

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	28/10/2020 12:10
Date Of Accident	28/10/2020 08:10
Exact Location Of Accident	PIE TOWARDS CHANGI (NEAR EXIT 26B)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH771L
Insured/Policyholder	
Name Of Registered Owner	NG HUIQI
NRIC No	SXXXX148I
Email Address	STEPHANIE_NG_5@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98772432
Alternative Phone No	OTHERS-96775212

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	1900003303
Cover Note Number	

Driver

Name of Driver	LEONG WEI LOONG, IVAN
NRIC No	SXXXX699B
Date Of Birth	07/04/1988
Occupation	INDOOR
Date Of Driving Pass	02/10/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96775212
Fax Number	
Contact Number	
Email Address	IVANLEONG2412@GMAIL.COM

BLK 93B TELOK BLANGAH STREET 31 #27-185
102093

Is driver an employee of the Insured's Company NO
No, Relationship of the Driver with the Insured SPOUSE
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
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM7447B
Vehicle Make/Model/Colour VOLKSWAGEN GOLF/GREY
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SCHIRMER JOEL JONATHAN
NRIC/Passport Number SXXXX275H
Contact Number 97705605
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP4121G

Make/Model/Colour

Is Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Sketch Plan

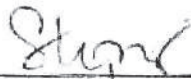
SKETCH PLAN


IMPORTANT NOTICE

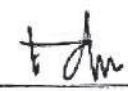
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:
- (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: 28/10/20
1030am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/10/20
1030am


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

SKETCH PLAN

PIE Towards Airport (before Exit 26B)



Lane 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving on lane 1, vehicle B (SMH7447B) made an emergency brake, then I immediately responded and made an emergency brake, but unfortunately vehicle A (SMH771L) collided with vehicle B.

when I stepped out of the car, there was already a collision between vehicle B and vehicle C (SLP4121G). Before EMAS tow car arrived, vehicle A's driver drove off without exchanging particulars. There were no injuries on scene.

Vehicle A's damage was at the front.

Vehicle B's damage was on the front and back.

Vehicle C's damage was a slight dent at the back.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/10/20
10:30am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/10/20
10:30am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: