

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	11/01/2020 15:34
Date Of Accident	10/01/2020 17:25
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3999S
Insured/Policyholder	
Name Of Registered Owner	NICCOL SOO CHENG CHEE
NRIC No	SXXXX978B
Email Address	NICCGSOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93867989
Alternative Phone No	Home-62299975

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SPORTBACK-1.4 TFSI (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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800011609
Cover Note Number	

Driver

Name of Driver	CHEONG WEI YANG
NRIC No	SXXXX605A
Date Of Birth	15/12/1975
Occupation	INDOOR
Date Of Driving Pass	15/08/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96196219

Fax Number

Contact Number

EMail Address

WEIYANG.CHEONG@GMAIL.COM

Address

69P JALAN LIM TAI SEE

Postcode

266270

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

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

2

Passenger 1

Name: : NI DEEN
Gender: : Male**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

I WAS STOPPED AT THE TRAFFIC LIGHT FOR THE RIGHT TURN LANE (INNER-MOST) ON CLEMENTI ROAD , TURNING INTO ULU PANDAI ROAD. THE RIGHT TURN ARROW TURNED GREEN AND CARS STARTED TO MOVE. THE OTHER VEHICLE (SLG 7242 T) MOVED OFF AT A GOOD PACE, AND SO I FOLLOWED AT THE SAME ACCELERATING PACE. I HAD TURNED MY HEAD TO CHECK TRAFFIC AROUND ME, BUT SLG 7242 T SUDDENLY STOPPED AND I DROVE INTO HIS BACK AS I WAS NOT ABLE TO STOP IN TIME DESPITE APPLYING THE BRAKES. THIS OCCURED AT 1725H ON 10/01/2020.

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

SLG7242T

Vehicle Make/Model/Colour

MERCEDES/CLA180/GREY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM THOW KHOO, EDDIE

1/16/2020E-FILE

NRIC/Passport NumberSXXXX504I

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 processed 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 as 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, regulation, 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: 1330 11/11/2018	Reporting Centre Person(s)' Signature Name: LIM SE JONG NRIC/FIN No: 85002544
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SIA-RM01 Sketch Plan Form_V10

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPED AT THE TRAFFIC LIGHTS FOR THE RIGHT TURN LANE (UNRE-
MOUNT) ON CLEVE ROAD, TURNING INTO ULU PANDAN ROAD. THE RIGHT
TURN ARROW TURNED GREEN AND CARS STARTED TO MOVE. THE OTHER
VEHICLE (SLG 7227) MOVED OFF AT A GOOD PACE, AND SO I FOLLOWED
AT THE SAME ACCELERATING PACE. I HAD TURNED MY HEAD TO CHECK
TRAFFIC AROUND ME, BUT SLG 7227 SUDDENLY STOPPED AND I DROVE
INTO HIS BACK AS I WAS NOT ABLE TO STOP IN TIME DESPITE
APPLYING THE BRAKES. THIS OCCURRED AT 17.25H ON 10/01/2020.

DECLARATION

(We declare the foregoing particulars are true & every respect)

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12.30 10/01/2020

Reporting Centre Personnel's Signature
Name: (Sgt. R. S. S. S. S.)
NIC/FIN No: 644254920

Report: 000000000000000000

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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