

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.

Roadside.
235/5819

ACCIDENT STATEMENT:

Date Of Report	05/10/2020 14:55
Date Of Accident	04/10/2020 19:30
Exact Location Of Accident	JUNCTION OF NAPIER RD & CLUNY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SL3000S
Insured/Policyholder	
Name Of Registered Owner	LIONG HONG TSAN LAURA MRS LAURA KOH
NRIC No	SXXXX134D
Email Address	LIONG.LAURA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93838888
Alternative Phone No	OTHERS-93838888

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.2 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURN HOME FROM DINNER

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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100498738
Cover Note Number	

Driver

Name of Driver	LIONG HONG TSAN LAURA MRS LAURA KOH
NRIC No	SXXXX134D
Date Of Birth	16/05/1965
Occupation	INDOOR
Date Of Driving Pass	26/06/1984
Driving Experience	36 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93838888
Fax Number	
Contact Number	OTHERS-93838888
Email Address	LIONG.LAURA@GMAIL.COM

Address	42 JALAN GAHARU
Postcode	588862
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	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	3
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: : KENNETH KOH YU-LENG GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA9339D
Vehicle Make/Model/Colour	TOYOTA YARIS BLUE
Details Of Properties	REAR BUMPER CRUSHED IN (2ND CAR)
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN WAI KEIT
NRIC/Passport Number	SXXXX147I
Contact Number	98229078
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR ENDED BY THIS 3RD PARTY VEHICLE
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFA2931Z
Vehicle Make/Model/Colour	
Details Of Properties	3RD CAR
Vehicle Category	PRIVATE CAR
Name of Driver	HUI FANG ZHENG ANDRE
NRIC/Passport Number	
Contact Number	98895490
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN WAI KEIT
Approximate Age	
Injuries Sustain	CHEST BUMPED INTO STEERING WHEEL
Injured person in which vehicle?	SKA9339D
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: 5/10/20
1330 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/10/20
1330 HRS

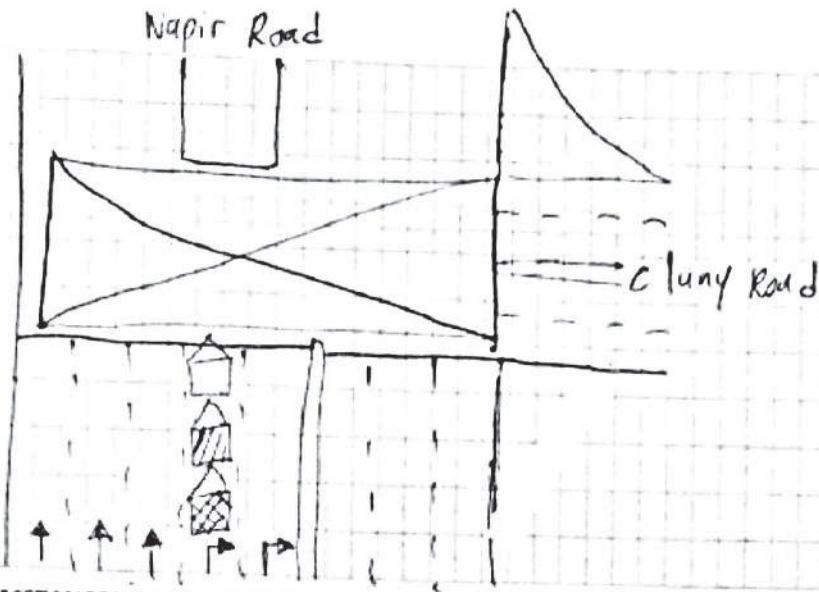
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS AT JUNCTION OF NAPIER ROAD WAITING TO MAKE RIGHT TURN INTO CLUNY ROAD RIGHT TURN LIGHT WAS RED ~~SUDDENLY~~ MY CAR WAS STATIONARY. SUDDENLY, OUT OF THE BLUE, WE FELT AN IMPACT ON MY CAR FROM THE REAR. IMPACT WAS SIGNIFICANT MY HEAD KNOCKED BACK AGAINST HEADREST. UPON CHECKING MYSELF AND MY HUSBAND WERE NOT INJURED WE WENT TO CHECK WHAT HAPPENED.

IT ~~AND~~ APPEARS VEHICLE SFA 2931Z, DRIVEN BY HUI FANG ZHENG ANDRE, HIT VEHICLE SKA 9339D DRIVEN BY CHAN WAI KET, THE RESULTING IMPACT PUSHED SKA 9339D FORWARD, HITTING MY VEHICLE SL3000S IN A CHAIN COLLISION. DRIVER OF SKA 9339D LOOKED A BIT STUNNED ~~AND~~ WHEN I CHECKED FOR INJURIES.

ALL PARTIES EXCHANGED PARTICULARS. TIME OF ACCIDENT WAS AROUND 1930HRS ON 4/10/20.

DECLARATION

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

Policyholder's Signature

Date & Time 5/10/20
13:30HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: