

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	10/02/2020 16:32
Date Of Accident	08/02/2020 16:30
Exact Location Of Accident	NEWTON ROAD AND THOMSON ROAD SLIP WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1968L
Insured/Policyholder	
Name Of Registered Owner	ADRIAN CHEONG WAI MENG
NRIC No	SXXXX996Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98806236
Alternative Phone No	Office-98806236

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800067061
Cover Note Number	

Driver

Name of Driver	ADRIAN CHEONG WAI MENG
NRIC No	SXXXX996Z
Date Of Birth	31/08/1968
Occupation	INDOOR
Date Of Driving Pass	22/05/1989
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-98806236

Fax Number	
Contact Number	OFFICE-98806236
EMail Address	NOEMAIL
Address	152 THOMSON GREEN
Postcode	575002
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?	NO
Was any other material or property damaged?	NO
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

AT ABOUT 4.30PM ON SAT 8 FEB 2020, I WAS DRIVING ON NEWTON ROAD TURNING LEFT ON THOMSON ROAD. I STOPPED AT THE SLIP WAY WITH SLS 8204 L DRIVEN BY LEE ING KEE (LI YING JI), IC: S7613192I WHO WAS ALONE IN THE CAR IN FRONT OF ME. WHEN SLS 8204 L STARTED TO MOVE AGAIN, I FOLLOWED. SUDDENLY SLS 8204 L STOPPED THE CAR. I COULD NOT STOP MY CAR IN TIME AND HIT HIM IN THE BACK. THERE WERE NO PUBLIC EQUIPMENT DAMAGED. LEE ING KEE LOOKED FINE AND NOT INJURED.

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	SLS8204J
Vehicle Make/Model/Colour	OPEL MOKKA BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ING KEE (LEE YING JI)
NRIC/Passport Number	SXXXX192I
Contact Number	87868497

2/13/2020

E-FILE

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR BUMPER DAMAGE

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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:

10/2/2020

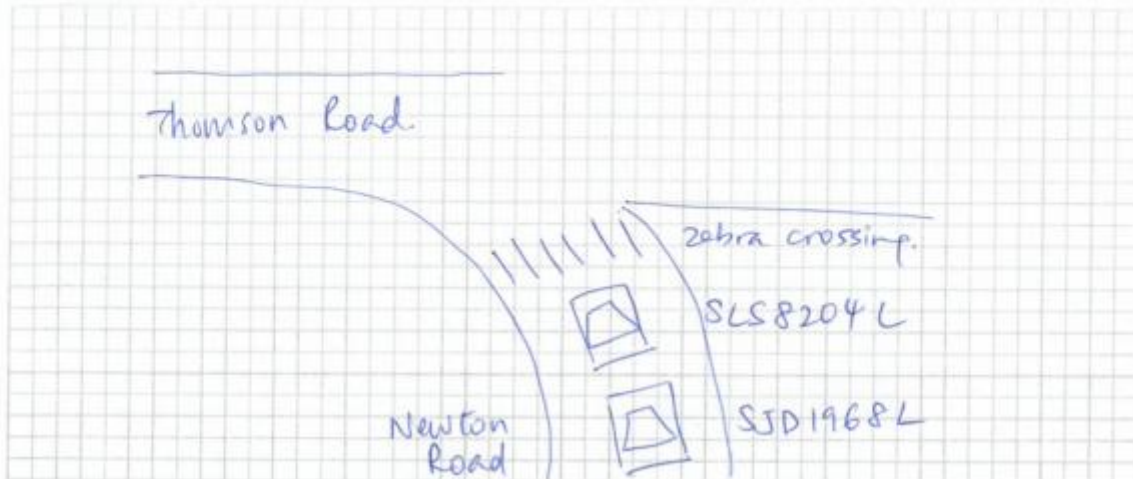
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Lim Koe Seng
NRIC/FIN No.: G6552469H

GIA/ACC Sketch Plan Form_V3

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 4:30pm on Sat 8 Feb 2020, I was driving on Newton Road turning left on Thomson Road. I stopped at the slipway with SLS8204L driven by Lee Ing Kee (Li Ying Ji), IC: 57613192I who was alone in the car in front of me. When SLS8204L started to move again, I followed. Suddenly SLS8204L stopped the car. I could not stop my car in time and hit him in the back. There were ~~was~~ no public equipment damaged. Lee Ing Kee looked fine and not injured.

DECLARATION

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

Policyholder's Signature

Date & Time:

10/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Lim Kee Seng

NRIC/FIN No.: 616542464m



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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: S66550020G / 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 : MPA 120018401-01 Vehicle Registration No: SJD 1968 L
 Name (as shown in NRIC) : Adrian Cheong Wai Meng NRIC/FIN/Passport No : S6831996 Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 152 Thomson Green Singapore (575002)
 Contact (Tel) : _____ Mobile No. : 98806236
 Email Address : No Email
 Date of Accident : 8/2/2020 Time of Accident : 16:30
 Place of Accident : Newton Road and Thomson Road Slip way
 Insurance Company : AIG

(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:

To amend Third Party's license plate number

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Tory Fong
 NRIC/FIN No.: _____
 Date: 13/2/2020

