

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 13/04/2023 15:22 (SGT)
Reported by Owner
Date of Accident 13/04/2023 12:50 (SGT)
Exact Location of Accident Upper Changi Rd E, Singapore
Additional Location Information TOWARDS BEDOK ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP2814R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHOO GUAN
NRIC No SXXXX405F
Email Address henrylim1979@yahoo.com
Mobile Phone No (Phone) +65-68484683
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model S-cross
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 1586

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100384319-08

DRIVER

Name of Driver TAN CHOO GUAN
NRIC No SXXXX405F
Date Of Birth 24/12/1931
Occupation Indoor

Date Of Driving Pass	26/02/1962
Driving experience	61 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98558353
Alt. Phone Number	-
Email Address	henrylim1979@yahoo.com
Address	505 DUNMAN ROAD #13-04
Address complement	-
Postcode	439198
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3559K
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHOR CHA HOCK

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHOO GUAN
Gender	Male
Phone No	(Phone) +65-98558353
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKP2814R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

<p><u>Tan Choo Guan</u> Policyholder's Signature / Date & Time</p>	<p><u>Tan Choo Guan</u> Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p><u>13/04/2023</u> Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan <u>UPPER CHUAN ROAD EAST TOWARDS BEDOK ROAD</u></p>		
		
<p>A veh: SKP 2814R B veh: GBE 3559K</p>		

Describe Circumstances of the Accident

On 13 Apr 2023 at about 1250pm I was driving along upper Changi Road East toward Bedok Road. I was driving on lane two. My front car stop so i follow suit. Suddenly Veh B GBE 3539K hit on towary Veh A SKP284R. I came down and exchange ic and left.

Declaration

We declare the foregoing particulars are true in every respect.

Tan Choo Guan
Policyholder's Signature / Date & Time

Tan Choo Guan
Driver's Signature (if driver is not the policyholder) / Date & Time

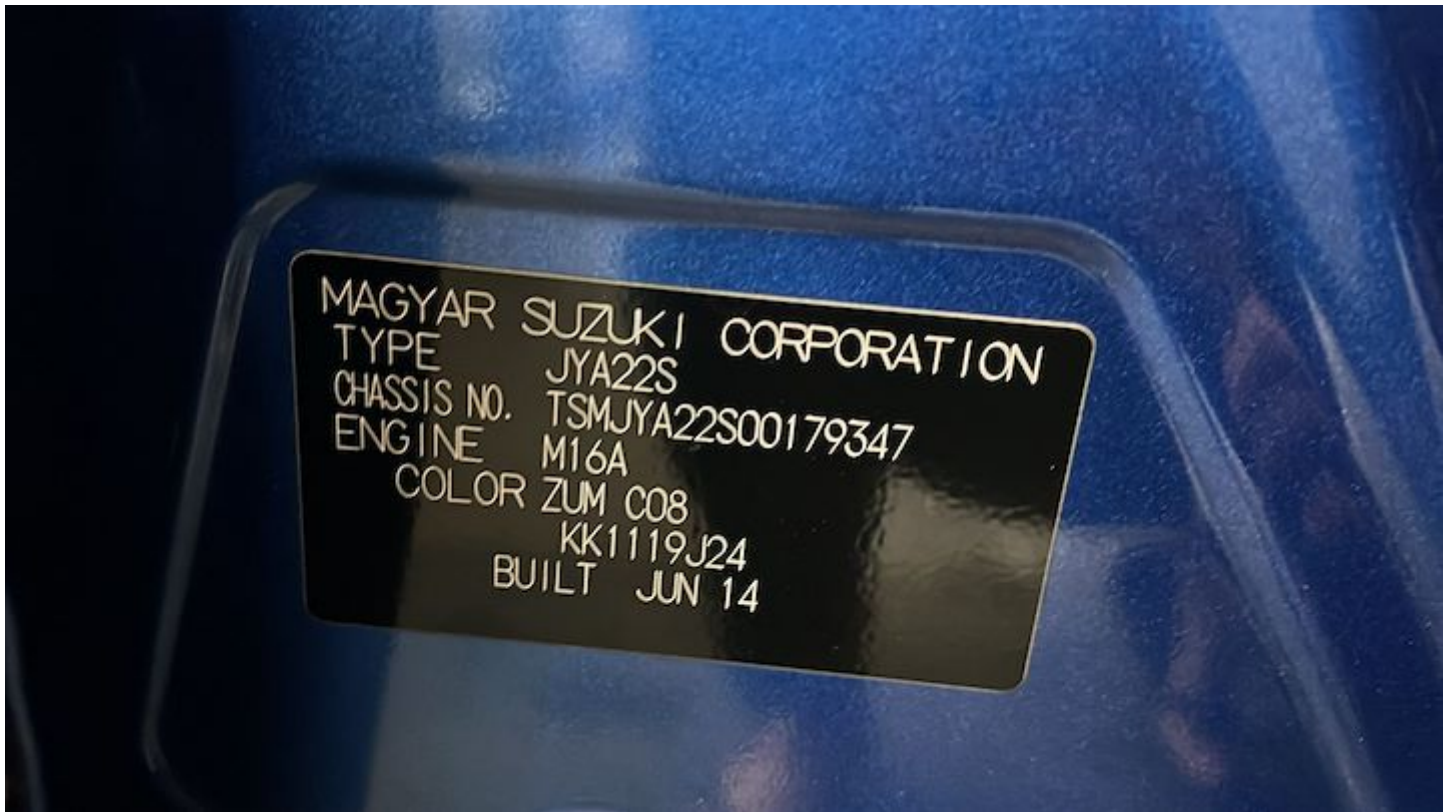
[Signature] 13/04/2023
Witnessed by Reporting Centre Personnel























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: SN08234D0002 Vehicle Registration No: SKP 2814R
 Name (as shown in NRIC): Toni Cheong Guan NRIC/FIN/Passport No: SXXXX 405F
 (*Vehicle Driver/Policyholder) (* Please delete as appropriate)
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9855 8353
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: UPPER CHANGI ROAD (near) TOWARDS BRICK ROAD
 Insurance Company: ALG

(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 transfer Policy number to SAS 200384319-08

Policyholder / Actual Driver's Signature
Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: 20/04/2023

3/11/2023