

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	19/07/2024 15:52 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2024 16:30 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	T JUNCTION TAMPINES AVE 1 IN FRONT CALTEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1079L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KIM ENG
NRIC No	SXXXX824I
Email Address	CSCHANG99@GMAIL.COM
Mobile Phone No	(Phone) +65-96163203
Alternative Phone No	+65-96970099

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SEDAN 1.4 TFSI
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800108415-04

DRIVER

Name of Driver	CHANG CHER SHEN
NRIC No	SXXXX196G
Date Of Birth	05/02/1959
Occupation	Indoor

Driving Pass Date	06/08/1987
Driving experience	36 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96970099
Alt. Phone Number	-
Email Address	CSCHANG99@GMAIL.COM
Address	67 BEGONIA DRIVE
Address complement	-
Postcode	809925
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)	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

PLEASE SEE ATTACHED

ATTACHMENT(S)

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	SJQ7255C
Vehicle Manufacturer	Toyota
Vehicle Model	Voxy
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE SEE ATTACHED

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



Accident Report

Date: 19 July 2024

On 18 July 2024, after collecting my Audi from Chip Soon Workshop following a maintenance service, I drove along Tampines Avenue 1. As I approached the T-junction at Avenue 1 and Avenue 8, I noticed the traffic lights turn amber and applied my brakes to come to a stop.

Before my car could fully stop, I heard a noise that sounded like a mechanical bump, possibly from the axles or brake system. My thoughts immediately went back to the recent maintenance service, and I instinctively released the brake, allowing the car to slow down and come to a stop opposite the junction. At that moment, I did not notice anything wrong with my vehicle, nor did I check the bumper or rear of my car.

For safety reasons, I decided to return to the workshop for an inspection. Upon arrival, the workshop staff immediately noticed scratches and dents on the bumper and rear of my car. They confirmed that these damages were not present when they delivered the car to me.

The workshop executive helped me retrieve footage from my car's dashcam. The footage confirmed that a white Toyota Voxy 2.0X A had collided with the back of my car.

DATE & TIME OF INCIDENT: 18 JULY 2024
~ 4:30pm.



CHANG CHER SHEN
TEL: 9697 0099

























































