

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	05/05/2023 10:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/04/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	22 JEDBURGH GARDENS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH8536K
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY SWEE CHOON GEORGE (ZHENG RUICHUN GEORGE)
NRIC No	S7528333D
Email Address	GEORGETAY@EMAIL.COM
Mobile Phone No	(Phone) +65-98429604
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC300
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	1991

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220141718

DRIVER

Name of Driver	TAY SWEE CHOON GEORGE (ZHENG RUICHUN GEORGE)
NRIC No	S7528333D
Date Of Birth	23/09/1975
Occupation	Indoor

Date Of Driving Pass	07/10/1995
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98429604
Alt. Phone Number	-
Email Address	GEORGETAY@EMAIL.COM
Address	17 WOO MON CHEW ROAD
Address complement	-
Postcode	455071
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?	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

REFER TO SKETCH PLAN

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	SKQ9394J
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TAN JUAY HIANG
NRIC No	S1563530D

Contact Number -
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

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 Authorised Driver.
 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.
 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. 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 shed 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 Personnel

Sketch Plan 04/05/2023

17:10 PM

A: SMH 8536K
B: SKR 9394J

A-A-A
B

Describe Circumstances of the Accident:


On 23 April 2023, I was driving along Teddington garden road.
~~where~~
 My car drove past SKQ 9394J. After my main body past
 the car, ~~stop~~ I heard a small knock at my back rear.
 After turning right into a safety lane, I stopped my
 car and take look at my car rear. No damage was noticed.
 When I inspect the other car, I noted the other car driver
 was ~~park~~ parked further right of the lane. Driver was saying
 he intended to reverse into his house. While I suspect
 the ~~driver~~ hit might be caused by myself instead, I believed
 the likelihood of other driver might be reversing into
 his house ~~with~~ without checking blindspot. Thus, my front
 side panel of the car has not damage at all.

pls included statement attached

Declaration:

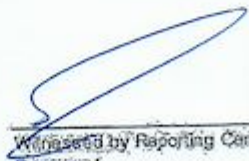
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time


 04/05/2023
 17:10 PM

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

Witnessed by Reporting Centre
Personnel



5/4/23, 7:02 PM

WhatsApp

1. The other party car SKQ 9394J might not be in a stationery position. All 4 family members are in the car. It is certain the car is going reverse or move forward.

6:52 pm

2. My car does not has any visible damage at all. Especially my front panel and right panel. No stretches. Thus, if the SKQ 9394J is stationery it is not possible for any contact given my car is driving straight

6:55 pm

3. SKQ 9394J is too far right against the kerb. Another sign of not going to be a stationery vehicle

6:56 pm

4. The reported driver said he was intending to reversing back to home

6:57 pm

Noted will included in the report, tks ✓

6:59 pm

5. In summary, given not damages to my right and front, the only possible situation that SKQ 9394J might have a very slight contact with my car is the driver had intended to reverse from a very awkward position. He/she did not check blind spot

7:00 pm

6. Please note the probation plate on the SKQ 9394J. Not sure who is the actual driver

SNH 85361









































