

## 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 06/09/2019 13:34  
 Date Of Accident 05/09/2019 10:45  
 Exact Location Of Accident PIE TOWARDS TUAS NEAR CLEMENTI RD DUNEARN RD EXIT  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD6885Z  
**Insured/Policyholder**  
 Name Of Registered Owner ZEE YENG PENG  
 NRIC No S1812438F  
 Email Address ZEEYENGPENG@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-91546892  
 Alternative Phone No OFFICE-91546892

### Vehicle Particulars

Manufacturer AUDI  
 Model Q2 1.0 TFSI S TRONIC  
 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 1800103386  
 Cover Note Number

### Driver

Name of Driver ZEE YENG PENG  
 NRIC No S1812438F  
 Date Of Birth 19/04/1967  
 Occupation INDOOR  
 Date Of Driving Pass 29/11/1986  
 Driving Experience 32 YEARS AND 9 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-91546892  
 Fax Number  
 Contact Number OFFICE-91546892  
 Email Address ZEEYENGPENG@GMAIL.COM

Address	46 MOUNT VERNON RD #12-51
Postcode	368063
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 (including own vehicle) involved in the accident	3
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)	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

DRIVING ALONG MIDDLE LANE ON PIE (TOWARDS TUAS) NEAR THE CLEMENTI RD / DUNEARN RD EXIT. TRAFFIC WAS HEAVY & SLOW MOVING. HAD TO STOP BEHIND A LINE OF VEHICLES WHEN A TRUCK HIT ME FROM BEHIND. THE FORCE PUSHED MY CAR FORWARD, WHICH RESULTED IN ME HITTING THE CAR IN FRONT OF ME. I DID NOT NOTE DOWN THE VEHICLE NUMBER OF THE CAR IN FRONT.

#### 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	XE496S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

DAMIEN CHIA CHENG HONG

NRIC/Passport Number

S8926655F

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

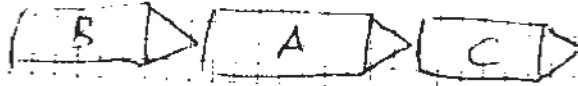
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No

# Sketch Plan #2

## SKETCH PLAN



A - 541D 6685 2  
B - XE 496S  
C - ?

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along middle lane on Rte 1 (towards town) near the  
 Clement Rd / Pleasant Rd car traffic was moving a slow moving  
 Had to stop behind a line of vehicles when a truck  
 hit me from behind. The truck pushed my car forward  
 and then it went back and resulted in me hitting the  
 car in front of me.

I did not note down the vehicle number of the car in  
 front.

## 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 Personnel's Signature  
 Name: F. J. ...  
 NRC/FIN No