

## 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 First Submission .....	02/09/2024 17:19 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/08/2024 11:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LAMP POST NO 433 ALONG TPE (EXITED FROM PUNGGOL WAY BEFORE HALUS LINK)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMW3476R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PEH CHEE CHUNG (BAI ZHICONG)
NRIC No .....	SXXXX139J
Email Address .....	peterpehcc@gmail.com
Mobile Phone No .....	(Phone) +65-82888061
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q3
Variant .....	Q3 1.4 TFSI S TRONIC
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
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1398
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2070161773-01

#### DRIVER

Name of Driver .....	LIM SEOK CHIN (LIN SHUZHEN)
NRIC No .....	SXXXXX059E
Date Of Birth .....	02/05/1976
Occupation .....	Indoor
Driving Pass Date .....	12/04/1995
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	29 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90885862
Alt. Phone Number .....	-
Email Address .....	susan.lim@croda.com
Address .....	BLK 271C PUNGGOL WALK
Address complement .....	#11-543
Postcode .....	823271
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	4
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 .....	NG SEOW HONG
Gender .....	Male

#### PASSENGER 2

Name .....	PEH JIE YU
Gender .....	Female

#### PASSENGER 3

Name .....	PEH JIA YI
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

IT WAS A CLEAR SAT MORNING WHERE I COLLIDED AGAINST THE REAR OF A RENTED LORRY. THERE APPEARS TO BE AN ACCIDENT ON THE 1ST LANE AND I CAUGHT A GLIMPSE OF SOMETHING ON THE GROUND BEFORE I KNOW KNEW IT, THE CAR CANNOT STOPPED IN TIME BEFORE BUMPING INTO THE BACK OF THE LORRY. INFORMATION WAS EXCHANGED AND LORRY DRIVER CALLED THE COMPANY TO REPORT SEVERE DAMAGE. ALL I SAW SAW DENTED IN THE REAR LAMP & PLATE NUMBER WITH SLIGHT REMOVAL OF PAINT FROM LORRY REAR. WAS APPROACHED BY STRANGER IF THEY AN BE ON HELP IN SERVICES. AS I MOVED OFF FROM INCIDENT SCENE TO MAKE POLICE REPORT, THE BONNET RAISED UP & BLOCK OF MY VIEW WHILE GOT INTO A BAY ( UNDER THE FLYER) AND WAS HELP BY THE SAME STRANGER , TAPPING MY BONNET.

RENTAL COMPANY NAME : SKYLINK AUTO PTE LTD @ +65 92335858

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 .....	GBB2777U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHAN SIN
Contact Number .....	(Phone) +65-87600824
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**

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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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

Tony Poon

**Sketch Plan**

## Describe Circumstances of the Accident

It was a clear Sat morning where I collided against the rear of a rented Lorry. There appears to be an accident on the M1 lane and I caught a glimpse of something on the ground before before I knew it, the car cannot be stopped in time before bumping into the back of the Lorry. Information was exchanged and Lorry driver called the company to report severe damage. All I saw was dent in rear lamp & plate number with slight removal of paint from lorry rear. Was approached by stranger if they can be of help in services. As I moved off from incident scene (to make a police report, the bonnet raised up & block my view while I got into a bay under the flyer) and was helped by the same stranger, tapping my bonnet.

Rental company name : Skylink Auto Pte Ltd @ 65 92335858

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Tony Foong

























































































