

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 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 ability.
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 Report	14/02/2018 13:56
Date Of Accident	13/02/2018 23:20
Exact Location Of Accident	JUNC BETWEEN PUNGGOL CENTRAL & PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2171M
Insured/Policyholder	
Name Of Registered Owner	CHAN CHOON YEAN (ZHEN JUNYUAN)
NRIC No	S7220193J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97317808
Alternative Phone No	OFFICE-97317808

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(M) SX ABS D/AB 2WD 4DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100142959-08000
Cover Note Number	-

Driver

Name of Driver	TENG YOKE YIN(DING YUYAN)
NRIC No	S7713090Z
Date Of Birth	19/05/1977
Occupation	INDOOR
Date Of Driving Pass	28/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82997808
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 96 PUNGGOL DRIVE #13-13
Postcode	828797
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GWEN CHAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG7795M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAIPILJUMRI BIN OTHMAN
NRIC/Passport Number	S6818376F
Contact Number	93927089
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TENG YOKE YIN (DING YUYAN)
Approximate Age	
Injuries Sustain	LOWER BACK
Injured person in which vehicle?	SJR2171M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand and 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 insurer/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 investigation 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")

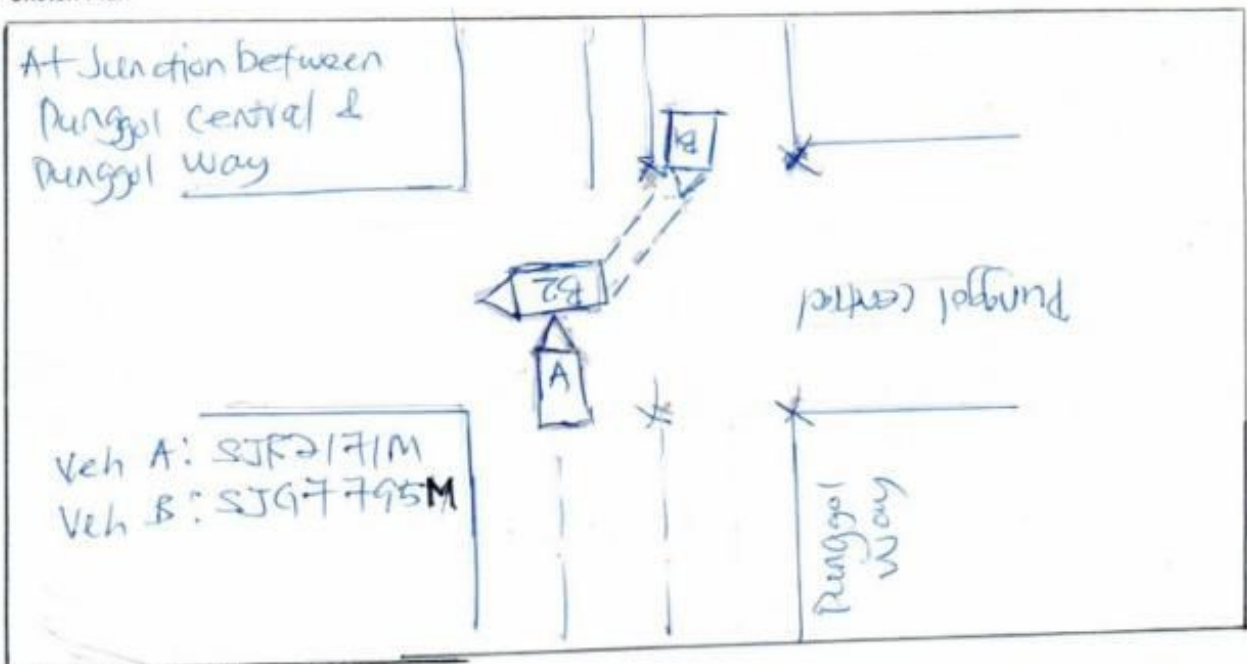
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers/lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time 14/2/18 10.00am

Driver's Signature (If driver is not the policyholder) / Date
& Time 14/2/18 10.00am

Witnessed by Reporting Centre
Personal

Sketch Plan



Accident Sketch Plan

Circumstances of the Accident

I was driving my veh SJR2171M on 13/5/18 at 11:21 pm at Junction between Punggol central & Punggol way on my right of way.

Suddenly veh B: SJG7795M dash across the red light & turn into Punggol central.

I could not stop in time & hit ~~on~~ on to his vehicle left passenger door.

I have a video footage on the accident scene.

We came down & exchange particulars.

I have 2 witness at the accident scene

I feel my lower backache & will be going to see doctor.

veh A: SJR2171M

veh B: SJG7795M

Declaration

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

14/5/18 10am

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

14/5/18 10am

Witnessed by Reporting Centre Personal

Insurance Co.

AIG

Vehicle No.

SJR2171M

Date of accident

13/5/2018

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



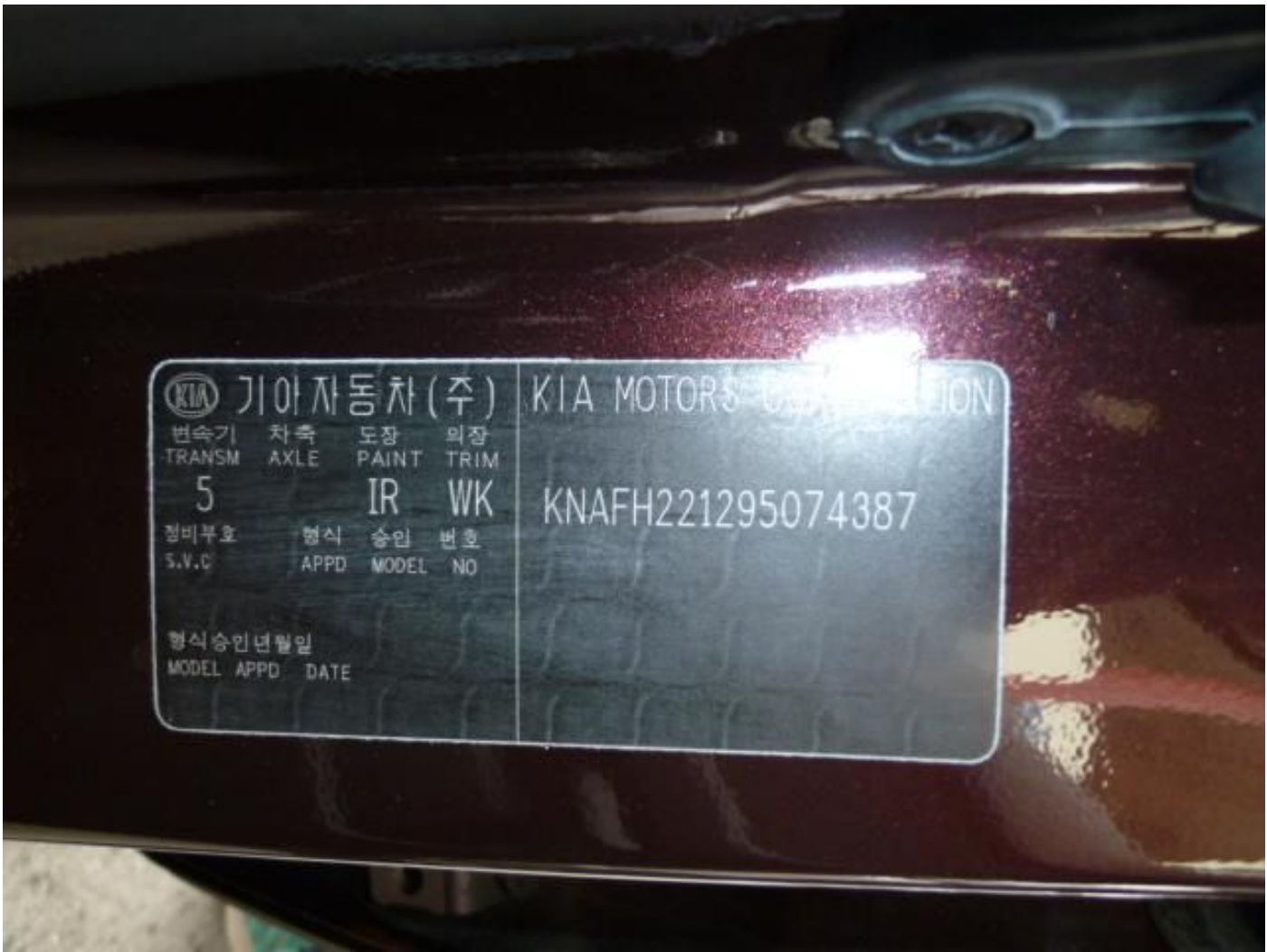
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