

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 17/04/2023 14:19 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 14/04/2023 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BKE TOWARDS PIE EXIT 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFS707Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN PING JIN , MARK
NRIC No S8602500J
Email Address southpaw707@hotmail.com
Mobile Phone No (Phone) +65-91700222
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Amg
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 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220106668

DRIVER

Name of Driver TAN PING JIN , MARK
NRIC No S8602500J
Date Of Birth 06/02/1986
Occupation Indoor

| | |
|--|-------------------------|
| Date Of Driving Pass | 03/12/2004 |
| Driving experience | 18 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91700222 |
| Alt. Phone Number | - |
| Email Address | southpaw707@hotmail.com |
| Address | 12 JELEBU ROAD |
| Address complement | # 16-28 |
| Postcode | 677673 |
| 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 | Side Swipe |
| 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

PLEASE REFER TO THE ATTACHED STATEMENT

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 | SMJ7434D |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Fit |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | ALEX |
| Contact Number | (Phone) +65-96013987 |

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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5. **Any false reporting may be referred to the Police for investigation.**
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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.

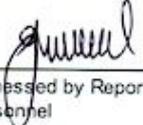
(collectively the "Purposes")

(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

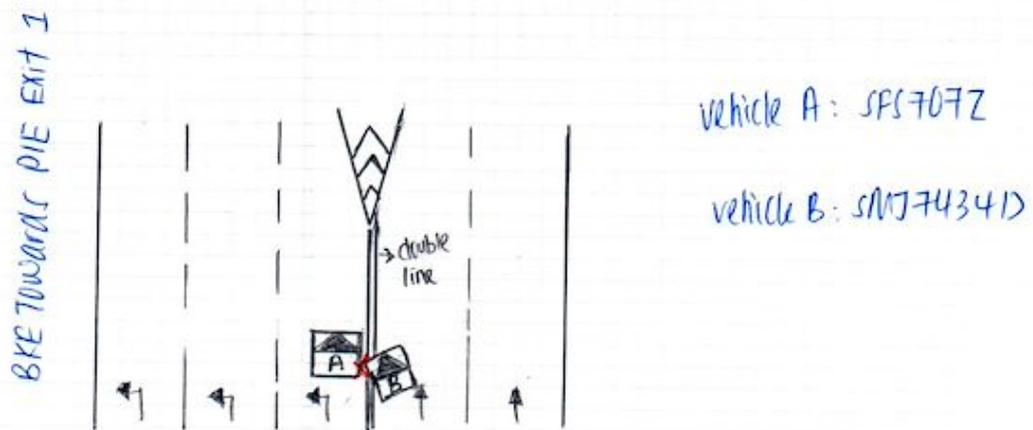
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

 17/11/2023
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer TO ATTACHED

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 17/04/2023

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME, I VEHICLE A (SFS 707 Z)
WAS TRAVELLING STRAIGHT ON THE STATED VENUE.
SUDDENLY, I FELT A HUGE IMPACT FROM THE RIGHT
PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK
AND REALISE THAT IT WAS VEHICLE B (SMJ 7434 D) WHO
HAVE COLLIDED ONTO MY VEHICLE.

VEHICLE A: SFS 707 Z

VEHICLE B: SMJ 7434 D



















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: SN09234H000A Vehicle Registration No: SFS 707Z
 Name (as shown in NRIC): Tan ping jin, Mark NRIC/FIN/Passport No: S8602500J
 (~~x~~ Vehicle-Driver/Policyholder) (*) Please delete as appropriate
 Address: 12 Selegie Road # 16-28 Singapore (677673)
 Contact (Tel): _____ Mobile No.: 91706222
 Email Address: southpaw707@hotmail.com
 Date of Accident: 14/4/2023 Time of Accident: 10:30
 Place of Accident: BIKE towards PIE Exit I
 Insurance Company: AIQ

(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:

Amend email address - southpaw707@hotmail.com

Policyholder / Actual Driver's Signature
Date:

[Signature] 18/4/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: