

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	25/11/2020 16:46
Date Of Accident	21/11/2020 13:50
Exact Location Of Accident	PIE LANE 1 NEAR TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2895R
Insured/Policyholder	
Name Of Registered Owner	FOO SIEW WIE
NRIC No	S1435389E
Email Address	ALANFOO2004@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91120179
Alternative Phone No	OTHERS-90484013

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL FOR GROCERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800055693
Cover Note Number	

Driver

Name of Driver	FOO CHUAN WEN
NRIC No	S9126270C
Date Of Birth	12/07/1991
Occupation	INDOOR
Date Of Driving Pass	19/02/2011
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90484013
Fax Number	
Contact Number	
Email Address	FOO.CHUANWEN@GMAIL.COM

Address	BLK 436 CHOA CHU KANG AVENUE 4 #08-497
Postcode	680436
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	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	2
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)	2
Passenger 1	NAME: : LINA 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT5699S
Vehicle Make/Model/Colour	RED SKODA KODIAQ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG ZHUOWEI
NRIC/Passport Number	G1399773Q
Contact Number	90066012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	SMALL DENT TO BOOT(MAY NOT BE CAUSED BY THIS ACCIDENT)
No. Of Passenger (Including Driver)	

Sketch Plan


SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

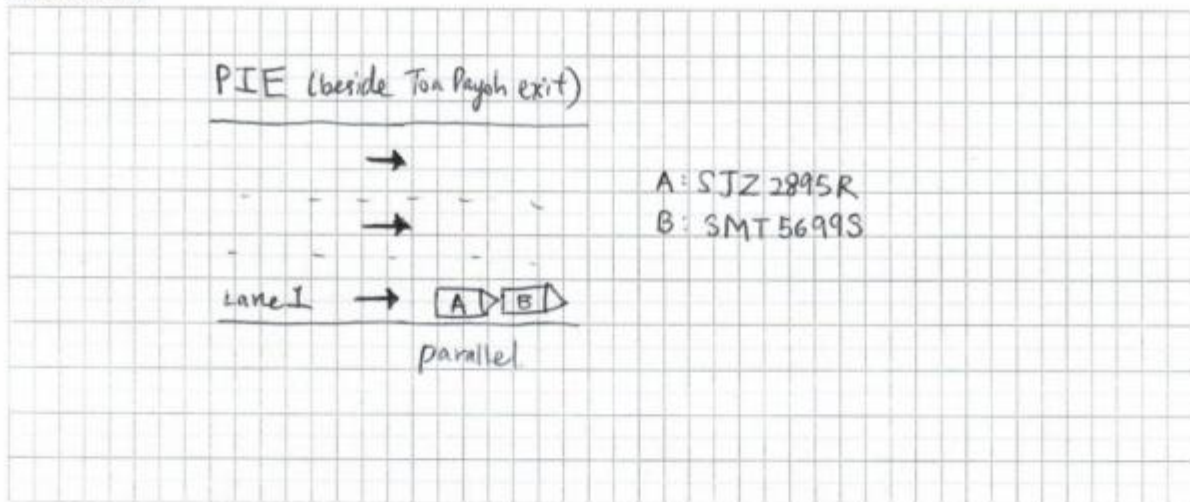
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 25/11/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/11/2020


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

SKETCH PLAN

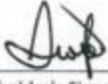



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

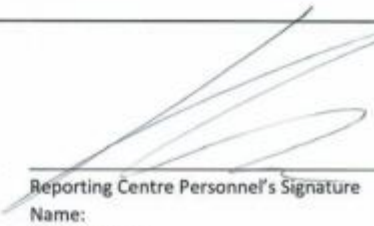
Wet Road, mild congestion, Lane 1.
 Vehicle B (third party) breaks a little too much.
 Vehicle A jam brakes but ends up kissing the back of the Vehicle B.
 A small dent ~~was~~ was seen at Vehicle B's boot door, whereas no visible damage to Vehicle A's car. All passengers remain unhurt.
 According to physical inspection of Vehicle B & Vehicle A, the dent on Vehicle B did not correspond to any protrusion on Vehicle A when both Vehicles were parallel. Furthermore, the dent on Vehicle B was found to be higher than the most protruding surface on Vehicle A. If the most protruding surface of Vehicle A, the car plate, hit the back of the Vehicle B, the dent on Vehicle B should have been lower and impact more blunt. However, the dent on Vehicle B was found to have been ^{sharp} a "V" shape, suggesting that it could not have been caused by Vehicle A, but rather a prior cosmetic damage that was sustained by Vehicle B before the "accident".
 The dent bears resemblance to an impact caused by Vehicle B and a ~~pole~~ a pole or a higher/taller vehicle such as a lorry.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 25/11/2020


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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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