

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	21/12/2024 12:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/12/2024 21:20 (SGT)
Exact Location of Accident	Near PIE, Eunos Flyover, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4380P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEONG LEONG HUI
NRIC No	SXXXX596Z
Email Address	admin@duyi.com.sg
Mobile Phone No	(Phone) +65-96617826
Alternative Phone No	+65-96187050

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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	1984
Vehicle Fuel	Petrol
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	1700040674-07

DRIVER

Name of Driver	JOVAN TEONG KECHUAN
NRIC No	TXXXX196C
Date Of Birth	16/03/2002
Occupation	Indoor
Driving Pass Date	13/07/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96302790
Alt. Phone Number	(Home) +65-67850246
Email Address	jovantk98@gmail.com
Address	531 BEDOK RESERVIOIR ROAD
Address complement	05-110
Postcode	479282
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	TEONG LEONG HUI
Gender	Male

PASSENGER 2

Name	KWEK CHIEW YEN
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

I WAS DRIVING AT THE FLYOVER HEADING TOWARDS CHANGI. ON THE DOWN SLOPE, I SAW THE VEHICLE IN FRONT OF ME BRAKE, WHICH LED ME TO BRAKE AS WELL. I STOPPED IN TIME BUT THE VEHICLE BEHIND DID NOT AND REAR ENDED ME. THIS CAUSED ME TO THEN HIT THE CAR IN FRONT SLIGHTLY. MY PASSANGER SUFFERED BACK AND ARM PAIN AS A RESULT.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6517B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver -
 Contact Number (Phone) +65-96563806
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5200X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Taxi
 Name of Driver -
 Contact Number (Phone) +65-90253722
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -


INJURED PERSONS DETAILS


INJURED 1


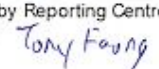
Name of injured person KWEK CHIEW YEN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLR4380P
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

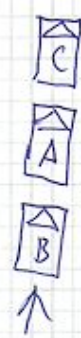
SKETCH PLANIMPORTANT NOTICE

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 Authorised 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. The 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.
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

 21/12/24 - 1120h
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel 

Sketch Plan


A - SLR 4380P
B - SHC 6517B
C - SHC 5200X

34

Describe Circumstances of the Accident

I was driving at the Euros flyover heading towards Changi. On the down slope, I saw the vehicle in front of me brake, which led me to brake as well. I stopped ~~in time~~ in time but the vehicle behind did not ~~see~~ and rear-ended me. This caused me to then hit the car in front slightly. My passenger suffered back and arm pain as a result.

Declaration

We declare the foregoing particulars are true in every respect.

289
Policyholder's Signature / Date & Time

84 21/12/24
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel *Tony Foong*







































