

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	28/01/2020 14:59
Date Of Accident	25/01/2020 10:10
Exact Location Of Accident	TAMPINES AVE 5 AFTER EXITING PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC21E
Insured/Policyholder	
Name Of Registered Owner	CHUA HEOA YONG
NRIC No	S1332790D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96375474
Alternative Phone No	Others-90938306

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.5L SDN
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1700060058
Cover Note Number	

Driver

Name of Driver	CHUA ZHI WEI (CAI ZHIWEI)
NRIC No	S9045031Z
Date Of Birth	21/11/1990
Occupation	INDOOR
Date Of Driving Pass	22/02/2015
Driving Experience	4 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90938306
Fax Number	
Contact Number	
E-Mail Address	ZWCHUA123456@GMAIL.COM
Address	BLK 5 EVERTON PARK #10-28
Postcode	080005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	5
Passenger 1	Name: : CHUA HEOA YONG Gender: : Male
Passenger 2	Name: : SAMANTHA CHUA Gender: : Female
Passenger 3	Name: : TIFFANY CHUA Gender: : Female
Passenger 4	Name: : CHARLOTTE CHUA Gender: : Female

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 THE ATTACHED SKETCH PLAN.

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	SMN2365G
Vehicle Make/Model/Colour	TOYOTA NOAH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMILAH BINTE JAAFAR
NRIC/Passport Number	S7413224C
Contact Number	98469653
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:
 - (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: 28/01/2020



Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/01/2020

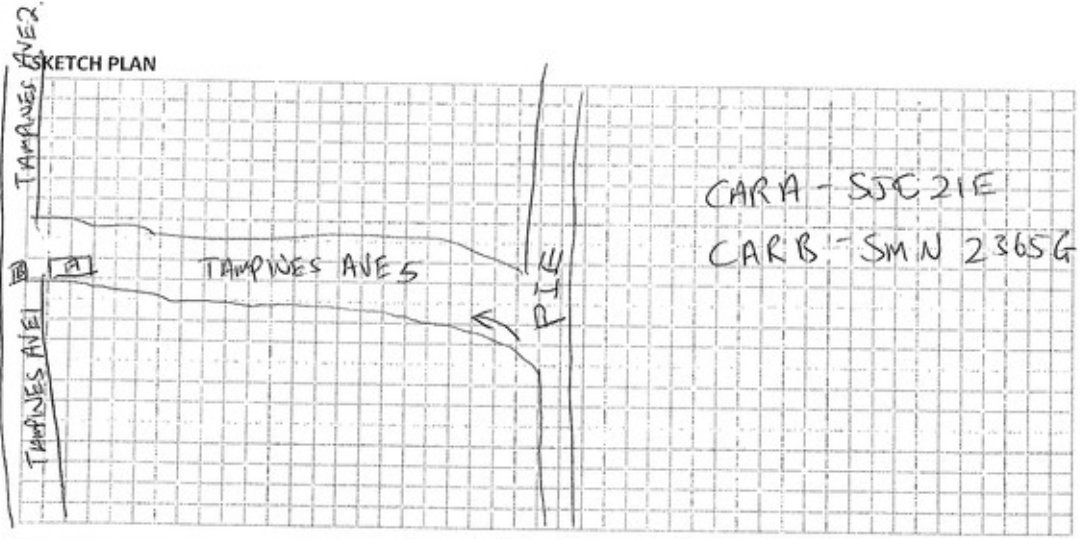
1430hrs



Reporting Centre Personnel's Signature

Name: Catherine Chua

NRIC/FIN No.: S1449251H



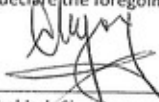
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

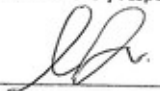
AFTER EXIT FROM PIE ONTO TAMPINES AVES, WAS APPROACHING THE TRAFFIC LIGHT ON THE JUNCTION OF TAMPINES AVE 1 & AVE 2 DRIVER W FRONT OF MY VEHICLE STEP ON BRAKES AT AMBER LIGHT AND I DID NOT HAVE SUFFICIENT TIME TO PUT THE VEHICLE ON A STOP.

NO INJURY WAS FOUND / PRESENT AT THE POINT OF TIME. EXCHANGED PARTICULARS & TOOK PHOTOS AND LEFT THE SCENE.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 28/01/2020


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 28/01/2020
 1430 hrs


 Reporting Centre Personnel's Signature
 Name: Catherine Chua
 NRIC/FIN No.: S1449251H

Accident Photo



Accident Photo



Accident Photo



SJC21E



SJC21E



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