

## 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 ..... 25/01/2023 11:40 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 18/01/2023 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS TUAS BEFORE JALAN EUNOS EXIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX7178T

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ROSET LIMOUSINE SERVICES PTE LTD  
Company Reg No ..... 200406722Z  
Email Address ..... LESLI@POPULARCAR.COM  
Mobile Phone No ..... (Phone) +65-67428888  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 1220004851

#### DRIVER

Name of Driver ..... GAJENTHRAN S/O SELVARAJ  
NRIC No ..... S9611629B  
Date Of Birth ..... 08/04/1996  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/10/2015
Driving experience .....	7 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83639433
Alt. Phone Number .....	-
Email Address .....	LESLI@POPULARCAR.COM
Address .....	BLK 112 SIMEI ST 1 #04-682 S520112
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	LIANG JIA LING
Gender .....	Female

#### 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 REPORT

#### 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 .....	SMC3720R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ENG WEI LOON
NRIC No .....	S7814361D
Contact Number .....	(Phone) +65-93637793
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

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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)**  
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.

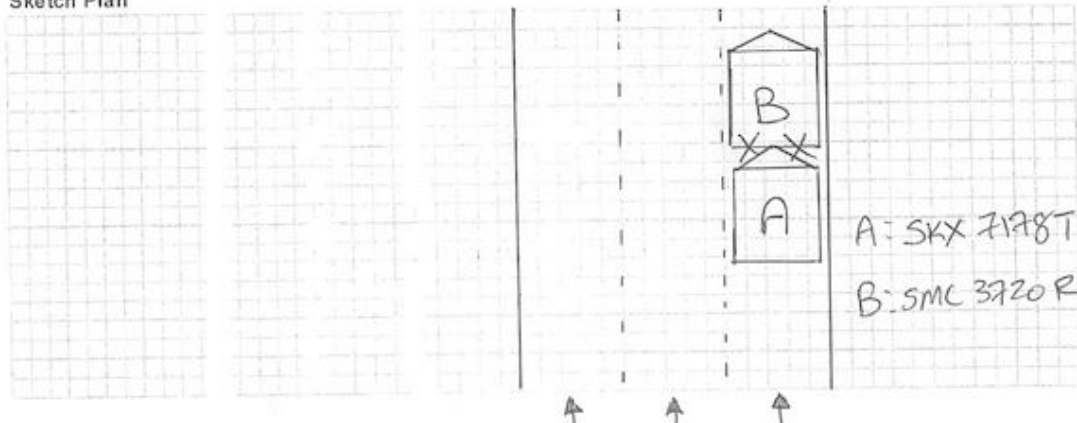


Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by GIA Records Management Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

The incident happened when I was on lane 1 of PIE towards Tuas.

The front vehicle suddenly brakes, I couldn't stop in time, and collided with the front vehicle.

Nobody was injured in this accident, and we exchanged for particulars.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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: \_\_\_\_\_ Vehicle Registration No: SKX7178T

Name (as shown in NRIC): ROSET LIMOUSINE SERVICES PTE LTD NRIC/PIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): 67428888 Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 18/01/2023 Time of Accident: 0830HRS

Place of Accident: PIE TO TUAS BEFORE JLN EUNOS EXIT

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 amend insured name should be Roset Limousine Services Pte Ltd .

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ROSET LIMOUSINE SERVICES PTE LTD

Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:



AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : GAJENTHRAN S/O SELVARAJ  
VEHICLE NUMBER : SKX 7178 T  
DATE/TIME OF ACCIDENT : 18 JAN 23 / 0830  
PLACE OF ACCIDENT : PIE TOWARDS TUPAS  
THIRD PARTY VEHICLE (IF ANY) : SMC 3720 R

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Angsi to Old Cho Chu kang

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

FRONT TO REAR

SKX 7178 T - FRONT

SMC 3720 R - REAR

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

GAJ  
Name: GAJENTHRAN S/O SELVARAJ

I Affirmed The Above Information Is Given To My Best Knowledge.

