### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	26/06/2019 15:17	
Date Of Accident	25/06/2019 18:30	
Exact Location Of Accident	SLIP ROAD FROM LENTOR AVENUE TO YISHUN AVENUE 1	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV5776D	
Insured/Policyholder		
Name Of Registered Owner	SOON YEW CHONG	
NRIC No	S7107538I	
Email Address	HANCARREPAIRS@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-91918303	
Alternative Phone No	OTHERS-94564043	
Vehicle Particulars		
Manufacturer	KIA	
Model	CERATO K3	
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	1700092298	
Cover Note Number		

	١,	

Name of Driver SOON YEW CHONG

 NRIC No
 \$7107538I

 Date Of Birth
 04/03/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 30/06/1993

Driving Experience 25 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91918303

Fax Number

Contact Number OTHERS-94564043

EMail Address HANCARREPAIRS@GMAIL.COM

14 JALAN BINGKA Address

Postcode 588912

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 **COLLISION - HEAD TO REAR** 

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: PASSENGER

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### **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? NO NO

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBC8612S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE WONG SHENG YUAN Name of Driver

NRIC/Passport Number G2332766Q

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 21

### Sketch Plan



### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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 :
  - 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:
  - 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.

Policyholoer's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Porting Centre Personnelle Si

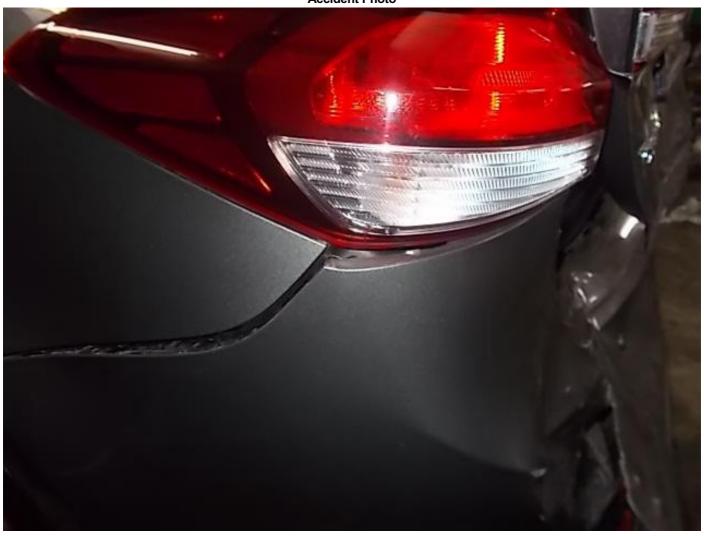
AND ASSESSMENT OF THE PARTY OF

SKETCH PLAN Ishun Are I DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 25th June 2019, at about 6:30pm, I, Mr Son Ven Chang, 57107538I with a front passenger, Ms Soon Chien Graf 57205278A was driving K3, SLV57760 entering the slip road of From Lante-Are to Vishun Are 1. As the traffic was heavy, my vehicle come to about 3 vehicles in front of me waiting to drive into Vishun Ave 1. When the front vehicle started to more off while I was still stationary, the van, GBC 86125 suddenly bonged into my vehicle 0's year causing my front passenger and I leaping forward. Lukily, we were buckled with our sept beft but suffered the sudden ancussion and shock. After recovering from the shock & checking on each other, we manage to out of our vehicle to check our damage. As we were blocking the s road, I told the van driver to drive into Yishun Are I before pulling DECLARATION the side to exchange the information and take picture -TI
I/We determ the foresolne particulars are true in every respect. all I have to Say. 26/00 Driver's Signature (If driver is not the policyholder) Policyholder Signature Date & Time: NRIC/FIN No.: Date & Time:













**Accident Photo** 











# 



# **Identification Card**



# **Identification Card**





# **Driving License**

