

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 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 Report	10/11/2018 13:25
Date Of Accident	10/11/2018 12:10
Exact Location Of Accident	CTE TOWARDS AYE BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5717A
Insured/Policyholder	
Name Of Registered Owner	TENG YEN PING (DING YANPING)
NRIC No	S7410073B
Email Address	TENGYENPING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96302507
Alternative Phone No	OTHERS-96302507

Vehicle Particulars

Manufacturer	MAZDA
Model	2-1.5 (A)
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	1800006245
Cover Note Number	

Driver

Name of Driver	TENG YEN PING (DING YANPING)
NRIC No	S7410073B
Date Of Birth	01/04/1974
Occupation	INDOOR
Date Of Driving Pass	03/02/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96302507
Fax Number	
Contact Number	OTHERS-96302507
Email Address	TENGYENPING@YAHOO.COM.SG

Address	BLK 106 ALJUNIED CRESCENT #03-211
Postcode	380106
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	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)	3
Passenger 1	NAME: : ONG KIM KIAT GENDER: : FEMALE
Passenger 2	NAME: : TENG SING KOON GENDER: : MALE

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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3303B
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVAM VIJAYAKUMAR
NRIC/Passport Number	G3003913R
Contact Number	83863127
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX7784G
Vehicle Make/Model/Colour AUDI A6
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR WONG HONG YANG
NRIC/Passport Number S1517779I
Contact Number 85338208
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
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 INJURED PERSON 1

Name TENG YEN PING (DING YANPING)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLV5717A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TENG SING KOON
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLV5717A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name	ONG KIM KIAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLV5717A
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, 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:

10/11/18 1:31pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/11/18 1:31pm

Reporting Centre Personnel's Signature

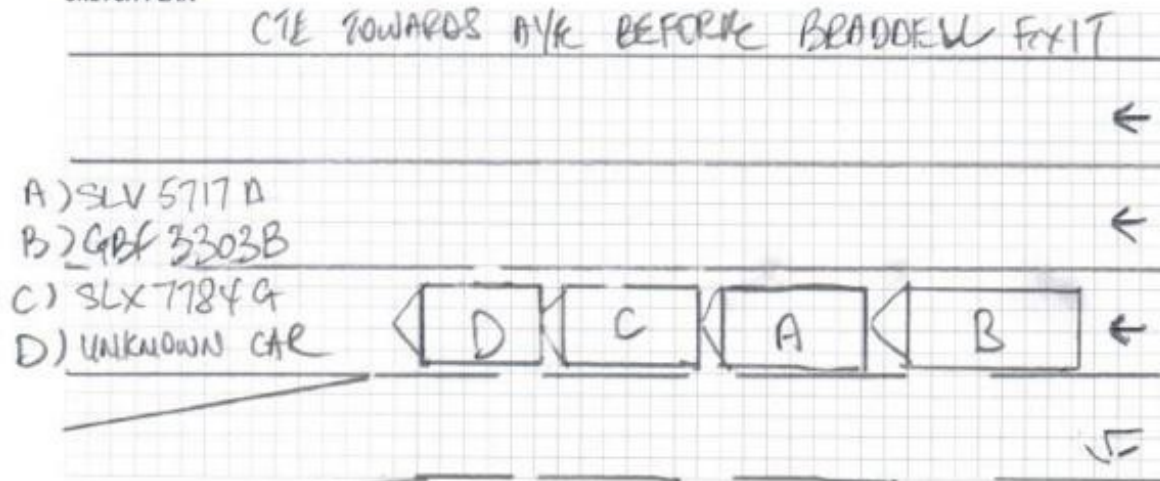
Name:

NRIC/FIN No.:

Rishi Kumar

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10th Nov 2018, 12:14pm I was driving along CTE towards AYE, ~~near~~ before braddell exit, ~~along~~. The front car SLX 7784 G stopped. I saw, slowed down & stop. A few seconds, a large bang was heard and ~~hit my car~~ forced my car to hit the front car. After accident, my mum exclaimed her hand is in pain and my brother also said he is injured. I also don't feel well. I come down from the car and realised 4 cars were involved in the accident. First car, unknown 1st, unknown, 2nd car SL

- A) Unknown
B) SLX 7784 G
C) SLV 5717 A
D) GBF 3303 B.

DECLARATION

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

Policyholder's Signature
Date & Time:

10/11/2018 1:26pm

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

10/11/2018 1:26pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10/11/2018
Keshi Watson

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7410073B



Name
TENG YEN PING
(DING YANPING)
丁燕萍

Race
CHINESE

Date of birth
01-04-1974

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



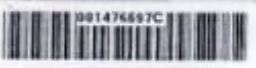
Licence Number **S7410073B**

Name
TENG YEN PING
(DING YANPING)

Birth Date **01 Apr 1974**

Issue Date **03 Feb 2007**

001476697C



3575340



NRIC No. S7410073B



Date of issue
28-06-2004

Address
APT BLK 106 ALJUNIED CRESCENT
#03-211
SINGAPORE 380106

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) $\leq$ 2000kg
with $\leq$ 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals $\leq$ 2000kg

PASS DATE
03 Feb 2007

NP 423A

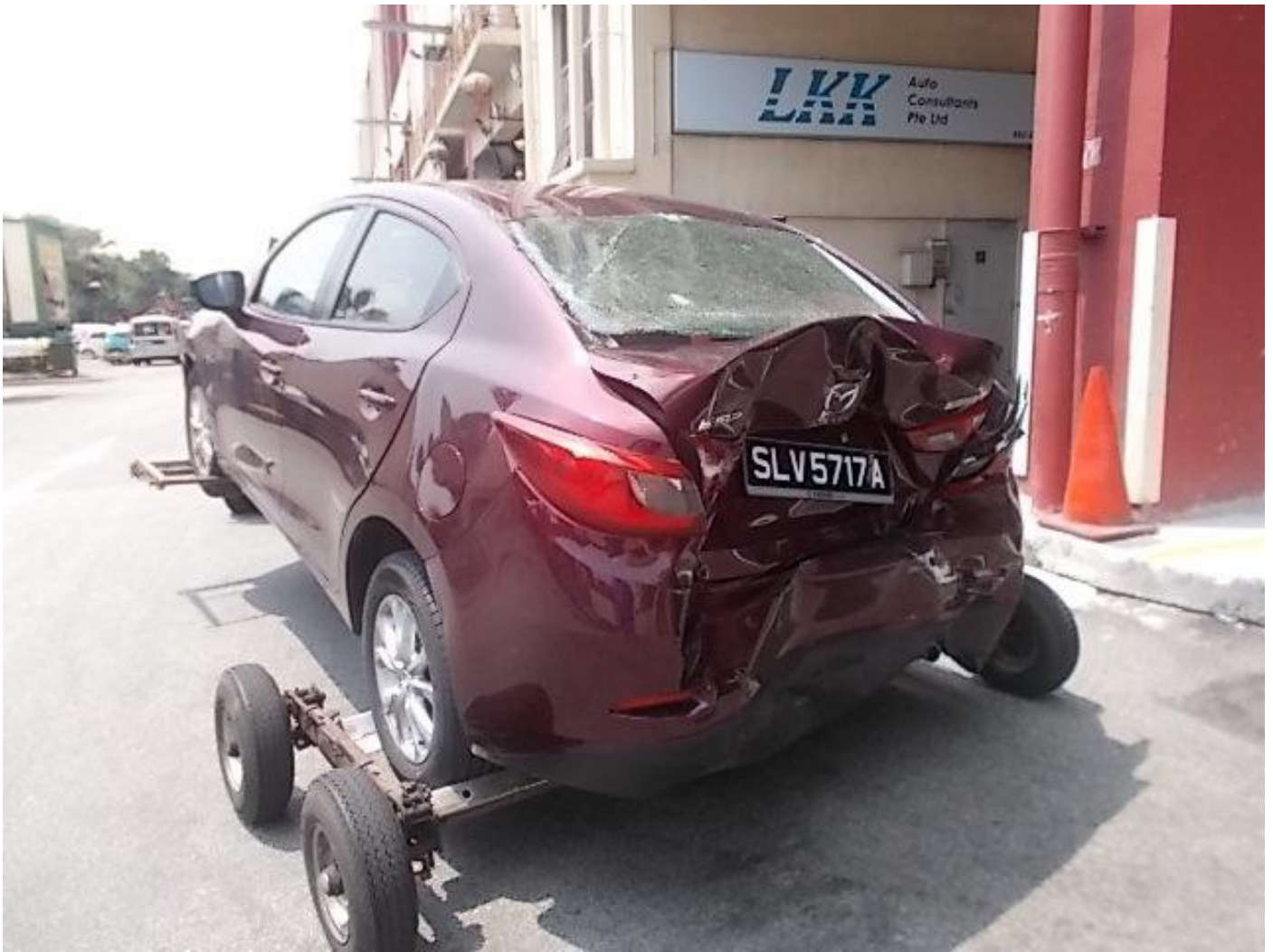
Licence No: S7410073B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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: 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 : MMA18145628 Vehicle Registration No: SLY5717A
Name (as shown in NRIC) : TENG YEN PENG NRIC/FIN/Passport No : 8 87410073B
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 96302507
Email Address : _____
Date of Accident : 10/11/2018 Time of Accident : 12:10
Place of Accident : C7E TOWARDS AYK BEFORE BRADFIELD EXIT
Insurance Company : AIU

(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:

Policy number to 1800006245

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.: 12/11/2018
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0030 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 : M2A118145608 Vehicle Registration No: SLV37PA
 Name (as shown in NRIC): Teng Yen Ping (Ding Yun Ping) NRIC/FIN/Passport No : S2410273B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 106 Aljunied Crescent #02-211 Singapore (80106)
 Contact (Tel) : _____ Mobile No. : 96362507
 Email Address : _____
 Date of Accident : 17/11/18 Time of Accident : 12:10
 Place of Accident : C7E (Ayer) before Bradayan exit
 Insurance Company: ALL

(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:

1. Amend to OD claim form to claim

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: