

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 ability
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 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	06/04/2015 14:14
Date Of Accident	06/04/2015 08:10
Exact Location Of Accident	SLE NEAR EXIT TO WOODLANDS AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6054G
Insured/Policyholder	
Name Of Registered Owner	CHONG HOI YONG
NRIC No	S1145121G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97762269
Alternative Phone No	Office-97762269

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY-1.6 EX (N16) (M)
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?	No
If No, Please state action to be taken	Third Party
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	2100281492-03000
Cover Note Number	

Driver

Name of Driver	CHONG HOI YONG
NRIC No	S1145121G
Date Of Birth	26/10/1955
Occupation	Indoor
Date Of Driving Pass	24/11/1976
Driving Experience	38 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-97762269
Fax Number	
Contact Number	Office-97762269
EEmail Address	NOEMAIL

Address	BLK 353A, ADMIRALTY DRIVE, #15-300
Postcode	751353
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	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

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 TRAVELLING ALONG SLE ALONG THE SECOND LANE ON THE LEFT NEAR THE EXIT OF WOODLANDS AVE 2. SUDDENLY, VEHICLE B FROM MY RIGHT CUT INTO MY LANE AND HIT THE RIGHT HAND FRONT OF MY VEHICLE.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9528M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg.1

SKETCH PLAN

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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.
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.

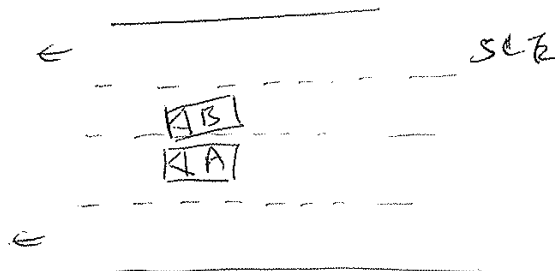
TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628099
TEL: 6262 2212

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

I was travelling along SLE along the second lane on the left near the exit of Woodlands Ave 2. Suddenly, vehicle B from my right cut into my lane and hit the right hand front of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

TC AutoLink Pte Ltd
1 Sixth Lok Yang Road
SINGAPORE 625092
TEL: 6262 2212
FAX: 6262 3602



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

[1] Date of accident - Time 6/4/15 8.10am		[2] Exact location of accident woodlands SLE near exit to Ave 2		To be signed by BOTH drivers [3] Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
[4] Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		[5] Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) S	

Registration No. 69868596
(VEHICLE A)

[6] Insured / policyholder (see insurance cert.)

Name CHONG Hui YONG
(capital letters)

Address BUC 353A Admiralty Dr

NRIC / Passport no. 11451216

Tel no. (from 9am till 5pm) 97762269

HP 97762269

[7] Vehicle

Make, type Nissan Sunny

[8] Insurance company

AIG

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. (if available) 2100281497

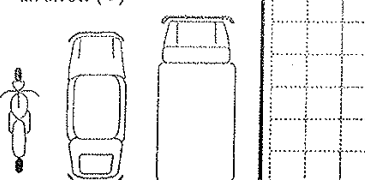
[9] Driver (See driving licence)
(if different from insured A above)

Name ASABOVE
(capital letters)

NRIC / Passport no. _____

Class of licence _____

[10] Indicate the point of initial impact with an arrow (⇒)



[11] Visible damage to vehicle A

[14] My remarks

[12] CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|---|--|
| A | <input type="checkbox"/> 1 parked / stopped (at the roadside)
<input type="checkbox"/> 2 leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/> 3 entering a parking space (at the roadside)
<input type="checkbox"/> 4 emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/> 5 entering a car park, private grounds, a minor road
<input type="checkbox"/> 6 entering a roundabout or similar traffic system
<input type="checkbox"/> 7 circulating in a roundabout or similar traffic system
<input type="checkbox"/> 8 striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/> 9 going in the same direction but different lane
<input type="checkbox"/> 10 changing lanes
<input type="checkbox"/> 11 overtaking
<input type="checkbox"/> 12 turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/> 13 turning to the left
<input type="checkbox"/> 14 reversing
<input type="checkbox"/> 15 encroaching in the opposite traffic lane
<input type="checkbox"/> 16 coming from the right (at road junctions)
<input type="checkbox"/> 17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.) |
|---|--|

← State TOTAL number of boxes marked with a cross →

[13] Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



[15] Signatures of drivers

A

B

[14] My remarks

Registration No. SHD 95284
(VEHICLE B)

[6] Insured / policyholder (see insurance cert.)

Name _____
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

[7] Vehicle

Make, type _____

[8] Insurance company

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available) _____

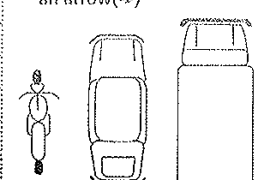
[9] Driver (See driving licence)
(if different from insured B above)

Name _____
(capital letters)

NRIC / Passport no. _____

Class of licence _____

[10] Indicate the point of initial impact with an arrow (⇒)



[11] Visible damage to vehicle B

[14] My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement Pg.1

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all)		2 Vehicle registration no.		3 Is driver the owner?
	SALES EXECUTIVE		SJA 66546		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	C.C. 1600		If commercial vehicle, state permissible carrying capacity		
	If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)				
	4 Exact purpose for which vehicle was being used at time of accident				
	Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/>				
Of which vehicle are you the owner?	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.				
	6 Are you claiming under your own insurance policy for repair to your vehicle? No				
	If no, state action to be taken 3rd Party Claim				
	7 Date of Birth				
	Occupation (if more than one, state all)		Years of driving experience		Was vehicle driven with the insured's permission?
	26-10-1955 SALES EXECUTIVE		24-11-1976		Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver or person in charge of vehicle at the time of accident (including insured)	8 Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
	Date	Offence			Penalty
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If yes, please state which Police station				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If yes, against whom?				
Accident details	14 Weather conditions		15 Road surface		16 Speed of vehicles
	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		A 50 km/hr B km/hr
	17 What warnings were given by driver or other party?				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)?				
	20 If your vehicle is commercial, state weight of load carried at time of accident				
Declaration	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)				
I/We declare the foregoing particulars are true in every respect					
Policyholder's signature Date					
Driver's signature (if driver is not the policyholder) Date					

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



