

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	06/05/2019 09:51
Date Of Accident	04/05/2019 19:35
Exact Location Of Accident	BLK 131 CASHEW ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN7518G
Insured/Policyholder	
Name Of Registered Owner	GAN FONG YIN
NRIC No	S6977101G
Email Address	GFONGYIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97459128
Alternative Phone No	OTHERS-97459128

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 SPORT 2.0 TFSI QU
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	1700056950-01
Cover Note Number	

Driver

Name of Driver	CHONG YIN-YIN
NRIC No	S7129751I
Date Of Birth	20/08/1971
Occupation	INDOOR
Date Of Driving Pass	13/04/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97454168
Fax Number	
Contact Number	
Email Address	GFONGYIN@GMAIL.COM

Address	97 HAZEL PARK TERRACE
Postcode	678930
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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: : ETHAN GAN 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

ON 4 MAY 2019 AT 7.30 PM, I WAS ON THE WAY TO PICK MY DAUGHTER AT BLK 130 CASHEW RD. I WAS REVERSING THE CAR IN FRONT OF BLK 131 CASHEW RD, THE CAR-PARK WAS NOT BRIGHTLY LIT (POOR LIGHTING). I REVERSED AND CRASHED ON THE RED MAZDA WHICH WAS PARKED. I HIT THE LEFT (FRONT) OF THE RED MAZDA BUMPER. MY CAR WAS DAMAGED ON THE RIGHT (BEHIND) LIGHTS AND BUMPER. THE ACCIDENT WAS AT 7.35 PM. I HAVE NOTIFIED THE RED CAR OWNER TO CONTACT ME. AT THE TIME OF THE ACCIDENT. THE RED CAR OWNER WAS NOT IN HIS CAR. UNTIL NOW, THE RED CAR OWNER HAS NOT CONTACTED ME.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC5644B
Vehicle Make/Model/Colour	MAZDA 6/RED
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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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:

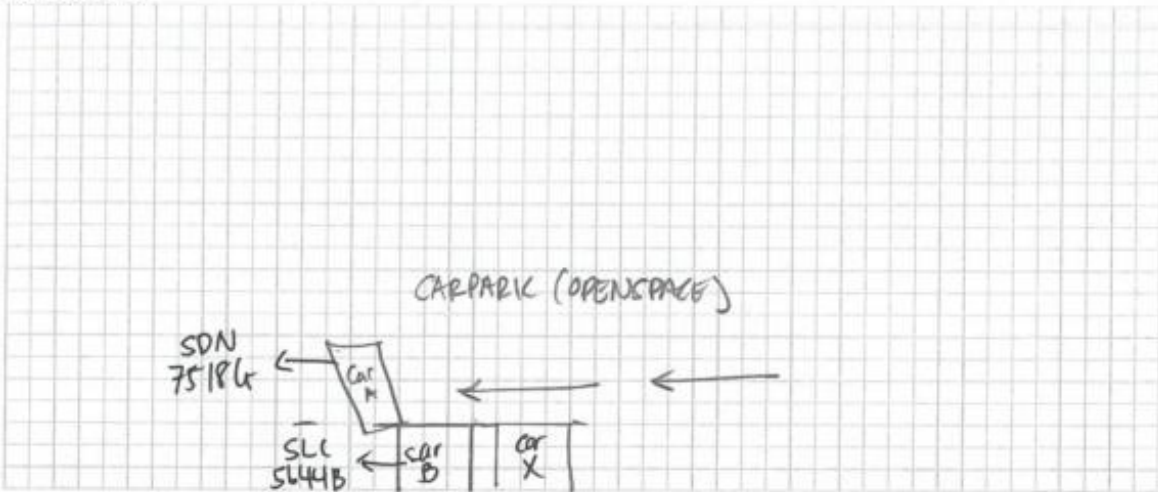
Driver's Signature
(If driver is not the policyholder)

Date & Time: 6 May 2019
8:30am

Reporting Centre Personnel's Signature
Name: Sth wasiliy
NRIC/FIN No.: 559102606

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4 May 2019 at 7:30pm, I was on the way to pick my daughter at Blk 130 Cashew Rd. I was reversing the car in front of Blk 131 Cashew Road, the car park was not brightly lit (poor lighting). I reversed and crashed on the red Mazda which was parked. I hit the left (front) of the red Mazda, my car was damaged on the right (behind) lights bumper and bumper. The accident was at 7:30pm

I have notified the red car owner to contact me. At the time of the accident. The red car owner was not in his car. Until now, the red car owner has not contacted me.

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: 6 May 2019
8:30am

Reporting Centre Personnel's Signature

Name: S. Masilla
NRIC/FIN No.: 589102602



UNDERTAKING LETTER

UNDERTAKING

I, Chong Yin Yin, (NRIC No. S7129751 I), hereby confirm that the Singapore Accident Statement lodged by me on 6 May 2019 at 8:30am hours pertaining to the accident involving motor car Reg. No: SDN7518 G, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : Chong Yin Yin
Name of Insured / Driver : Chong Yin Yin
Nric No. : S7129751 I
Date : 6 May 2019

Signature : _____
Name of Policyholder : _____
Nric No. : _____
Date : _____

MOTOR ACCIDENT INTERVIEW FORM



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Chong Yin Yin
VEHICLE NUMBER : 571 SDN 7518 G
DATE/ TIME OF ACCIDENT : 4 May 2019, 7:35pm
PLACE OF ACCIDENT : Blk 131 Cashew Rd car park
THIRD PARTY VEHICLE (IF ANY) :

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

started the journey from 97 Hazel Park Terrace going to Blk 130 Cashew Rd to pick my daughter.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No alcoholic drinks was consumed.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

I was reversing my car and crashed into the other car in the car park. The other car was damaged on the left front bumper and my car damaged was right back bumper. The other car has some scratches on the bumper. my car the back lights cover cracked and scratches to the bumper.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No injuries.

Chong Yin Yin

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

