

# 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 .....	08/01/2021 18:16 (SGT)
Date of Accident .....	08/01/2021 13:15 (SGT)
Exact Location of Accident .....	Boon Lay Way, Singapore
Additional Location Information .....	JURONG JALAN BOON LAY ABOUT TO GO ONTO PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP7942Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN SEOK CHIN
NRIC No .....	SXXXX672D
Email Address .....	JOYCET482@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96384462
Alternative Phone No .....	(Home) +65-96384462

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
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 .....	1900190251
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HEW SZE-HWA ALVIN
NRIC No .....	SXXXX877H
Date Of Birth .....	03/04/1972
Occupation .....	Indoor

Date Of Driving Pass .....	24/06/1996
Driving experience .....	24 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96177145
Alt. Phone Number .....	-
Email Address .....	ALVHEW@GMAIL.COM
Address .....	957 BUKIT TIMAH ROAD
Address complement .....	#04-16
Postcode .....	589653
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	ALVIN HEW
Gender .....	Male

#### PASSENGER 2

Name .....	LAWRENCE LOW
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

I WAS STOPPED BEHIND A CAR. IMPACT FROM BEHIND.  
 CAR PLATE : SLV 6793 Y  
 DRIVER : SONG HWA LEE  
 SXXXX917Z  
 TEL : 82282885

#### 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 .....	SLV6793Y
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Red
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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6. The 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 lodgment 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.
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:

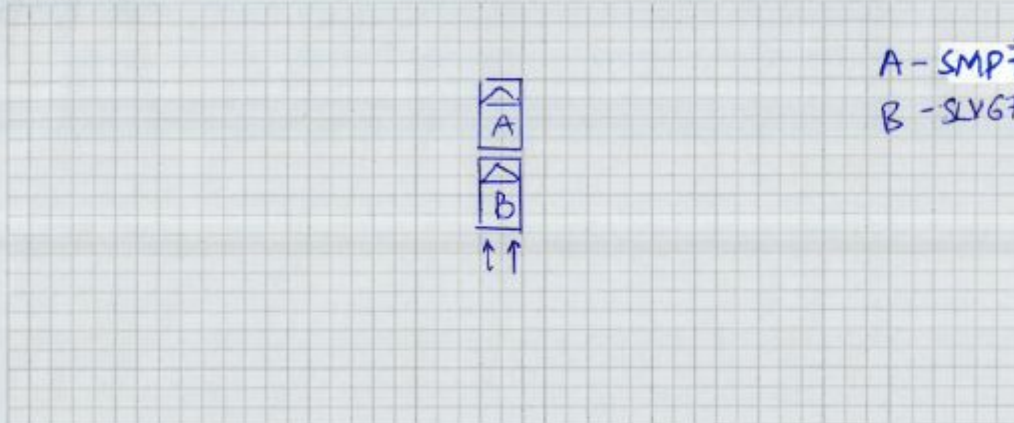
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

8/1/2020 @ 14:57

Reporting Centre-Insurer's Signature  
Name: WONG KIM HONG SEAH, GEORGE  
NRIC/IN No.: 828745X

CHARTERED ACCOUNTANTS, PTE.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped behind a car  
Impact from Behind

car plate SLV6793Y  
Driver Song HWA Lee  
SOX XXX 917Z  
tel 8 228 2885

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: WONG KONG SENG, GEORGE  
NRIC/FIN No.: G288743A

GRAC SketchPlanForm\_V1

81.12.20 @ 14.57

































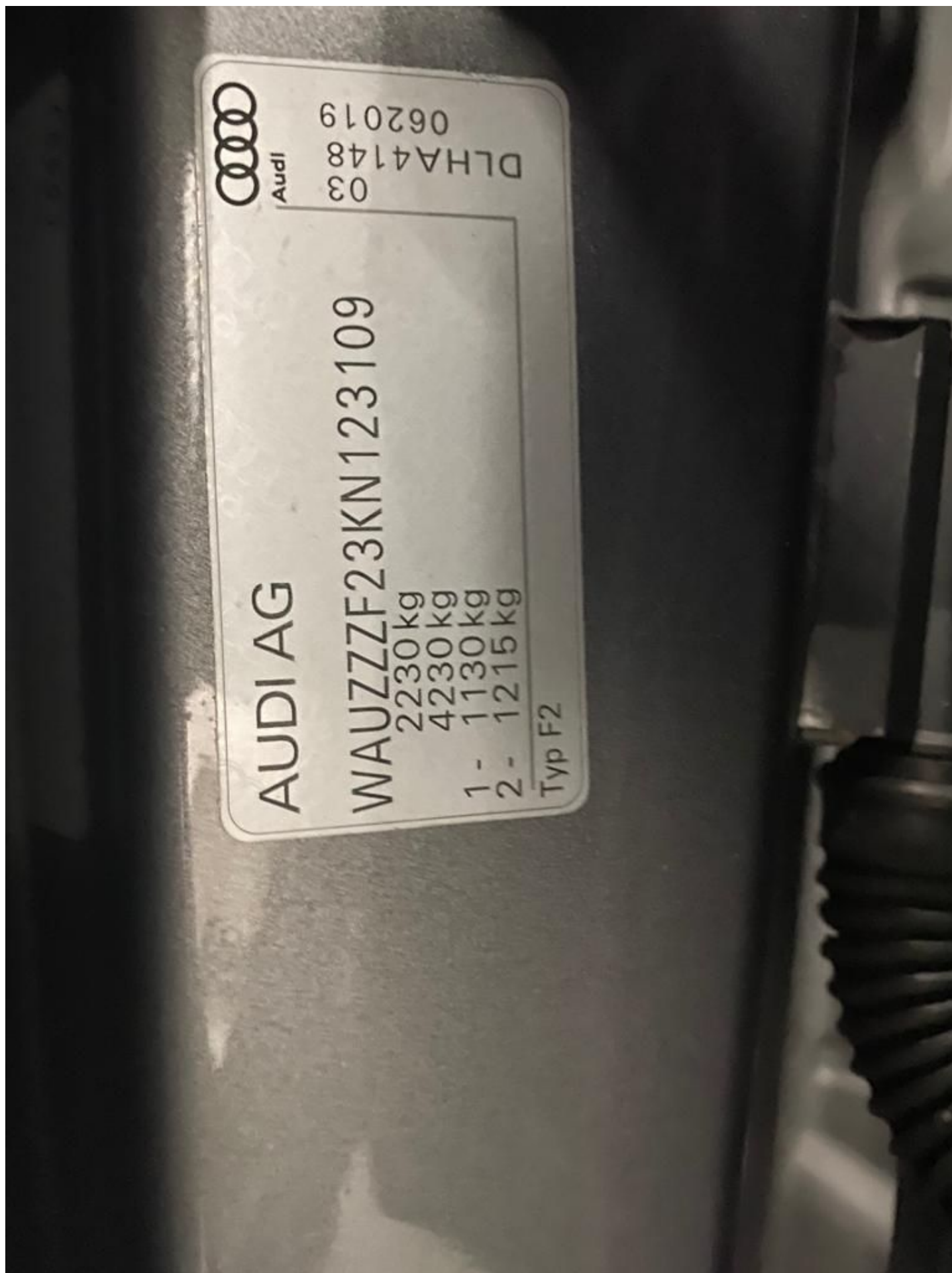












































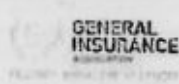












GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 8 Raffles Quay #18-00 Singapore 048580  
 Tel: (65) 6724 0080 Fax: (65) 6724 0010  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN S46500850 / GST Reg No. B440017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No. SP0R21180003 Vehicle Registration No. SMP7942Y  
 Policyholder's Name: How SZE-HWA IRIC/ENR/Passport No. SXXXX872H  
 (If not the Driver / Vehicle Owner, \*) Please delete as appropriate  
 Address: \*04-16 957 Bukit Timah Road Singapore 59653  
 Contact (Tel): 9677145 Mobile No. \_\_\_\_\_  
 Email Address: ALVHEW@GMAIL.COM  
 Date of Accident: 8/1/2021 Time of Accident: 13:15  
 Place of Accident: JURONG JALAN BOON LAY  
 Insurance Company: AIG INSURANCE SINGAPORE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To correct the no plate on sketch plan

[Signature]  
 Policyholder / Driver's Signature  
 Date: 8/1/2021

[Stamp: NEW SINGAPORE AUTOMOBILES PTE LTD]  
 Reporting Centre Personnel's Signature  
 Name: WONG KHONG SENG GEORGE  
 ID No: 929871143X  
 Date: 8/1/2021