

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	16/06/2023 12:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLAND TRAIN STATION PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC9010E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE SIOW WOON (RUAN SHAO'EN)
NRIC No	SXXXX607J
Email Address	swwee72@hotmail.com
Mobile Phone No	(Phone) +65-97537899
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210140000

DRIVER

Name of Driver	WEE SIOW WOON (RUAN SHAO'EN)
NRIC No	SXXXX607J
Date Of Birth	08/01/1972
Occupation	Indoor

Date Of Driving Pass	14/03/1995
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97537899
Alt. Phone Number	-
Email Address	swwee72@hotmail.com
Address	436C FERNSVALE ROAD #05-168
Address complement	-
Postcode	793436
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 - Opening Door of Vehicle
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)	3
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	LIM MING FANG
Gender	Female

PASSENGER 2

Name	LIM MENG THIAM
Gender	Male

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

SEE ATTACHED

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	SHD6289D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	DARSHAN SINGH
Contact Number	(Phone) +65-82233300
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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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 tried outside of Singapore, for one or more of the above Purposes.

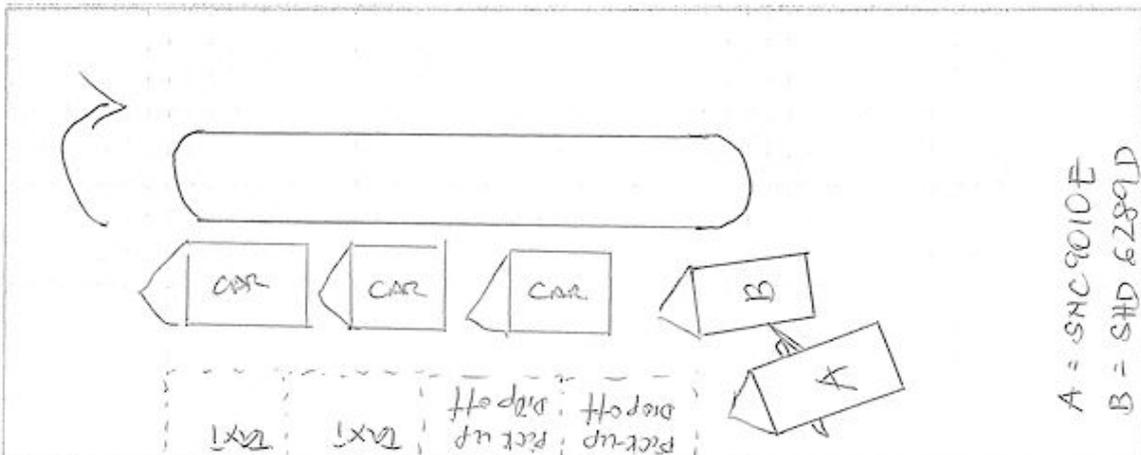
[Signature]
16/6/2023 1145am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



slun3022

Describe Circumstances of the Accident

Accident Location: Woodlands Train Checkpoint (Passenger Pick-up/drop off)
 Accident Date: 15/6/2023 Time: 3.30 pm
 Owner Email: swire72@hotmail.com Driver Email: same

My vehicle (SNC 9010E) was moving towards the passenger pick-up & drop off point @ the above mentioned location on the left-hand lane, while the taxi (SHD 6289D) on the right-hand lane suddenly swing open and hit the right door and mirror. The right-hand lane is not meant for alighting & the taxi should move forward to the designated taxi stand to drop-off / pick-up passenger or queue.

OTHER VEHICLE NO INVOLVE DETAILS :-

B	Veh No:	SHD 6289D	Hp:	82238300	Total Pax:	Driver Name:	Darshan Singh
C	Veh No:		Hp:		Total Pax:	Driver Name:	

Declaration

We declare the foregoing particulars are true in every respect


 16/6/2023
 Policyholder's Signature Date & Time

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

Witnessed Personnel  Recording Centre