

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	08/12/2020 14:47 (SGT)
Date of Accident	07/12/2020 23:30 (SGT)
Exact Location of Accident	Near Blk 298, Singapore
Additional Location Information	TRAFFIC JUNCTION AT 298 PUNGGOL CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1414K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA SU SHIA SOPHIA
NRIC No	SXXXX755D
Email Address	GELEASO@YAHOO.COM
Mobile Phone No	(Phone) +65-97602242
Alternative Phone No	+65-97602242

VEHICLE PARTICULARS

Manufacturer	Audi
Model	TTSC
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100321087-06
Cover Note Number	-

DRIVER

Name of Driver	SOH CHUEN WENG DAVID
NRIC No	SXXXX972H
Date Of Birth	12/06/1975
Occupation	Indoor

Date Of Driving Pass	09/09/2009
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98766069
Alt. Phone Number	-
Email Address	L_K1@HOTMAIL.COM
Address	273B PUNGGOL PLACE
Address complement	#02-872
Postcode	822273
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JACE SOH HOI
Gender	Male

PASSENGER 2

Name	TAYE EAN SOH WING
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

AT 11:30PM, ACCIDENT HAPPENED AT THE TRAFFIC LIGHTS JUNCTION AT 298 PUNGGOL CENTRAL. MY VEHICLE SGQ 1414 K WAS STATIONARY AT THE JUNCTION DUE TO RED LIGHTS. THEREAFTER A HONDA VEHICLE SJY 4620 J HIT MY CAR'S REAR END DIRECTLY FROM BEHIND. WHEN I APPROACHED HIM LATER AT THE SCENE, HE REPLIED THAT HE WAS MISTAKEN AND THOUGHT IT WAS GREEN LIGHTS AT THE JUNCTION. WE THEN PROCEEDED TO A SAFE SPOT AT BLK 298 TO TAKE PHOTOGRAPHS OF THE DAMAGES AND ALSO EXCHANGE PARTICULARS. THE OTHER DRIVER HAD ADMITTED FULL LIABILITY TO ME FOR THE DAMAGES TO MY CAR DUE TO THE ACCIDENT.

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	SJY4620J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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' 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:

7/12/20
1440



Driver's Signature
(If driver is not the policyholder)

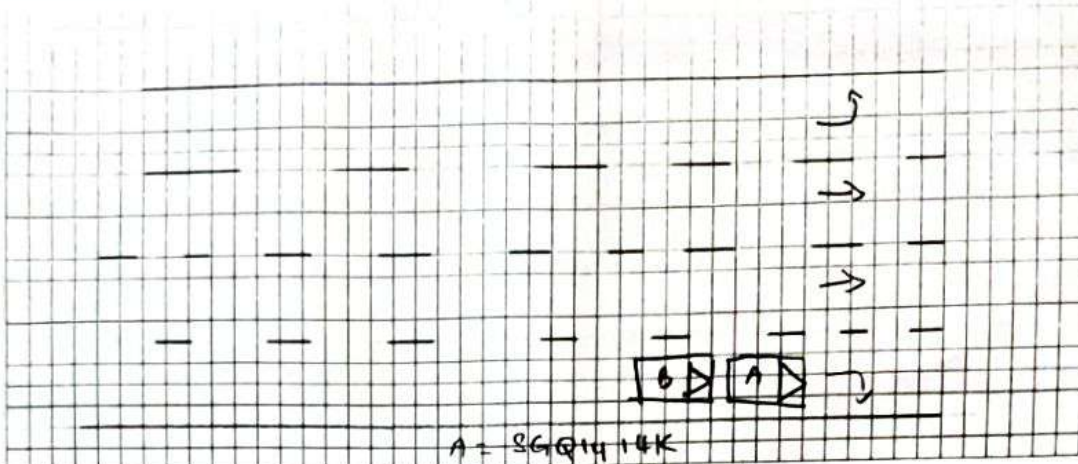
Date & Time: 7 DEC 2020



Reporting Centre Personnel's Signature
Name: SHARFAH
NRIC/FIN No.: SXXXX 001A



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A = SGQ1414K B = SJY4620J

At 11.30 am, accident happened at the traffic lights junction at 298 RUMAGOL CENTRAL, MY vehicle SGQ1414K was stationary at the junction due to red lights. Thereafter a honda vehicle SJY 4620J hit my car's rear end directly from behind.

When I approached him later at the scene, he replied that he was mistaken and thought it was green lights at the junction. We then proceeded to a safe spot inside at blk 298 to take photographs of the damages and also exchange our particulars. The other driver had admitted full liability to me for the damages to my car due to the accident.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 7/12/20
KAO

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7 DEC 2020
2.40PM.

Reporting Centre Personnel's Signature
Name: SHARIFAH
NRIC/FIN No.: SXXXX001A





























