#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	23/07/2020 15:37		
Date Of Accident	23/07/2020 11:45		
Exact Location Of Accident	ANG MO KIO AVE 1 JUST AFTER SPC		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKR5710B		
Insured/Policyholder			
Name Of Registered Owner	CHONG SHIN KIAN		
NRIC No	SXXXX467C		
Email Address	SHINKIANCHONG@YAHOO.COM.SG		
Mobile Phone No	(LOCAL) +65-97770930		
Alternative Phone No	OTHERS-63928455		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	SYLPHY-1.6 (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	2100403222-05		
Cover Note Number			
Driver			
Name of Driver	CHONG LINGYING		

Name of Driver CHONG LINGYING
NRIC No SXXXX448F
Date Of Birth 03/12/1990

Occupation INDOOR

Date Of Driving Pass 02/01/2014

Driving Experience 6 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number +65-98576536

Fax Number

Contact Number OTHERS-63928455

EMail Address CHONGLINGYING@GMAIL.COM

2 ANGKLONG LANE #04-01 Address

Postcode 579978 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 **CHAIN COLLISION** Weather Conditions DRIZZLING

Road Surface WET

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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?

If Yes, against whom?

**Circumstances of Accident** 

SEE ATTACHED SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SGP3740K

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver ANAND RETNAM

NRIC/Passport Number SXXXX088E Contact Number 98569757

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SHC5860R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI
Name of Driver YONG

NRIC/Passport Number

Contact Number 98802466

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

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- 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.
- 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:

- 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)
  - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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 Not the North ages stated PES

(ii) for complying with requirements under any regulations, laws or court orders. 10a Payon Lord Singapore 319254

17 Toa Payoh Lorong 8

Tel: 6357 0758 Fax: 6356 4922

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Alshah

NRIC/FIN No.:

5/660822/2

#### Sketch Plan #2 Pg. 1

# SKETCH PLAN CHAIN COLLISION my car 2) moved forward hitting 3 taxi in trent SHC 586 6 P 59P3740K

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON 23 JULY 2020, AT APPROXIMATELY 1145 AM.
	ALONG ANG MO KIO AVENUE 1:
	I WAS DRIVING IN LEFTMOST LANG.
	THE TAXI CAR IN FRONT SUPDENLY SLOWED
	POWN. (SHC5860P)
**********	FOVIIO COMPOSITORY
	I PRESSED MY BRAKE AND IN MY CAR
	WAS SLOWING DOWN
	THE CAR BEHIND ME, SGP3740K, HIT
	THE BEHIND OF MY CAR.
	THE POINTS OF THE
	MY CAR MOVED FORWARD FROM THE IMPAC
	AND HIT THE BACK OF THE TAXI IN
	FRONT.
	TAN CHONG MOTOR SALES PTE

**DECLARATION** 

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

Policyholder's Signature

Date & Time: 31M 25 JUN

GIARCAC Stematismiliona, VB 2000

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2354412020

17 Toa Payoh Loreng 8 Singapore 319254

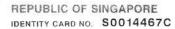
Tel: 6357 0356 Fax: 6356 4922

Reporting Centre Personnel's Signature

Name: Alshah

NRIC/FIN No.: \$1660833/2

#### Driving License Pg. 1







CHONG SHIN KIAN

張興根

Race CHINESE Date of birth 23-05-1953 Country/Place of birth SINGAPORE

80014467C

#### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9048448F





CHONG LINGYING

張凌

CHINESE Date of birth Sex 03-12-1990 F Country of birth SINGAPORE

SSOSBAGEF

5318651





Date of issue 18-06-2014

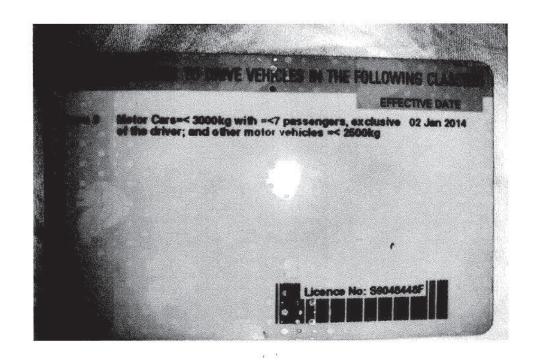
50C OXLEY ROAD SINGAPORE 238636 NRIC No: S0014467C

Date: 17/09/2016

NRIC No. S9048448F

02-06-2009

2 ANGKLONG LANE #04-01 SINGAPORE 579978













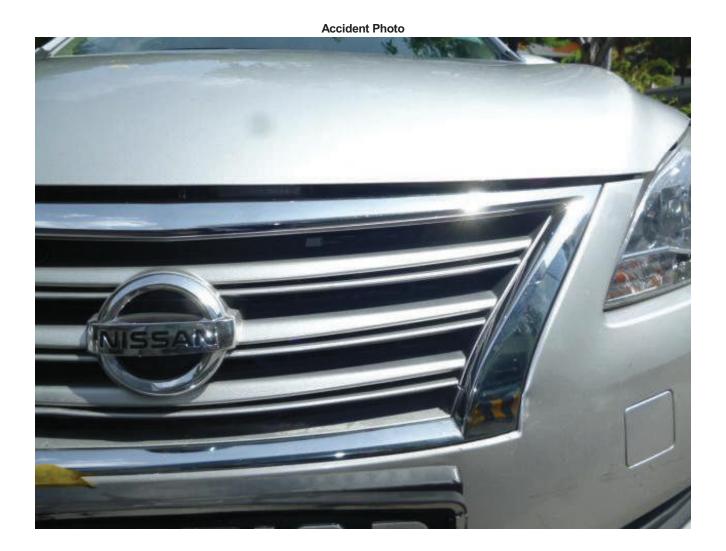




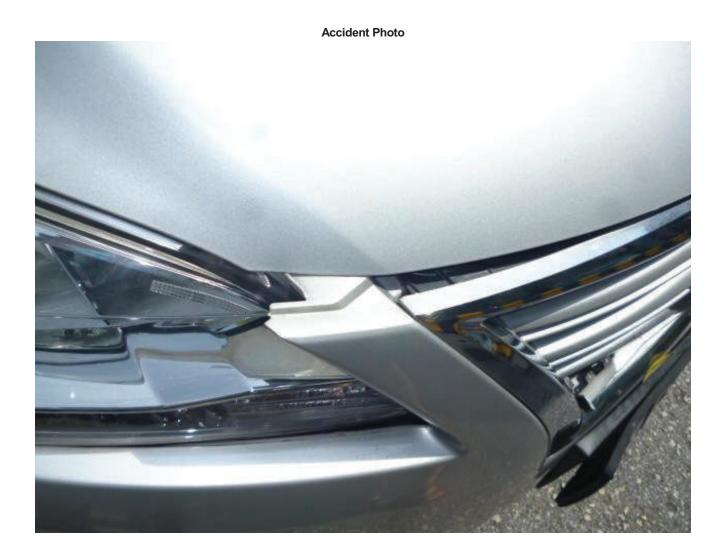


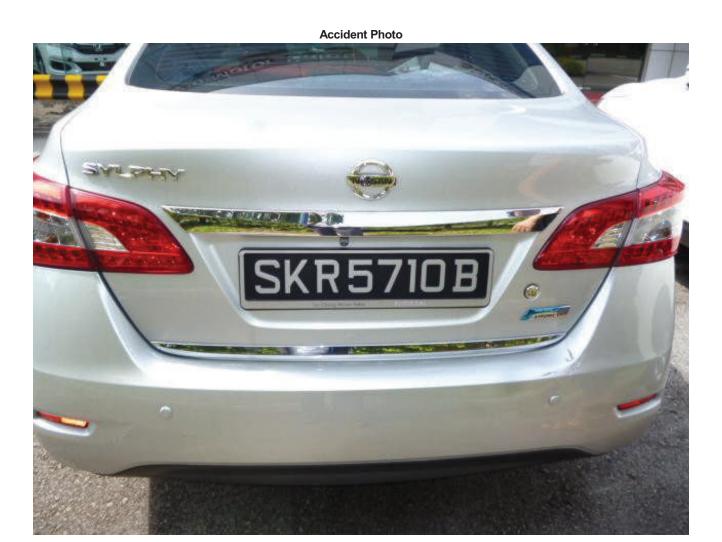


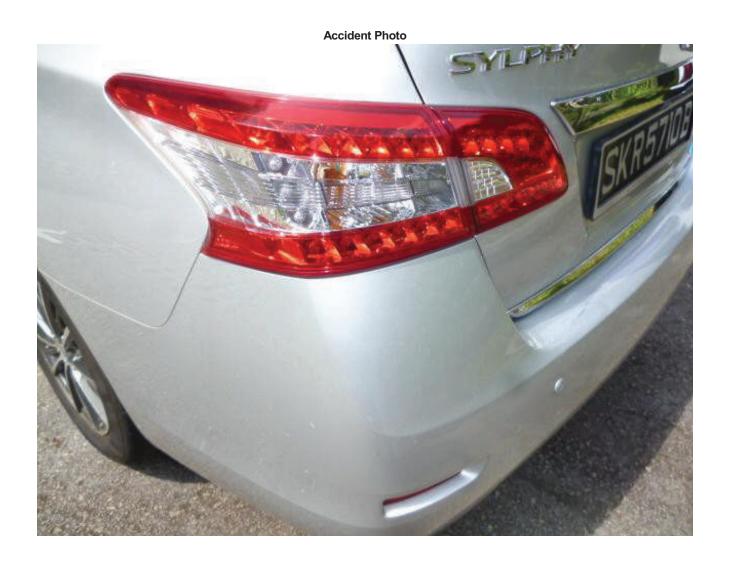


















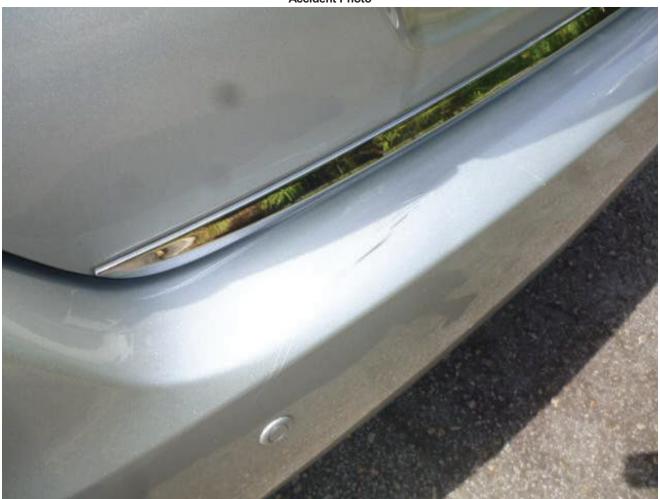










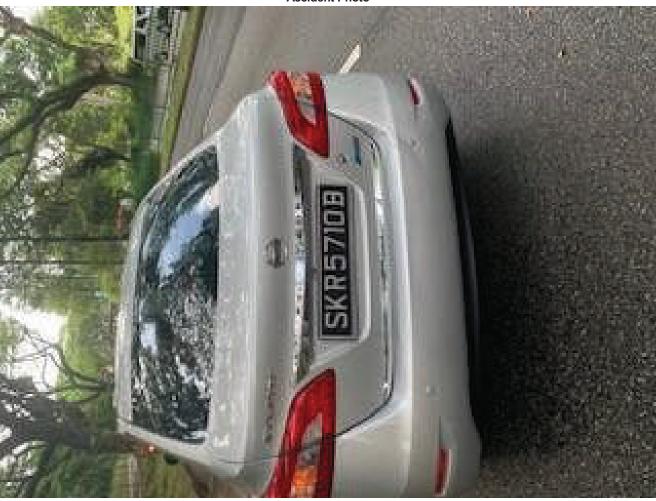












#### Addendum Sheet Pg. 1



#### 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: 5665500206 / 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: M10320062150 Vehicle Registration No: SKR5110R Name(as shownin NRIC): Chong Shin Kian NRIC/FIN/Passport No: 800144676 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : 50c Oxlay Road Singapore (13863) Address Mobile No.: 97770930 Contact (Tel) : Shinkianchong & yahoo. com, sq Email Address Date of Accident: 23/1/80 Time of Accident: 11.45 am Place of Accident: Ang Mo Kio Aval After SPC Insurance Company: \_\_\_\_ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Vehicle Number should be SKR 5710B instead of SKR5710R.

-	TAN CHONG MOTOR SALES PTE LTD		
-	17 Toa Payoh Lorong 8 701:670380/2		
	Singapore 319254		
	Tel: 6357 9756 Fax: 6356 4922	4 ,	
		$\mathcal{M}$	
		"	

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature Name: Aishah NRIC/FIN No.: 316608>>12

23/1/20

GARGAC geodesident/scool 20

#### Addendum Sheet Pg. 1



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: 566550020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre} \quad \text{Please submit the } \underline{\textbf{same}} \quad \text{Please submit the } \underline{\textbf{same}}$ with whom you submitted the Original Report

	ADDENDUM					
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:		S:				
	Original Report No : <u>M1と320062150-0</u> ]	Vehicle Registration No:S K R 5 1 1 0 B				
	Name (as shown in NRIC): Chong Shin Kian	NRIC/FIN/PassportNo : SO014467C				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as a					
	Address : 500 Oxlay Road	Singapore( 138 63)				
	Contact (Tel) :	Mobile No.:97770930				
	Email Address : Shinkian chong Dy					
	Date of Accident : > 3 / 7 / 80					
	Place of Accident : Ang mo kio Ava					
	Insurance Company:A I G					
	ADDITIONALINFORMATION / AMENDMENTS:					
		i-photos - Additional				