



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	19/12/2022 16:30 (SGT)
Reported by	Both
Date of Accident	19/12/2022 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST ST 52 CAR PARK,BETWEEN BLK 502/503
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2348E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KUAN THAI SOH
NRIC No	SXXXX737F
Email Address	KUANTHAISOH@GMAIL.COM
Mobile Phone No	(Phone) +65-98579527
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	NISSAN NOTE 1.2
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070026557-01

DRIVER

Name of Driver	KUAN THAI SOH
NRIC No	SXXXX737F
Date Of Birth	29/11/1952
Occupation	Indoor

Date Of Driving Pass	15/09/1975
Driving experience	47 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98579527
Alt. Phone Number	-
Email Address	KUANTHAISOH@GMAIL.COM
Address	109 TECK WHYE LANE
Address complement	06-578
Postcode	680109
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	KUAN YI HERN, BENJAMIN
Translator's ID	SXXXX735F
Translator's phone number	(Phone) +65-97508658
Translator's email	MOJOVAN@HOTMAIL.COM
Original language used in the statement	English

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 ATTACHED

ATTACHMENT(S)

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

SKETCH PLAN

SKETCH PLAN

SMS 2348E

IMPORTANT NOTICE

1. This report is a statement of facts and is not a contract. It is to be completed by the Policyholder and/or the Authorized Person(s) and should be truthful and accurate as possible. Any false or misleading information may result in the insurer(s) repudiating policy liability.
2. The insurer(s) will not be liable for any loss or damage if the policyholder(s) or the Authorized Person(s) provide false or misleading information.
3. Any false reporting may be referred to the Police for investigation.
4. The report will be made available to the insurers, the GIC Recovers Management Corporation, the relevant Insurance Association(s) in Singapore, the relevant government agency or agencies, if a few or multiple liable insurance companies are involved in the accident, by the insurer(s) of this report, the relevant law enforcement agency, the relevant government agency or agencies, and the relevant government authority, if available.
5. Consent under the Personal Data Protection Act (PDPA):
- I understand, acknowledge, agree and consent that:
- (a) My insurer(s), my workgroup and the General Insurance Association of Singapore (GIA) may be 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(s) collectively the **Personal Information** and disclose and transfer such Personal Information to all insurers, who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in the 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 of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or my name;
- (iii) carrying out and/or dealing with my instructions in responding to any enquiries for 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 insurers, who have insured vehicles involved in the accident and the Insurers' lawyers/law firms, may be 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 Centre Person(s)

Sketch Plan



Location: JERONG WEST CR 52 CAR PARK, between blk 102/103?
 Date: 19 DEC 2022 Time: 1:15 PM
 Name: KUAN THAI SON @ WAIC
 Phone: 9714687144

At about 1:15pm at above mentioned location, I was looking for parking lot at the end of a cul-de-sac, near lots 21 & 31. My car was stationary while I was looking around for a lot when suddenly the lorry YM9211J which was parked at the loading bay with tailgate facing outwards started reversing towards me. There was at least 2m distance between my car and the lorry before I started reversing. I immediately sounded the car horn but the lorry still continued reversing. I tried engaging the reverse gear but the lorry already reversed into my bonnet. All the time I was pressing the car horn to no effect. The lorry driver did not stop. Finally the lorry stopped moving and I quickly reversed the car 3m in case the lorry continues to reverse and cause more damage. This is when the lorry driver and assistant finally stopped and came out to inspect what happened.

Witness: JEMILLE TAY (9714687144)
 Vehicle: YM9211J 8435836 (Type: 2.0 Diesel Engine) JASNI BINA PERLI (9714687144)

19/12/2022
 1600hrs