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	30/12/2019 13:10
Date Of Accident	27/12/2019 11:30
Exact Location Of Accident	RAMP AFTER TOH TUCK AVE TOWARDS PIE TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP6864H
Insured/Policyholder	
Name Of Registered Owner	CHUNG LYE PENG
NRIC No	SXXXX349C
Email Address	GRACE.CHUNG.LOH@GMAIL.COMN
Mobile Phone No	(LOCAL) +65-97860896
Alternative Phone No	OTHERS-97860896
Vehicle Particulars	
Manufacturer	AUDI
Model	Q2 1.0 TFSI S TRONIC
Exact Purpose for which vehicle was being use time of accident	ed at PRIVATE USE
Are you claiming under your own insurance po for repair to your vehicle?	olicy 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	1700016379-02

Policy Number	1/00016379-02
Cover Note Number	
Driver	
Name of Driver	CHUNG LYE PENG
NRIC No	SXXXX349C
Date Of Birth	02/10/1972
Occupation	INDOOR
Date Of Driving Pass	22/03/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97860896
Fax Number	
Contact Number	OTHERS-97860896
EMail Address	GRACE.CHUNG.LOH@GMAIL.COMN

Address 20, TOH TUCK CRESCENT

Postcode 596934

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON FRIDAY, 27 DEC 2019, I WAS TRAVELLING ON TOH TUCK AVE AND LATER TURNED ONTO THE RAMP TO PIE TUAS. JUST BEFORE ENTERING PIE, CAR SLP 8595 X JAMMED BRAKES SUDDENLY. AS A RESULT, I TOO APPLIED MY BRAKES AND CAME TO A TIMELY HALT BEHIND CAR SLP 8595 X WITHOUT HITTING HIS CAR. HOWEVER, THE CAR BEHIND ME, SKS 1584 U COULD NOT STOP IN TIME AND HIT ME IN THE BACK OF MY CAR CAUSING MY CAR TO MOVE FORWARD AND HIT CAR SLP 8595 X.

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 SKS1584U

Vehicle Make/Model/Colour MAZDA RED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TERRENCE CHOW

NRIC/Passport Number

Contact Number 98509456

Address

Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP8595X

Vehicle Make/Model/Colour KIA BLACK

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

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- 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.

Policyholder's Signature Date & Time: 30 12 10

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnells Signature
Name: Cult Str. Hav, Theo.
NRIC/FIN No.: Good 43 0.7 (

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A→ SLP 6864H B→ SKS 1584 U C→ SLP 8595X D → UKUGWU.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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AND HIT ME IN THE BACK OF MY CAR CAUSING MY CAR TO MOVE
FORWARD AND HIT CAR SLP 8595 X.
THE SELECTION OF THE SE

DECLARATION

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

Policyholder's Signature
Date & Time: 30 | 12 | 19

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: GIBH Str. Hao Troy NRIC/FIN No.: G8SS 7772 &



































