

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	21/09/2020 13:45
Date Of Accident	19/09/2020 16:20
Exact Location Of Accident	BUKIT BATOK ROAD AFTER JUNCTION OF BRICKLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK6168E
Insured/Policyholder	
Name Of Registered Owner	CHIN LEONG YONG
NRIC No	SXXXX362E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91938837
Alternative Phone No	Home-67755420

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 SX (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO FRIEND'S HOUSE
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	2100467555
Cover Note Number	

Driver

Name of Driver	CHIN WEI XIN
NRIC No	SXXXX934D
Date Of Birth	21/12/1985
Occupation	INDOOR
Date Of Driving Pass	16/06/2006
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91938837

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	12 PAVILION GREEN
Postcode	658297
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?	YES
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)	2
Passenger 1	Name: : JOCELYN CHAN Gender: : Female

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

REFER TO ATTACHMENT

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 Witness 1

Name	AMIRUL
Phone Number	87482010
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6309K
Vehicle Make/Model/Colour	WHITE HONDA
Details Of Properties	FRONT DAMAGED TO CAR

Vehicle Category	PRIVATE CAR
Name of Driver	SAM TANG SOON TUCK
NRIC/Passport Number	
Contact Number	94791640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT DAMAGED TO CAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JOCELYN CHAN
Approximate Age	
Injuries Sustain	WHIPLASH,SPRAIN
Injured person in which vehicle?	SDK6168E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHIN WEI XIN
Approximate Age	
Injuries Sustain	WHIPLASH,SPRAIN
Injured person in which vehicle?	SDK6168E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

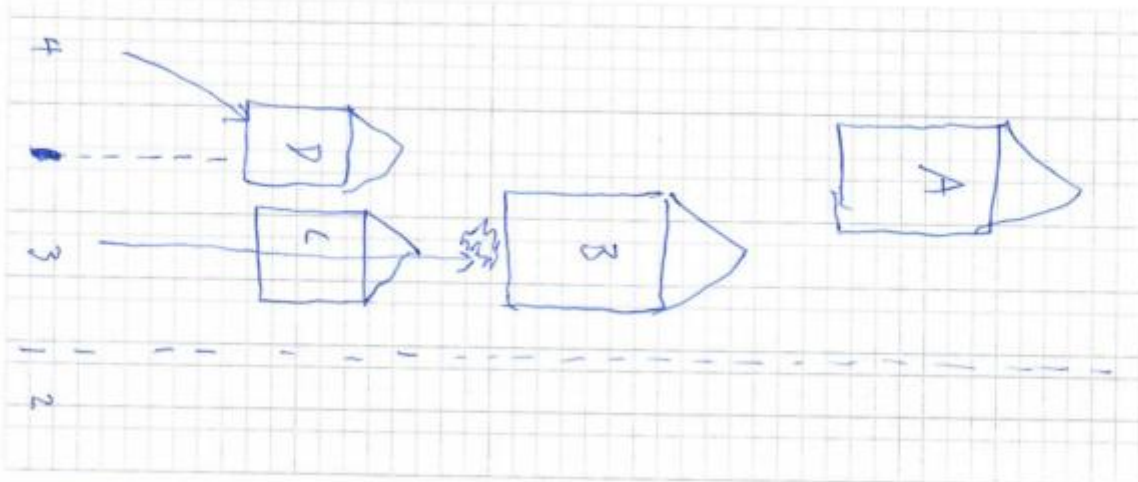


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE and TIME: 19/09/2020, around 1620 hrs.
Location: Bukit Batok Road, after the junction of Brickland Road, towards YLE and Surong town hall road, just as the lanes 3 and 4 are merging into lane 3.
Vehicle A: SJP 1571J (not damaged)
Vehicle B: SDIC 6168E (hit at rear end by car C)
Vehicle C: SLM 63091C (white honda, hit vehicle B)
Vehicle D: GBC 1575L (not damaged, witness).
<p>Vehicle A came to an abrupt stop in the middle of lane 3 for no apparent reason. As driver of vehicle B I came to a gradual stop a safe distance away from vehicle A, as I had been keeping a safe distance behind vehicle A to begin with. However, vehicle C hit vehicle B from the rear end. Vehicle D stopped behind to offer dash cam footage. Vehicle A left the scene. Within a few minutes, someone claiming to be from a nearby workshop was arrived on the scene offering to "take care" of everything.</p>

DECLARATION

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

Policyholder's Signature

Date & Time:

21.9.2020

1030 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/09/2020

1030 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: