

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 30/12/2020 10:20 (SGT)
Date of Accident 29/12/2020 17:43 (SGT)
Exact Location of Accident Lor 7 Geylang, Singapore
Additional Location Information LORONG 7, GEYLANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH5778K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOONG WENG YEW
NRIC No SXXXX472J
Email Address CHOONG_AARON@HOTMAIL.COM
Mobile Phone No (Phone) +65-83399602
Alternative Phone No +65-83399602

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900008302
Cover Note Number -

DRIVER

Name of Driver CHOONG WENG YEW
NRIC No SXXXX472J
Date Of Birth 29/12/1964
Occupation Indoor

Year of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

25/06/2015
 5 YEARS AND 6 MONTHS
 Male
 (Phone) +65-83399602
 +65-83399602
 CHOONG_AARON@HOTMAIL.COM
 46A,ZION ROAD
 -
 247777
 Yes
 -
 No
 -
 -

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) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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 TO ATTACHMENT
 COLLISION-HEAD TO SIDE

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 SHD1136U
 Vehicle Manufacturer Hyundai
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver SEE SIEW LAM
 Contact Number -
 Address -
 Address complement -
 Postcode -

Insurance Company Name -
Amount Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

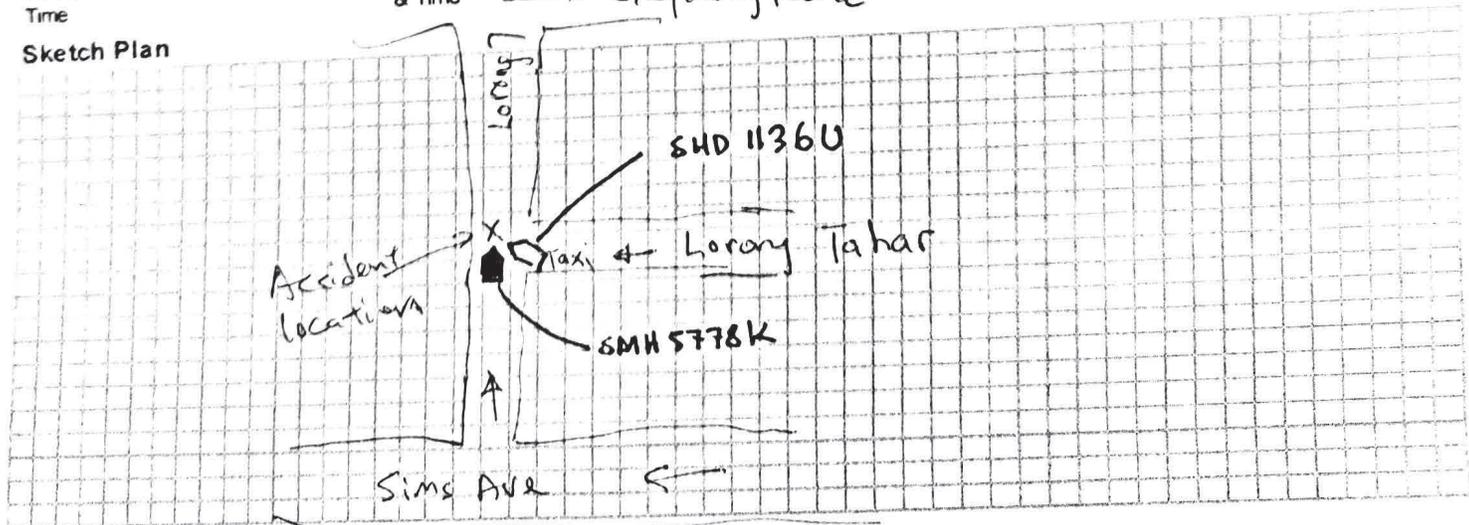
[Handwritten Signature]

Witnessed by Reporting Centre
Personnel

[Handwritten Signature] 301220 0859
Policyholder's Signature / Date &
Time

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

Sketch Plan



The Circumstances of the Accident

On 29/2/20, 1743 hrs.

I was driving along Lor 7 Geylang (one way street) and was hit by a taxi coming out from Lorong Tahar.

There was a stop ~~line~~ white line at Lorong Tahar. The taxi did not stop at the white line to check traffic is clear before driving into Lorong 7 Geylang.

As a result, the taxi hit the right side (driver side) of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


30/2/20 0859
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel