

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	29/05/2023 15:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/05/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVE 1 OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG5878S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIN PHOCK
NRIC No	S1186686G
Email Address	kptan5878@gmail.com
Mobile Phone No	(Phone) +65-96374671
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
Variant	T2
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100459744

DRIVER

Name of Driver	TAN KIN PHOCK
NRIC No	S1186686G
Date Of Birth	25/03/1956
Occupation	Indoor

Date Of Driving Pass	07/02/1976
Driving experience	47 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96374671
Alt. Phone Number	-
Email Address	kptan5878@gmail.com
Address	BLK 59A GEYLANG BAHRU #14-3345
Address complement	-
Postcode	330059
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	SMG9062X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DESMOND LEONG
Contact Number	(Phone) +65-97668544

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

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1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
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4. 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.
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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 27/05/2023 Time: 1550
 Exact Location of Accident HUEANG AVE 1 OPEN SPACE CAR PARK

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDG 5878-S

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) TAN KIN PHOCK
 Personal Identification - NRIC (Singaporean/PR) S11866866
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer VOLW Model SGO
 Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____
 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? ☐ Yes ☐ No (If No, Pls select: ☐ Third Party ☐ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AIG ASIA PACIFIC
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☒ No
 Policy Number 2100459764
 Motor CI

DRIVER ☐ Same as Insured above

Name of Driver TAN KIN PHOCK
 Personal Identification - NRIC (Singaporean/PR) S11866866
 - FIN/Passport Number
 Date of Birth 25 dd/03 mm/1986 yy
 Driving Date Pass 07 dd/02 mm/1976 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation ☒ Indoor ☐ Outdoor
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. 96374671

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Address of Driver	BKS9A. GAYLANK BAHRU. #14-3345. Postcode (330059.)		
Email Address	KPTAN5878@gmail.com		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If No, Relationship of the Driver with the Insured	OWNER		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No		
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-ON		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____		
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____		
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Number of Passengers (Including Driver)	01		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)		
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SMG9062X.		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	DESMOND LIONG.		
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number	9766 8544.		
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

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' law firms/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.

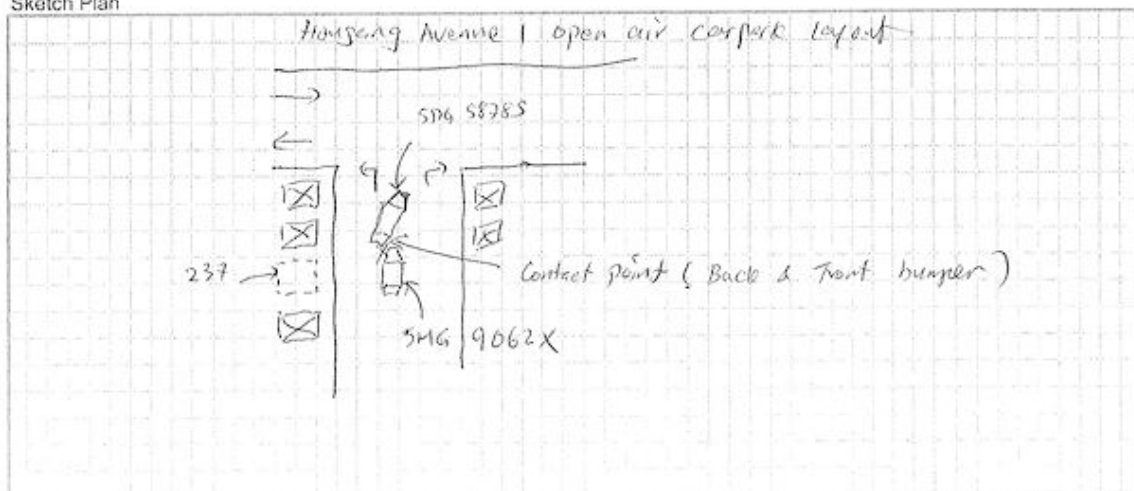
X 29/04/2023
9:55 am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstance of the Accident


While I was in the process of parking my car at hangang avenue 1 open air carpark, I slow down my car near empty lot. However, when I was about to reverse my car into lot 237, my car came into contact with the car behind me.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

✓  29/May/2023
9:55 AM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

UNDERTAKING


I, Tan Kin Phock, (NRIC No. S1186686/G), hereby confirm that the Singapore Accident Statement lodged by me on 29/May/2023 at 9:55am hours pertaining to the accident involving motor car Reg. No: SIX 5878S, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I further undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my receipt of a written demand from my insurers.

Signature	: <u></u>
Name of Policyholder	: <u>Tan Kin Phock</u>
NRIC No.	: <u>S1186686/G</u>
Date	: <u>29/May/2023</u>







