# **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 witholding 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.

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   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 20/01/2023 09:30 (SGT) Reported by Date of Accident 19/01/2023 15:20 (SGT) Exact Location of Accident Singapore Additional Location Information CHANCERY LANE, AT JUNCTION BT TUNGGAL ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number SMJ4375K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AJEET SINGH NRIC No S8943297I Email Address AJEET.MRBEAN@GMAIL.COM Mobile Phone No (Phone) +65-91911184 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1600

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900024010-02

#### DRIVER

Name of Driver AJEET SINGH NRIC No S8943297I Date Of Birth 20/11/1989 Occupation Indoor

Date Of Driving Pass 25/11/2008 Driving experience 14 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91911184 Alt. Phone Number Email Address AJEET.MRBEAN@GMAIL.COM Address BLK 461C BUKIT BATOK WEST AVE 8 Address complement #06-732 Postcode 653461 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 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) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHMENTS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

# BETTHES ST STITER VEHISLET HOT EITH T

Vehicle Registration NumberGBF6613LVehicle ManufacturerNissanVehicle ModelNv200Vehicle Variant-

Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	KOH JOO MENG
Contact Number	(Phone) +65-96331819
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

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer , my w orkshop 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

20/01/73 0845 Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Direction

	cumstances of the Accident	
00	19101123, I was forwelling along Chancery Lare, the vety	cl
infran	t of me care to a day	C
	t of me came to an aboupt stop, due to another vehicle	-
ahead	of him. The road was wet due to rain, my car cartactes	1
He back	K of his valide	R
1000	K of his vehicle as I was not able to stop my vehic	(c
in time		
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		_
		_

# Declaration

IWe 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



























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230119/7047

# REPORT OF A TRAFFIC ACCIDENT

Date/Ti 19/01/2	me Report   023 17:46	Made:	Vide Report No.:	Station Diary No.:	
Informa	ant's Partic	ulars			
Name of Informant: AJEET SINGH			Address: 461C BUKIT BATOK WEST	AVENUE 8 #06-732 SINGAPORE	
ID Type NRIC N	/ ID No.: O / S89432	971	653461 Contact No.: Home/Office:		
Nationality: SINGAPORE CITIZEN		ΈN	Email: ajeet.mrbean@gmail.com		
Sex: Male	Age: 33	Date of Birth: 20/11/1989	Type of Informant:		
Race: Sikh			Language: English	Institution / School Name:	
Occupation: Airforce Engineer (RSAF)		RSAF)	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road
Location:		No	19/01/2023 15:20	Otraight (Cau
CHANCERY	-ANE			
		Road Surface:	Ro	oad Speed Limit:
Weather: Heavy rain Traffic Flow:		Wet	50	Km/h
Heavy rain Traffic Flow: Two Way		Wet Traffic Control:	50 Tra	Km/h affic Volume:
Heavy rain Traffic Flow: Two Way Type of Collisi	on: ng Vehicles - Head T	Wet Traffic Control: Not Controlled	50 Tra Lig	Km/h

Vehicle No.	Туре	Make	1.0			Balling .
GBF6613L	Van		Model	Color	Conditio	No of
	van	NISSAN	NV200	White	Slightly Damaged	1
SMJ4375K	Car	KIA	CERATO 1.6(A) SX	White		0

Details of V	ehicle Insurance	NOT THE RESERVE TO SERVE TO SE	Name and Address of the Owner, where the Owner, which is the Owner, which	
Vehicle No.	Insurance Company	Incurones No		
		Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230119/7047

# CONTINUATION OF REPORT

Details of V	ehicle Insurance			
A COUNTY OF THE REAL PROPERTY AND ADDRESS OF THE PARTY OF	Insurance Company			and the same
GBF6613L	AIG ASIA DACIFIO MOUT	Insurance No	Effective	Expiry Date
-D. 0010L	AIG ASIA PACIFIC INSURANCE PTE.	1900024010	04/03/2022	04/03/2023
SMJ4375K	AIG ASIA PACIFIC INSURANCE PTE.			
	LTD.	1900024010-02	05/03/2022	04/03/2023

Details of Pers	on Involved			
Any Pedestrian	Involved: No		DOMESTI	THE RESERVED TO
No. of Pedestria	ns Injured: NIL	Line of F	Dada-ti D	
Driver		Use of F	Pedestrian Cro	ssing: NA
Name	KOH JOO MENG		ID No.	S1768203B
Related Vehicle	GBF6613L (Van)		Contact No	96331819
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date		
No. of Days gran	ted Medical Leave NIL	Degree of	NIL NII	
Driver		Degree	of NIL	
Name	AJEET SINGH		ID No.	S8943297I
Related Vehicle	SMJ4375K (Car)		Contact No.	91911184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days grant	ed Medical Leave NIL	Degree o		

# Brief Details.

Vehicle GBF6613L came to an abrupt stop as a vehicle infront of him also came to an abrupt stop. As the road was wet, I did not have sufficient breaking distance and came into contact with his passenger van.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20230119/7047

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketci

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 19/01/2023 17:46
Classification Of Case: