

Witnessed by Reporting Centre
Personnel


[illegible]


Describe Circumstances of the Accident

I WAS TRAVELLING ALONG HARBOUR FRONT AVE AND WANTED TO PARKED MY VEHICLE INTO A PARKING LOT, WHEN I BEFORE DOING MY REVERSE WHEN I NOTICED M/CAR SMR 3204X CAME FROM BUS PARKING LOTS AND HAD STOP, AFTER ENSURE THAT IT WAS CLEAR, I BEGAN TO REVERSE SLOWLY WHEN SUDDENLY M/CAR SMR 3204X DROVE ACROSS THE BUS PARKING LOT AND SQUEEZED THROUGH THUS COLLIDED WITH MY VEHICLE.

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 Centre Personnel