

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 Submission 30/11/2020 17:51 (SGT)
Date of Accident 27/11/2020 15:50 (SGT)
Exact Location of Accident 45 Grange Rd, Singapore 239706
Additional Location Information GRANGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCX5700T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ETHEL ONG LAY HONG
NRIC No S0038392I
Email Address ETHELGOH@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98303033
Alternative Phone No (Home) +65-98303033

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100498374-03
Cover Note Number -

DRIVER

Name of Driver ETHEL ONG LAY HONG
NRIC No S0038392I
Date Of Birth 16/09/1948
Occupation Indoor

Date Of Driving Pass	17/09/1968
Driving experience	52 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98303033
Alt. Phone Number	(Home) +65-98303033
Email Address	ETHELGOH@YAHOO.COM.SG
Address	36 JALAN KAKATUA
Address complement	-
Postcode	598555
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DENNIS GOH
Gender	Male

PASSENGER 2

Name	PANGPAN
Gender	Female

PASSENGER 3

Name	HANNAH
Gender	Female

PASSENGER 4

Name	HANSEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

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	SMQ709X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG ZE CHEN
Contact Number	(Phone) +65-96255355
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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")

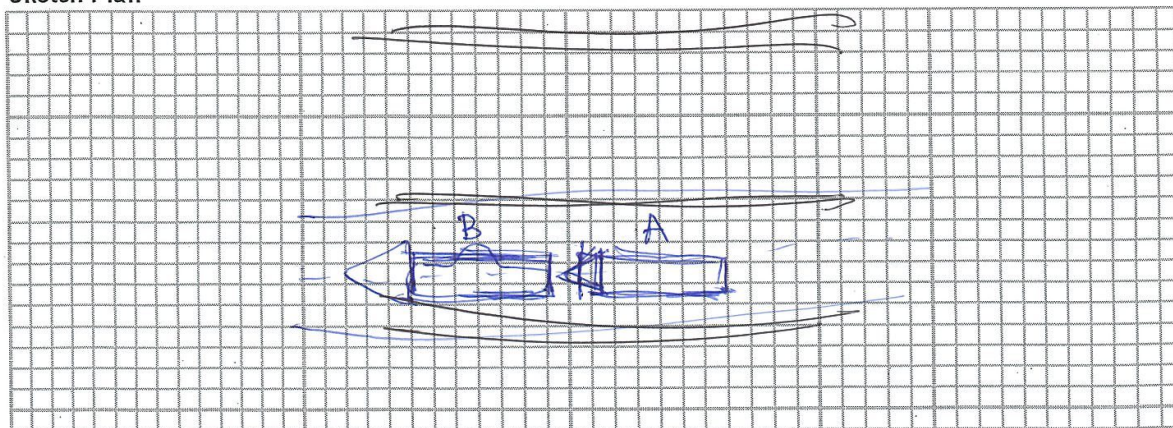
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 28/11/20
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

(A) MY VEHICLE NO. : SCX5700T
 i. ACCIDENT LOCATION : Grange Road
 ii. ACCIDENT DATE : 27th November 2020
 iii. TIME : 3:50 AM (PM)

There was a jam along Grange Road (towards Tanglin). The cars were moving slowly and stopped intermittently. My car slid slowly and I was not aware and hit vehicle B.


OTHERS

1. EMAIL : ethelgoh@yahoo.com.sg
2. WEATHER CONDITION : Dry
3. ROAD SURFACE : OK
4. ANY INJURY : No
5. POLICE ACTION : No
6. NO. OF PASSENGERS : 5
 Dennis Goh (CM), Pangnan (P), Hannah (F) & Hansel (CM)

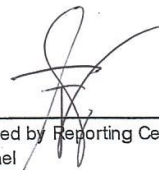
(B) Veh No : SMQ 709X Hp : 96255355 Pax : 1 Driver Name : Ng Ze Chen
 (C) Veh No : Hp : Pax : Driver Name :

Declaration

We declare the foregoing particulars are true in every respect.

 . 28/11/20
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel









