

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	05/09/2019 19:35
Date Of Accident	04/09/2019 10:20
Exact Location Of Accident	ORCHARD LINK /ORCHARD ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4734D
Insured/Policyholder	
Name Of Registered Owner	YONG KIN KWONG EDMUND
NRIC No	S1404835I
Email Address	EDMUNDYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93631113
Alternative Phone No	OFFICE-93631113
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2100505487-02
Cover Note Number	

Driver

Name of Driver	YONG KIN KWONG EDMUND
NRIC No	S1404835I
Date Of Birth	24/01/1960
Occupation	INDOOR
Date Of Driving Pass	07/11/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93631113
Fax Number	
Contact Number	OFFICE-93631113
Email Address	EDMUNDYONG@GMAIL.COM

Address	8 RIDGEWOOD CLOSE #12-12
Postcode	276698
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	RAINING
Road Surface	WET

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?	NO
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

please refer to sketch plan

Attachment(s)

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

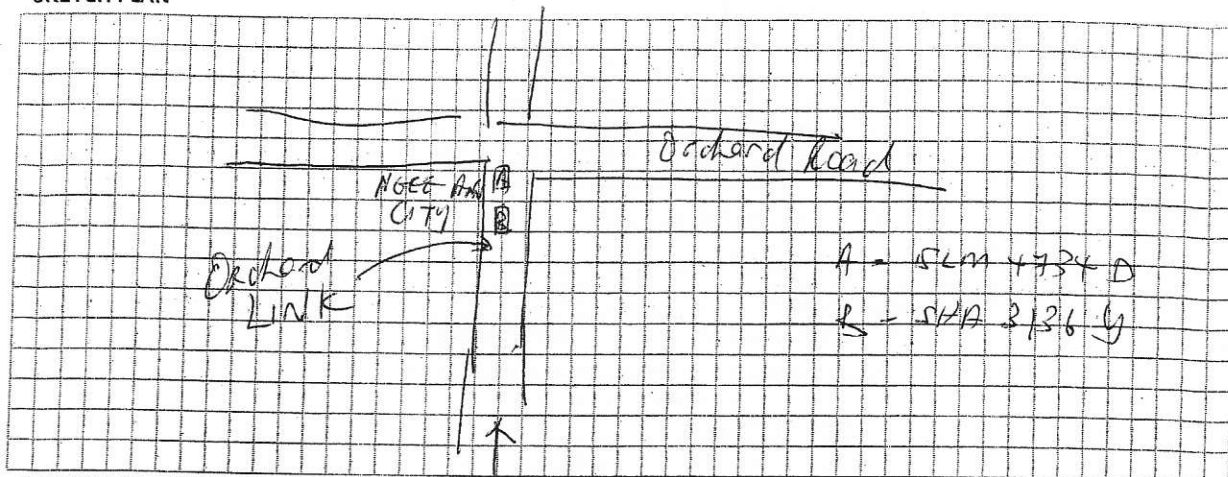
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3136Y
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEW KOK LEONG
NRIC/Passport Number	S1707476H
Contact Number	
Address	APT BLK 258 SERANGOON CENTRAL DRIVE #04-10
Postcode	550258
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 4/9/2019 10.20 AM	
Accident Location: Orchard Link / Orchard Road Junction	
Vehicle Number: SLM 4734 D	Make/Model: SUBARU FORESTER
Policy Holder Name: VONG KEN KWONG EDMUND	
NRIC/ROC: S1404835 I	Mobile: 93631113
Email: edmundyong@gmail.com	
Insurance Company: AIG	
Policy Number: 2100505487-02	Policy Period: 31/3/2019 → 30/3/2020
Policy Coverage: Comprehensive (✓)	Third Party () Third Party Fire & Theft ()
State Action Taken: Claim Own Policy () Claim Third Party (✓) Reporting Only ()	
Driver Name: AS ABOVE	
NRIC: AS ABOVE	Mobile: AS ABOVE
Date Of Birth: 24/01/1960	Driving Pass Date: / / 1977
Gender: Male (✓) Female ()	Occupation: Indoor (✓) Outdoor ()
Address: 8 RIDGEWOOD CLOSE #12-12 SINGAPORE 276698	
Is driver an employee of the insured's company: Yes () No (✓)	
If No, Relationship of the driver with the insured:	
Owner (✓) Spouse () Friend () Relative () Children () Sibling () Hirer ()	
Weather Conditions: Clear () Raining (✓) Others ()	
Road Surface: Dry () Wet (✓) Others ()	
Was any foreign vehicle involved in this accident? Yes () No (✓)	
Was anybody injured in the Accident? Yes () No (✓)	
Was there any video captured by Car Camera? Yes () No (✓)	
Number of Passenger (Including Driver): 1	
1)	2) 3) 4)
Was the accident reported to the police? Yes () No (✓) "attach Police Report, if any"	
3rd Party Name: LEW KOK LEONG	
Vehicle Number: SH43136Y	Make & Model: HYUNDAI i40
NRIC: S170747614	Mobile No:
Witness Details (if any):	
NAME: LEW KOK LEONG	NRIC: Mobile No:
Other remark: if any	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A made a stop at the traffic lights at the junction of Orchard Link and Orchard Road.

B drove into the back of A. It was raining and B claims he could not stop in time.

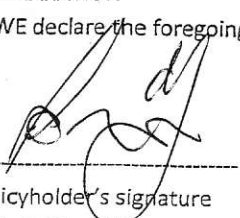
Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time



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



Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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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:

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