

## 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	14/01/2020 13:27
Date Of Accident	13/01/2020 17:40
Exact Location Of Accident	ALONG BLK 602 SENJA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH2663C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW HOE CHONG
NRIC No	S1240118C
Email Address	JIMCHEWHC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96956316
Alternative Phone No	Office-68940802

<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900007090
Cover Note Number	

<b>Driver</b>	
Name of Driver	CHEW HOE CHONG
NRIC No	S1240118C
Date Of Birth	17/04/1957
Occupation	INDOOR
Date Of Driving Pass	01/09/1978
Driving Experience	41 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96956316
Fax Number	
Contact Number	OFFICE-68940802
E-Mail Address	JIMCHEWHC@GMAIL.COM
Address	BLK 603 SENJA ROAD #11-59. SINGAPORE 670603
Postcode	670603
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	CLOUDY
Road Surface	DRY

#### 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?	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

REFER TO ATTACHMENT.

#### 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	SGB7373J
Vehicle Make/Model/Colour	HONDA
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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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:

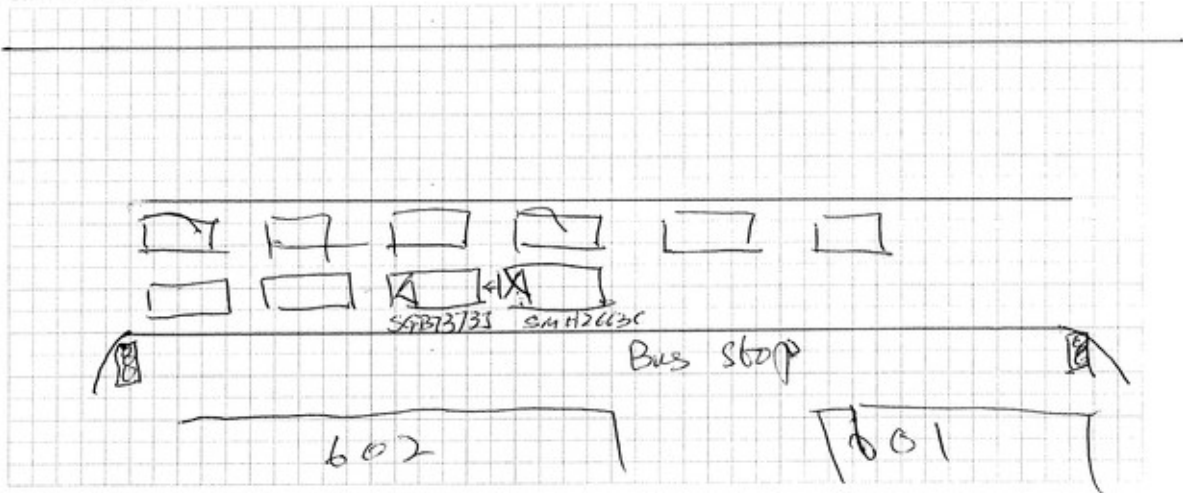
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14/10/2020 @ 1330hrs

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/10/2020 @ 1330hrs

CYCLE & CARRIAGE KIA PTE. LTD.  
241 Alexandra Road  
Singapore 159931  
Tel: 6427 8800 (Main Line)  
Fax: 6427 8811 (Fax Line to Reception)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/1/2020, Monday at about 1740hrs, I was driving home, after the bus stop before Blk 602. The traffic light was red. I stop my vehicle, when the light turns green. The front cars move and I follow. Suddenly he stop I was unable to stop in time resulted my vehicle bump onto the rear of the car. The car plate nos SGB7373

## 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: 14/1/2020

CYCLE & CARRIAGE KIA PTE. LTD.  
 241 Alexandra Road  
 Singapore 159931  
 Tel: 6427 8800 (Main Line)  
 Fax: 6427 8811 (Fax Line to Reception)

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

## Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

### Motor Accident Repair Basic Information

Date of Accident	13/01/2020
Time of Accident (24hr format)	ABOUT 1740 HRS.
Exact Location of Accident	Along BIK 603 SEAN ROAD.

### Own Vehicle Details

Vehicle Registration Number	SMH 2663C		
INSURED/ POLICY HOLDER (OWN VEHICLE)			
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company	CHEW HOE CHONG	
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN	S1240118C	

### Vehicle Particulars (Own Vehicle)

Model	KIA CERATO 1.6 A EX		
Exact purpose for which vehicle was being used at the time of accident	Driving Home.		
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only		
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Vch / <input type="checkbox"/> Goods Vch / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government		


### Insurance Company (Own Vehicle)

Insurance Company	AIG		
Type of Coverage	Comprehensive / Third Party / Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Policy Number / Cover Note Number	190007690		

### Driver

Name of Driver	CHEW HOE CHONG		
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN	S1240118C	
Date of Birth	17/04/1957		
Occupation	Indoor / Outdoor NA.		
Driving Pass Date	01/09/1978		
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified		
Mobile Phone No.	96956316		
Office / Home / Other Numbers	68940802		
Home Address	BIK 603, #11-59 SEAN ROAD		
Email Address	jim.chen.hc@gmail.com		
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: OWNER		
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle No: SMH 2663C Insurance:	

OWNER/ DRIVER'S SIGNATURE:

 14/01/2020

Individual Statement

**General Information Of The Accident**

Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Other If Others, please state the condition: <i>cloudy</i>
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	<i>02</i>
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	<i>01</i>
Passenger (Name and Gender)	<i>NA</i>
Circumstances of Accident	
Refer attachment	

**Third Party Vehicle Detail**

## Details of Other Vehicle / Property

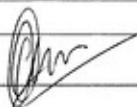
Vehicle Registration No.	<i>SGB 7373J</i>
Vehicle Make/ Model/ Colour	<i>HONDA</i>
Details of Property Damaged in Accident	
Vehicle Category	
Name Of Driver	
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN
Contact Number	
Name of Insurance Company	
Nature of Damage	

Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

**Details of Injured Person**

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE:

 *14/01/2020*



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

