SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Policy Number

- 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	07/10/2019 14:10
Date Of Accident	06/10/2019 08:35
Exact Location Of Accident	ALONG AYE TOWARDS TUAS DIRECTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFV8092U
Insured/Policyholder	
Name Of Registered Owner	ONG KOK KIONG
NRIC No	S6980498E
Email Address	KKVIVI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97879653
Alternative Phone No	OFFICE-97879653
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 COUPE 2.0 TFSI
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

Cover Note Number **Driver** ONG KOK KIONG Name of Driver NRIC No S6980498E Date Of Birth 05/06/1969 Occupation **INDOOR Date Of Driving Pass** 18/06/1997 **Driving Experience** 22 YEARS AND 3 MONTHS Gender MALE Mobile Number (LOCAL) +65-97879653 Fax Number **Contact Number** OFFICE-97879653

1900016808

EMail Address KKVIVI@YAHOO.COM.SG

Address 95 PRINCE CHARLES CRESCENT

#04-09 159027

W 1: 1 (II) NO NO

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

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 YES

NO

NO

NO

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) 2

Passenger 1

NAME: : CHUA TYAN YING

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?

Circumstances of Accident

I WAS DRIVING ALONG AYE TOWARDS TUAS DIRECTION. SOMEWHERE AT NUS BEFORE OVERHEAD BRIDGE AND BEFORE CLEMENTI EXIT, A VEHICLE IN FRONT OF ME SLOWED AND STOPPED FOR A BUS TO EXIT BUS LANE. I SLOWED AND STOPPED IN RESPONSE TO THE VEHICLE IN FRONT OF ME. AFTER THAT THE VEHICLE (SKS 2486 M) HIT MY REAR. I HAVE PROVIDED VIDEO OF MY CAR'S FRONT AND REAR CAMERA AS WELL AS THE 3RD PARTY VEHICLE'S FRONT CAMERA FOOTAGE. FROM THE VIDEO, IT LOOKS LIKE THE 3RD PARTY VEHICLE DID NOT SLOW DOWN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS2486M

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)

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:
 - 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: 7 10 24

08-40

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Guy Sur Han Toon

NRIC/FIN No.:

GIARME SketchPlanForm, V3

SKETCH PLAN Bus SFV80924 vehicle sloved be stopped to give 2486M vehicle slower & Stopped way to bus DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was driving along AXE towards Tuas direction before overhead lovidge be torp and me slowed response the vehicle SKS 2486 M CAV 15 My of

From the video, it looks like the 3rd party vehicle did not slow down.

DECLARATION

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

Policyholder's Signature
Date & Time: 7/10/2019

GIARMIC SketchFlanForm_V3

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: 12th Star HaO, TROWNEIC/FIN No.: G8587792k













































