

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	18/11/2024 17:34 (SGT)
Reported by	Actual Driver
Date of Accident	17/11/2024 14:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHEARES SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS160S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW KUEY HIONG
NRIC No	SXXXX142C
Email Address	MARKCHNG88@GMAIL.COM
Mobile Phone No	(Phone) +65-96826575
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q4 SPORTBACK 45 E-TRON
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	0
Vehicle Fuel	Electric
First Registration Date	27/06/2024
Chassis no	WAUZZZFZ2RP072097
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7240107094

DRIVER

Name of Driver	CHNG BENG LEONG
NRIC No	SXXXX824A
Date Of Birth	22/09/1967
Occupation	Indoor
Driving Pass Date	20/02/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96826575
Alt. Phone Number	-
Email Address	MARKCHNG88@GMAIL.COM
Address	10A LORNIE ROAD
Address complement	-
Postcode	298728
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	Flood
Weather Conditions	Raining
Road Surface	WET & FLOOD

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	LEW KUEY HIONG
Gender	Female

PASSENGER 2

Name	EMLIN CHNG
Gender	Female

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

ON 17 NOV 24 AT AROUND 2.17PM, I WAS DRIVING ALONG BUKIT TIMAH ROAD TOWARDS SHEARES BRIDGE. I DROVE THROUGH A FLOOD AT THE SHEARES SLIP ROAD. WHEN I REACHED MY DESTINATION, I FOUND OUT THAT THE BACK LOWER BUMPER MISSING. AT IT WAS RAINING , I WENT BACK TO THE FLOOD LOCATION 2 HOURS LATER AND FOUND BACK MY COVER.

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

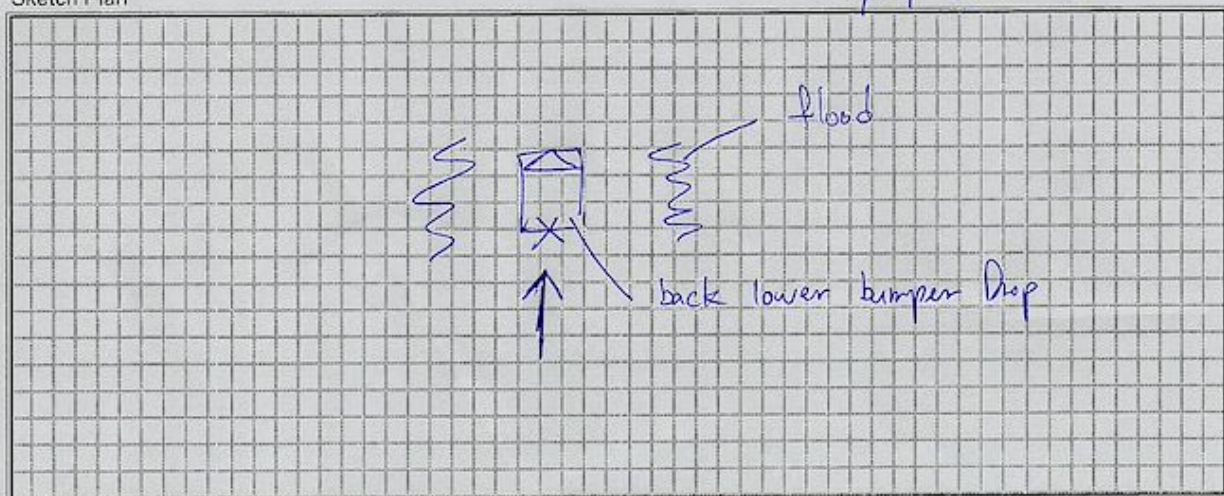
Policyholder's Signature / Date & Time

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

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

18/11/24 @ 1343

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 17 Nov 24 at around 2.17pm, I was driving along
Bukit Timah Road towards Sheares Bridge.

I drove through a flood at the sheares bridge
Slip
~~side~~ road. When I reached my destination, I ~~found~~
found out that the back lower bumper missing.

As it was raining, I went back to the flood location
2 hours later and found back my cover.

Declaration

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

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)

18/11/24 @ 1343





































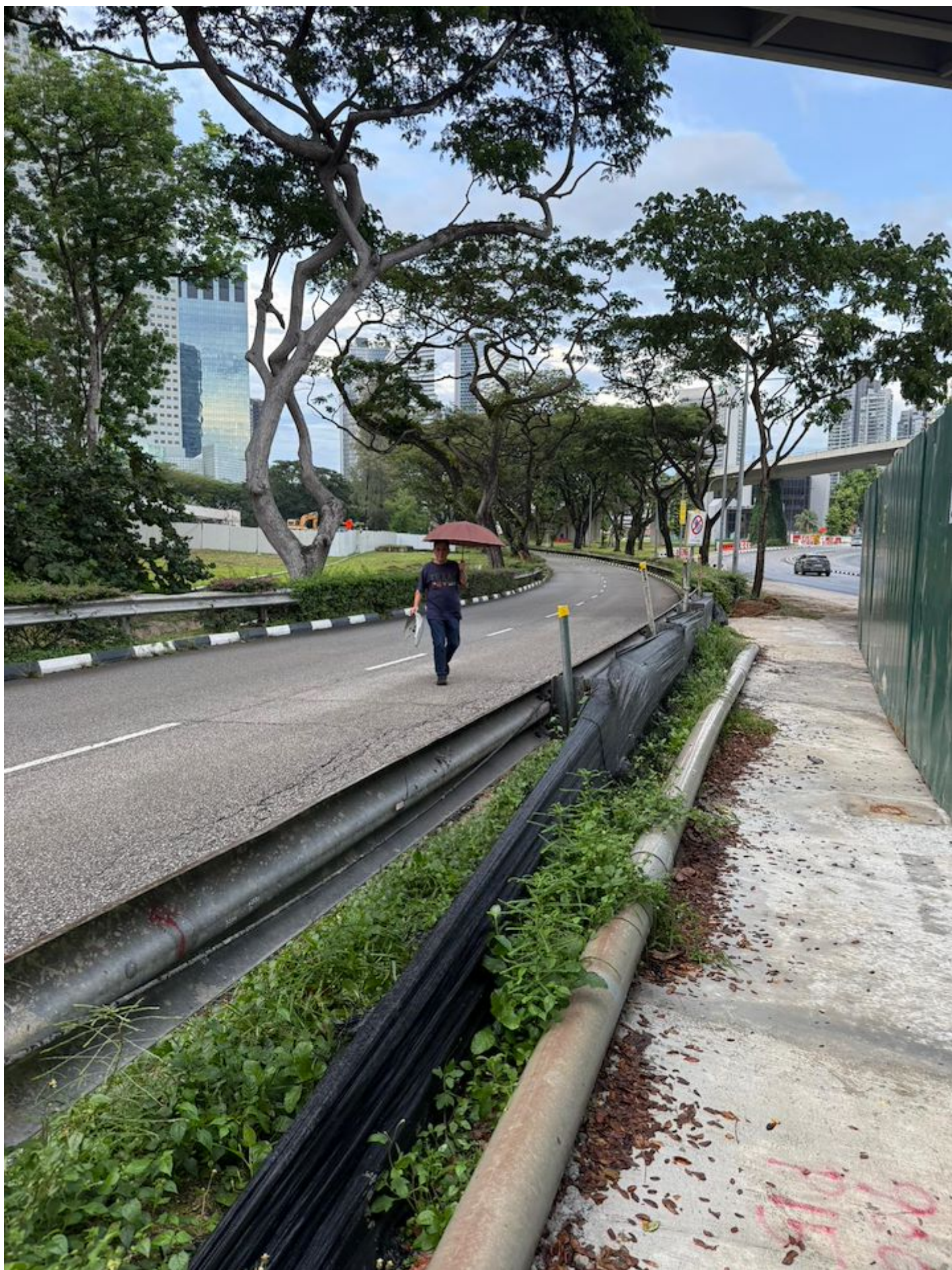


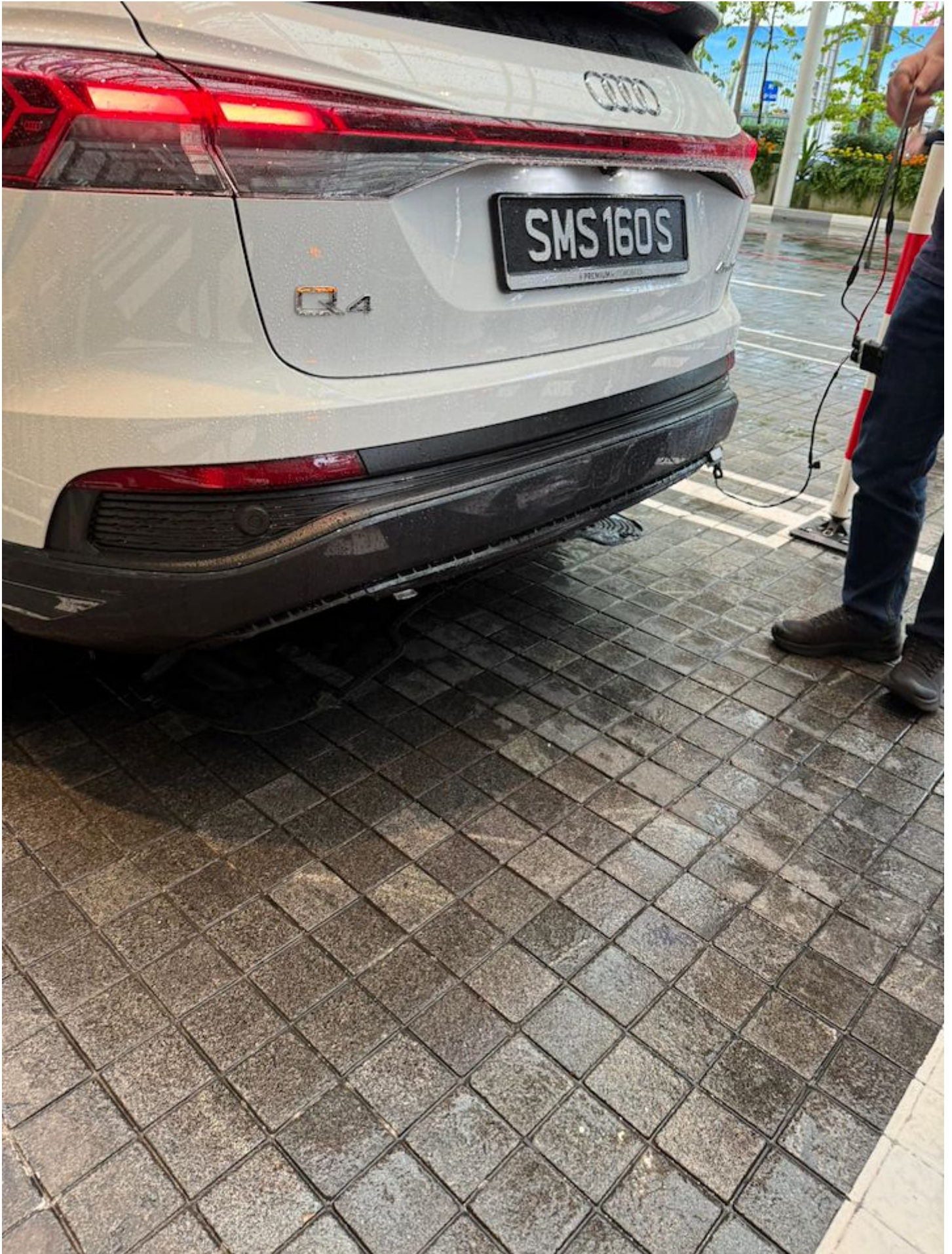




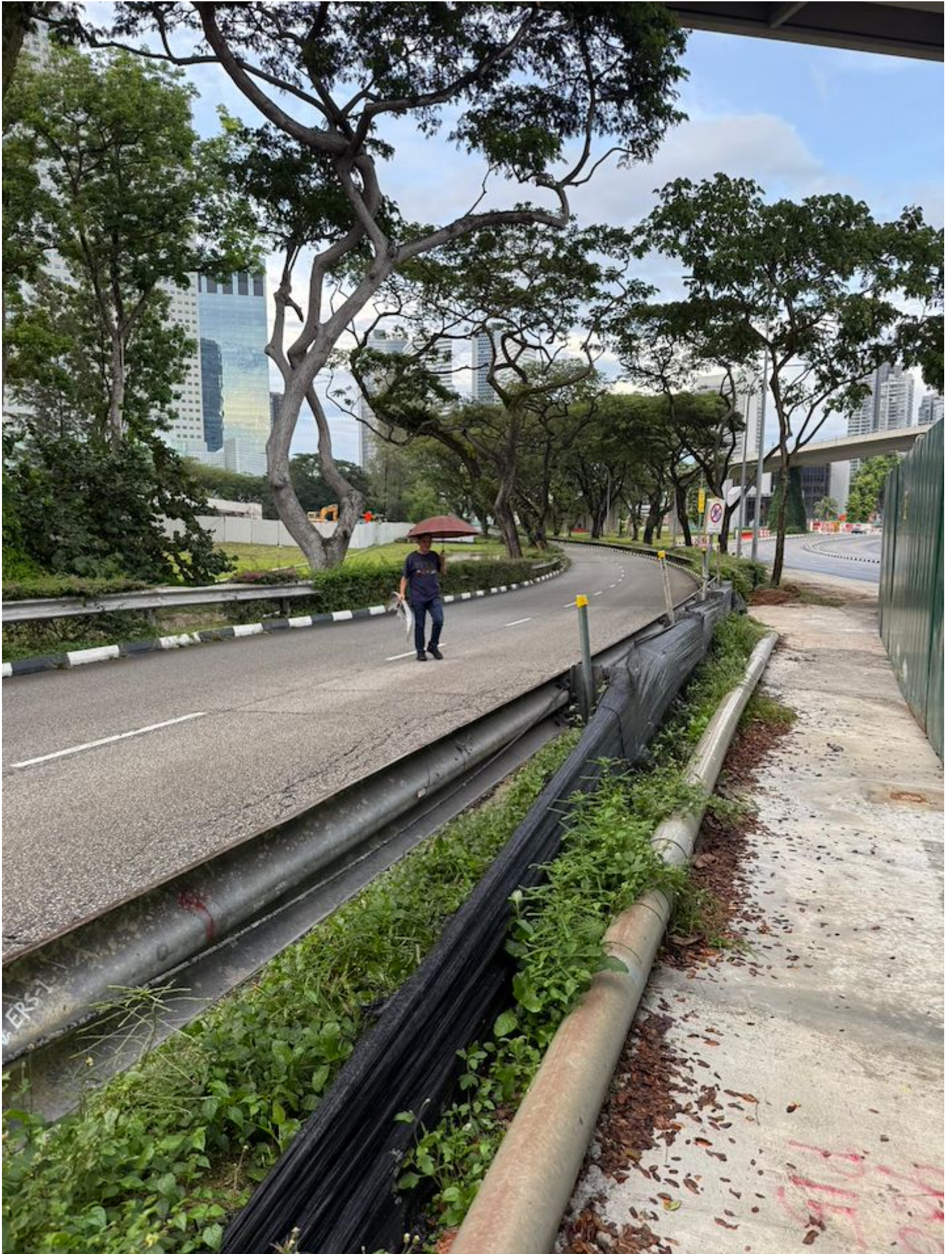














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP1424BI0006 Vehicle Registration No: SMS160S
Name (as shown in NRIC) : LEW KUEY HIONG NRIC/FIN/Passport No : SXXXX142C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 A LORNIE ROAD Singapore (298728)
Contact (Tel) : 96826575 Mobile No. : _____
Email Address : MARKCHNG88@GMAIL.COM
Date of Accident : 17/11/2024 Time of Accident : 14:17
Place of Accident : SHEARES SLIP ROAD
Insurance Company: AIG Asia Pacific Insurance Pte.Ltd.

(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:

To correct the name of policyholder.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: WONG KHONG SEAH
NRIC/FIN No.: SXXXX142X
Date: 19/11/24