

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	11/07/2018 12:11
Date Of Accident	10/07/2018 19:45
Exact Location Of Accident	AT PIE NEAR JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1847A
Insured/Policyholder	
Name Of Registered Owner	XIN PENGWEI
NRIC No	S8574448H
Email Address	IVYXIN36@MSN.COM
Mobile Phone No	(LOCAL) +65-81396049
Alternative Phone No	OFFICE-81396049

Vehicle Particulars

Manufacturer	AUDI
Model	AUDI A3 SEDAN 1.0 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
If No, Please state action to be taken	
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	
Cover Note Number	

Driver

Name of Driver	XIN PENGWEI
NRIC No	S8574448H
Date Of Birth	14/09/1985
Occupation	INDOOR
Date Of Driving Pass	29/10/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81396049
Fax Number	
Contact Number	OFFICE-81396049
Email Address	IVYXIN36@MSN.COM

Address	APT BLK 321 TAMPINES STREET 33 #07-124
Postcode	520321
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

REFER TO ACCIDENT STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL9233S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK4714X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJA8787L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN

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7. By the lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

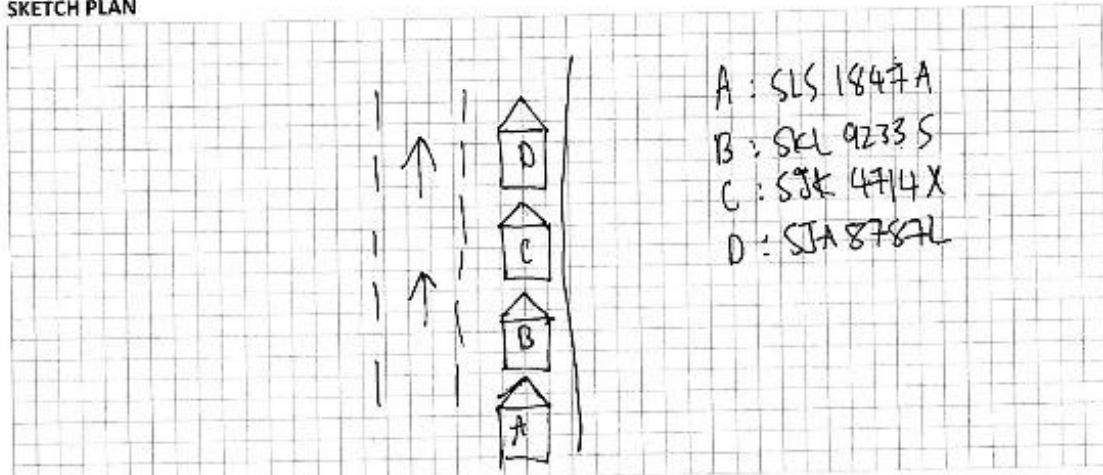

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: *Lim Koo Siong*
NRIC/FIN No.: *G6552569M*

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving
When I drove along PIE towards Changi Airport, near Euros Exit on the furthest right lane on 10th July 2018 at around 7:45pm. The car in front me suddenly E brake, I believe the car hit the car in front. So I also E Brake, however in a short time there is not enough distance to completely stop in time, I got hit the car in front which is Mercedes with Car Plate No. ~~SJA~~ SKL 9233S.

When I came out from the car checking the scene, there were 3 cars being involved in the accident, and I'm the forth one. The other 2 cars which is 1st car SJA 8787L & 2nd car SJK 4714X. Every car owners had come down & took photo ~~at~~ but without changing the each other personal details. Everyone had drove off after taken photos.

There were no people injured at the scene, no police car or ambulance involved as well.

DECLARATION

I/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:

Reporting Centre Person's Signature
Name: Lim Koo Seng
NRIC/FIN No.: G4552369M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66500206 / 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 : MPA118089346 Vehicle Registration No: SL5 1837 S
 Name (as shown in NRIC) : Xin Pengwei NRIC/FIN/Passport No : S85F444814
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 321 Tampines St 33 # 07-124 Singapore (S20321)
 Contact (Tel) : _____ Mobile No. : 81396047
 Email Address : wyxin36@msn.com
 Date of Accident : 10/7/18 Time of Accident : 19:45
 Place of Accident : AT PIE NEAR EVRDS EXIT
 Insurance Company : AIIC

(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:

Attach sketch plan.

Policyholder / Driver's Signature
 Date: _____



Reporting Centre Personnel's Signature
 Name: Lim Bee Han
 NRIC/FIN No: G55324114
 Date: 11/7/18

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
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UEN: S665500206 / 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 : MPA 1180 8934 0-51 Vehicle Registration No: SLS18475
Name(as shown in NRIC) : Xin Bang Wei NRIC/FIN/Passport No : S86744484
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt Bkt 221 Tampines Street 33 #07-124 Singapore(520321)
Contact (Tel) : _____ Mobile No. : 81396049
Email Address : IVYXIN36@msn.com
Date of Accident : 10/7/16 Time of Accident : 19:45
Place of Accident : At PIE Near Sultan Eunos
Insurance Company: AIC

(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:

Amend vehicle number plate

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Lm Bee Seng
NRIC/FIN No: G855356227
Date:

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
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Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500200 / 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 : MPA 1180 8934 0-01 Vehicle Registration No: SL51847A
Name (as shown in NRIC) : Xin Pang Wei NRIC/FIN/Passport No : S8674448H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt Blk 321 Tampines Street 33 #07-124 Singapore (520321)
Contact (Tel) : _____ Mobile No. : 81396049
Email Address : IVYXIN36@msn.com
Date of Accident : 10/7/16 Time of Accident : 19:45
Place of Accident : At PIE Near Selegie Road
Insurance Company : ALG

(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:

Amend vehicle number plate

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Lim Bee Seng
NRIC/FIN No.: G855256mm
Date: