

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 04/01/2021 19:16 (SGT)
Date of Accident 31/12/2020 12:00 (SGT)
Exact Location of Accident 50 Fulton Rd, Singapore 578933
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV941M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FONG YONG CHOI
NRIC No SXXXX919A
Email Address ycfong21@gmail.com
Mobile Phone No (Phone) +65-97864925
Alternative Phone No +65-97864925

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 2100427146-05
Cover Note Number -

DRIVER

Name of Driver FONG YONG CHOI
NRIC No SXXXX919A
Date Of Birth 21/02/1950
Occupation Indoor

Date Of Driving Pass	22/01/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97864925
Alt. Phone Number	+65-97864925
Email Address	ycfong21@gmail.com
Address	BLK 19 CANTONMENT CLOSE #25-71
Address complement	-
Postcode	080019
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLEASE REFER TO SKETCH PLAN

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	XD8553M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91063426
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS




WITNESS 1

Name MR C E ANG
Phone (Phone) +65-97421352
Email -

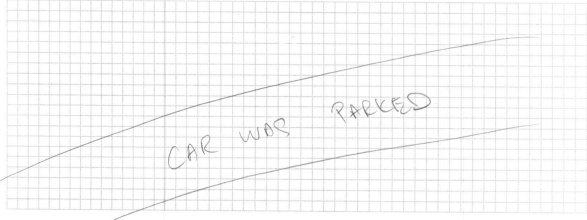
SKETCH PLAN

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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.

 Policyholder's Signature / Date & Time 4/1/2021 10:56	 Driver's Signature (If driver is not the policyholder) / Date & Time 8/4/01/2020	 Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

On 31st December 2020, I was visiting a friend at 50 Fulton Road SS26 9JY around 15:00 am. I parked my car along the road directly opposite his house. The car was parked close to the curb on the road and was not affecting the traffic flow of the area. My friend and I went out for cycling when the rubbish truck ~~came~~ hit my car causing an accident. The impact damaged the left side back portion of the car and the bumper. I was back to the car around 4:15 pm contacted the driver, Mr Ramadan regarding the incident and agreed to send my car to my workshop for repair.

Mr C E Ang h/p 97421352 witness the incident and took some photographs of the ~~car~~ incident.

Declaration

We declare the foregoing particulars are true in every respect.

 4/1/2021
Policyholder's Signature / Date & Time

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

 04/01/2021
Witnessed by Reporting Centre Personnel



























