

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 08:54
Date Of Accident	10/01/2020 14:30
Exact Location Of Accident	OVERHEAD BRIDGE OF NEWTON CIRCUS(TO BUKIT TIMAH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9788R
Insured/Policyholder	
Name Of Registered Owner	M/S PINN BROKERAGE PTE LTD
Co Reg No	2XXXXX886E
Email Address	PINN88@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90190914
Alternative Phone No	Office-90190914

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 2.0 TFSI QU
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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
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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	1700083195-02V1
Cover Note Number	

Driver

Name of Driver	ONG CHENG LENG
NRIC No	SXXXX857C
Date Of Birth	17/03/1975
Occupation	INDOOR
Date Of Driving Pass	13/08/1993
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90190914

Fax Number	(LOCAL) +65-90190914
Contact Number	
E-Mail Address	ASPA96@HOTMAIL.COM
Address	33A CAVAN ROAD
Postcode	209859
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HUSBAND
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	RAINING
Road Surface	WET

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

I WAS DRIVING ON TOP OF OVERHEAD BRIDGE OF NEWTON CIRCUS ON 10 JAN 2020 AROUND 1430 HRS IN RAINING & LOW VISIBILITY CONDITIONS, WHEN THE CAR IN FRONT SUDDENLY STOPPED, RESULTING IN REAR COLLUSION.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV456Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

1/21/2020

E-FILE

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:

Chay Kong

Driver's Signature
(if driver is not the policyholder)
Date & Time:

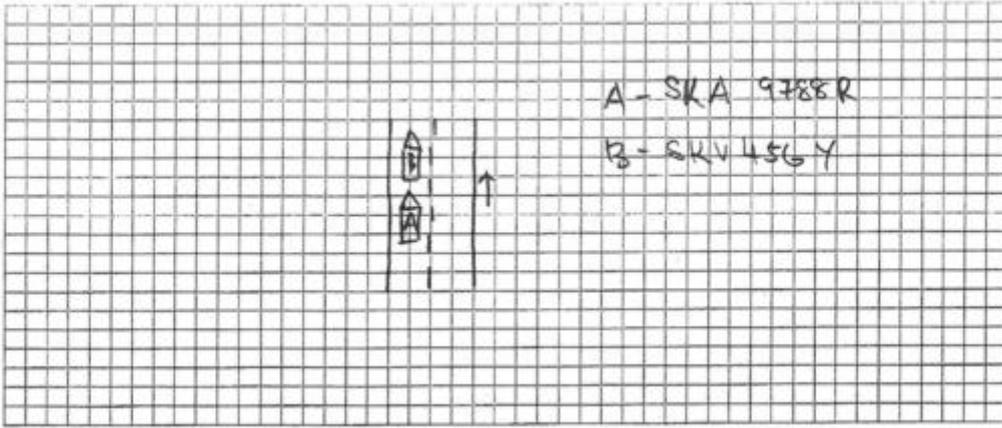
10/01/2020
1700 HRS



Reporting Centre Personnel's Signature

Name: *Belvin Khor*
NRIC/FIN No.: *G268901*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on top of overhead bridge of Newton Circus on 10-Jan-2020 around 1430 HRS in rainy & low visibility conditions when the car in front suddenly stopped, resulting in rear collision.

DECLARATION

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



Policyholder's Signature
Date & Time:

GiARMC SketchPlanForm_V3

[Handwritten Signature]

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

10/01/2020
1700 HRS



Reporting Centre Personnel's Signature
Name: *Helwin Ska*
NRIC/FIN No.: *687659011*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA120004703 Vehicle Registration No: SKA 9788 R
Name(as shown in NRIC) : Pinn Brokerage Pte Ltd NRIC/FIN/Passport No : 2XXXXX886E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 6 Peach Garden #03-08 Singapore(437606)
Contact (Tel) : Mobile No. :
Email Address : PINN88@SIGNET.COM.SG
Date of Accident : 10/01/2020 Time of Accident : 14:30
Place of Accident : Overhead Brige Of Newton Circus(To Bukit Timah)
Insurance Company: AIG ASIA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Convert to Own Damage Claim
[Multiple blank lines for additional amendments]

[Signature]
BROKERAGE PTE LTD
Policyholder / Driver's Signature
Date:

[Signature]
PREMIUM AUTOMOBILES PTE LTD
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: