

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	01/07/2020 13:02
Date Of Accident	30/06/2020 16:45
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6757P
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Insured/Policyholder

Name Of Registered Owner	NEO TAN HIONG
NRIC No	S0096876E
Email Address	NEOCHRONALD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98191426
Alternative Phone No	Office-98191426

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE
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?	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	2100273563-08
Cover Note Number	

Driver

Name of Driver	NEO HWA CHEW RONALD
NRIC No	S8947302J
Date Of Birth	29/12/1989
Occupation	INDOOR
Date Of Driving Pass	21/04/2012
Driving Experience	8 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94785249
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	133 LOYANG RISE
Postcode	507468
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?	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

WHILE TURNING RIGHT WHEN THE GREEN LIGHT IS STILL ON, VEHICLE B SUDDENLY JAMMED BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND HIT INTO VEHICLE B REAR PORTION.

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	GBF3617X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number
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:

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

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

While turning right when the green light is still on, vehicle B suddenly jammed brake and stop, I brake but could not stop in time and hit into vehicle B rear portion.

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

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8947302J



Name
NEO HWA CHEW, RONALD
(LIANG HUAZHOU)
梁 华 洲
Race
CHINESE
Date of birth
29-12-1989
Country of birth
SINGAPORE
Sex
M
S8947302J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8947302J
Name:
NEO HWA CHEW, RONALD
(LIANG HUAZHOU)
Birth Date: 29 Dec 1989
Issue Date: 21 Apr 2012



Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SFC 6752P

Date of Accident: 20/06/20



3658371

NRIC No. S8947302J



Date of issue
04-01-2005

Address
133 LOYANG RISE
SINGAPORE 507468

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 21 Apr 2012
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

NP 428A



Licence No: S8947302J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

