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 <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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/08/2020 18:19
Date Of Accident	29/08/2020 12:45
Exact Location Of Accident	GRANGE ROAD NEAR ONE TWIN PEAKS CONDUMINIUM
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	EV96Z
Insured/Policyholder	
Name Of Registered Owner	CHEE HUEI LENG
NRIC No	SXXXX523G
Email Address	HUEILENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81252678
Alternative Phone No	OFFICE-62867250
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1900005737-01

Cover Note Number

Driver

Name of Driver

CHEE HUEI LENG

NRIC No

SXXXX523G

Date Of Birth

29/01/1963

Occupation

INDOOR

Date Of Driving Pass

07/03/1981

Driving Experience 39 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81252678

Fax Number

Contact Number OFFICE-62867250

EMail Address HUEILENG@GMAIL.COM

Address 7 BUTTERFILY AVENUE

Postcode 349762

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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 1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG GRANGE ROAD IN THE DIRECTION OF ORCHARD ROAD. IT WAS APPROXIMATELY 1245 HRS. IT WAS RAINING AND THE ROAD WAS WET. WHEN APPROACHING A LEFT BEND IN THE ROAD, TRAFFIC STARTED TO SLOW DOWN WHEN SUDDENLY I REALIZED THE VEHICLE IN FRONT OF ME HAD STOPPED. I STOPPED ON MY BRAKES BUT COULD NOT PREVENT MY VEHICLE FROM COLLIDING WITH THE VEHICLE IN FRONT. I STOPPED MY CAR, TURNED ON THE HAZARD LIGHT AND GOT OUT OF THE CAR. THE DRIVER OF THE CAR I COLLIDED WITH STEPPED OUT OF HER CAR AND WE EXCHANGED OUT NRIC DETAILS. IN THE COLLISION, HER CAR HAD STRUCK ANOTHER CAR IN FRONT OF HER. THE DRIVER ALSO STEPPED OUT TO EXCHANGE NRIC DETAILS.

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 SCW6000D

Vehicle Make/Model/Colour GREY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN SONG YEOW

NRIC/Passport Number SXXXX165F Contact Number 96880039

Address 735 MOUNTBATTEN ROAD

#01-13

Postcode 437745

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA3808H

Vehicle Make/Model/Colour HONDA SHUTTLE / DARK BLUE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver JESSICA WANG
NRIC/Passport Number SXXXX686G
Contact Number 92333287

Address 28 JALAN LEMPANG

#20-08 128807

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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:
 - 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:
 - 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: 29/8/2020 .

1500h.

Driver's Signature (If driver is not the policyholder) Date & Time: Name: Would kHoulf Stuff Google
NRIC/FIN No.: G298748X

CETCH PLAN	
	A - SCWGOOOD
	8 - SMA 3808 H
	C - E4967

DECLARATION

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

Policyholder's Signature

Date & Time: 29/8/2020 . 15204

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

Reporting Centre Personnel's Signature Name: WOME KHOWG SENG, GROOTE NRIC/FIN No.: 62987 43x





























