

## 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	30/03/2020 15:29
Date Of Accident	30/03/2020 11:20
Exact Location Of Accident	SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5752L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEONG FOOK KIONG
NRIC No	S1553207F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98770935
Alternative Phone No	Others-98770935

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (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
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	1800033306
Cover Note Number	

### Driver

Name of Driver	CHEONG FOOK KIONG
NRIC No	S1553207F
Date Of Birth	14/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1979
Driving Experience	40 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98770935
Fax Number	
Contact Number	OTHERS-98770935
E-Mail Address	NOEMAIL
Address	35 JALAN SAJAK
Postcode	769582
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 - CHANGE/CROSS LANE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN7738S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD RUZI BIN TUMIN
NRIC/Passport Number	
Contact Number	91204559
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## Sketch Plan

### SKETCH PLAN

Vehicle No: SLX 5752L

#### 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 willful 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. The 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 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:

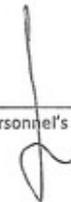
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

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



SKETCH PLAN  
 (A) SLX5752L  
 (B) STN 7738S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT (A) My Vehicle No: SLX 5752L

Accident Location: ALONG SEMBAWANG ROAD NEAR JLN LENGKOK SEMBAWANG

Accident Date: 30<sup>th</sup> MAR 2020 Time: 1120 AM am/pm

- Brief Details Of Accident -

DURING MY FILTERING, THE CAR (B) WAS ALSO FILTERING FROM THE EXTREME RIGHT LANE.

WE CONTACTED IN THE CENTRE LANE. MY CAR RIGHT SIDE WAS HIT BY HIS FRONT.

MY CAR SUSTAINED DAMAGE ON THE RIGHT SIDE, WHEREAS CAR (B) HAD SLIGHT PAINT SCRAPE ON THE LEFT FRONT.

- Other Vehicle Involve Details -

(B) Veh No: STN 7738S Hp: 91204559 Pax: Driver Name: MOHAMAD FUZI BIN TUMIN  
 (C) Veh No: Hp: Pax: Driver Name:

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

Policyholder's Signature  
 Date & Time: 300320 1530hrs  
 GIARMC SketchPlanForm\_V3

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

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

**CONFIDENTIAL**

**Annex E**

**NOTICE OF COMPLIANCE**

This is to confirm that Cheong Fook Kiong, NRIC/FIN S1553207E, has reported to the Police a non-injury traffic accident which occurred at along Sembawang Road after to McDonald drive thru on 30/03/2020 at 1120 am/pm involving the following vehicles.

- a) **SLX5752L**
- b) **SJN7738S**

- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) Adam Sarhan Roisza Bin Ismail

Date: 30/03/2020 Time: 1146hrs

S/D Ref: 19

Police Post/Unit: Sembawang Neighbourhood Police Centre

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

**CONFIDENTIAL**

Version as of 15 Jan 2002



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**NISSAN**

**SJNFEAJ11U2188903**

**1790 kg**

**2790 kg**

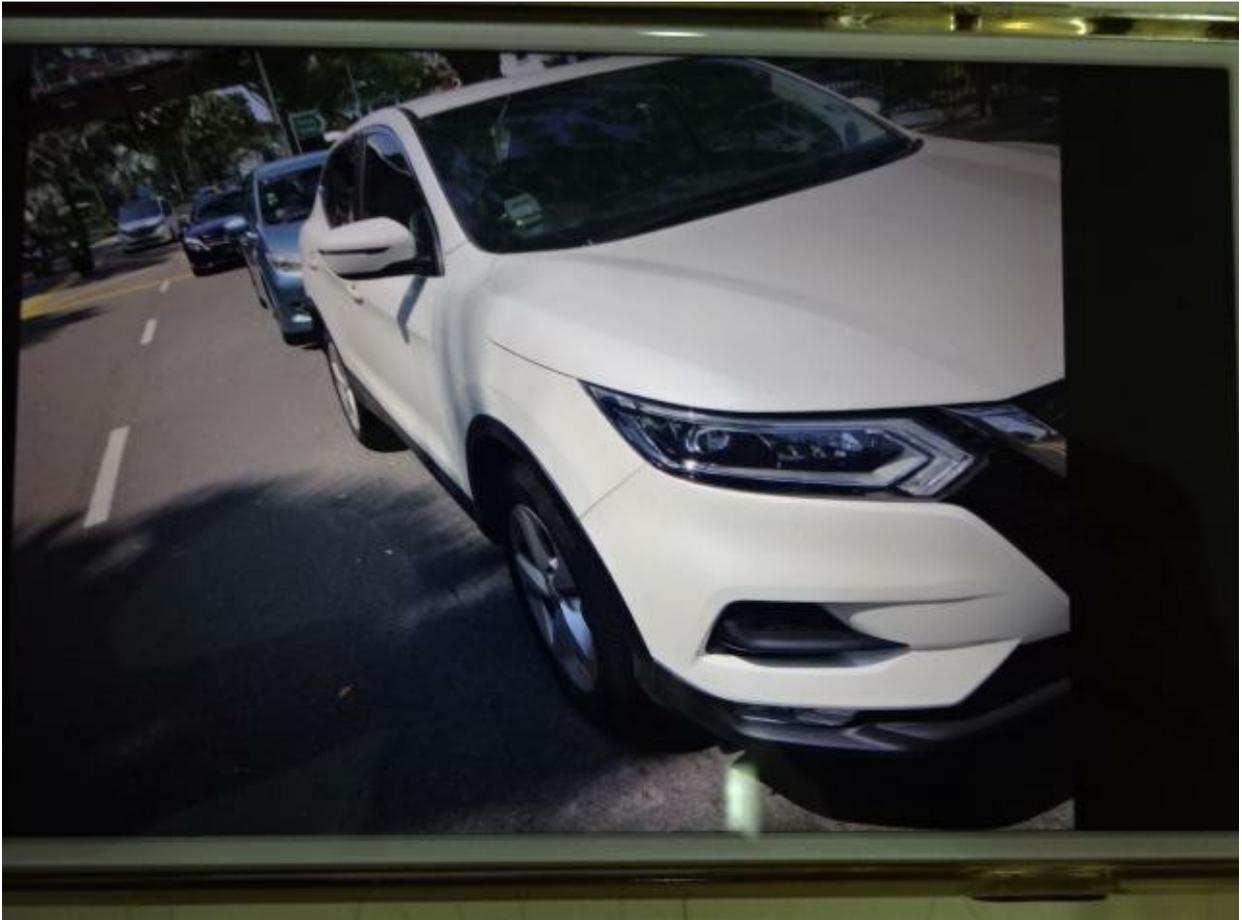
**1- 965 kg**

**2- 875 kg**



**Type FEAJ11 Colour, Trim QAB G**  
**Model FRLARDWJ11USA--A--**

Accident Photo



Accident Photo



Accident Photo



Accident Photo

