

## 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	22/01/2021 11:19 (SGT)
Date of Accident	21/01/2021 10:30 (SGT)
Exact Location of Accident	Hougang Ave 3 & Tampines Rd, Singapore
Additional Location Information	JUNCTION OF HOUGANG AVE 3 & TAMPINES ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL522S

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHONG SIN
NRIC No	SXXXX530J
Email Address	IVANCHUA.CS@GMAIL.COM
Mobile Phone No	(Phone) +65-96963506
Alternative Phone No	+65-96963506

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1900166352
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA CHONG SIN
NRIC No	SXXXX530J
Date Of Birth	15/06/1985
Occupation	Indoor

Of Driving Pass	27/02/2004
ing experience	16 YEARS AND 11 MONTHS
nder	Male
obile Number	(Phone) +65-96963506
Alt. Phone Number	+65-96963506
Email Address	IVANCHUA.CS@GMAIL.COM
Address	BLK 938 HOUGANG STREET 92 #10-55
Address complement	-
Postcode	530938
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 - Change/cross lane
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	CHUA CHEE MENG
Gender	Male

#### PASSENGER 2

Name	TAN GEOK HOON
Gender	Female

#### 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

#### 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	SJE5731X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Colour  
Category  
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)

-  
Private car  
GOH PEK WEE RONALD  
(Phone) +65-94595725  
-  
-  
-  
-  
-  
-

## 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")

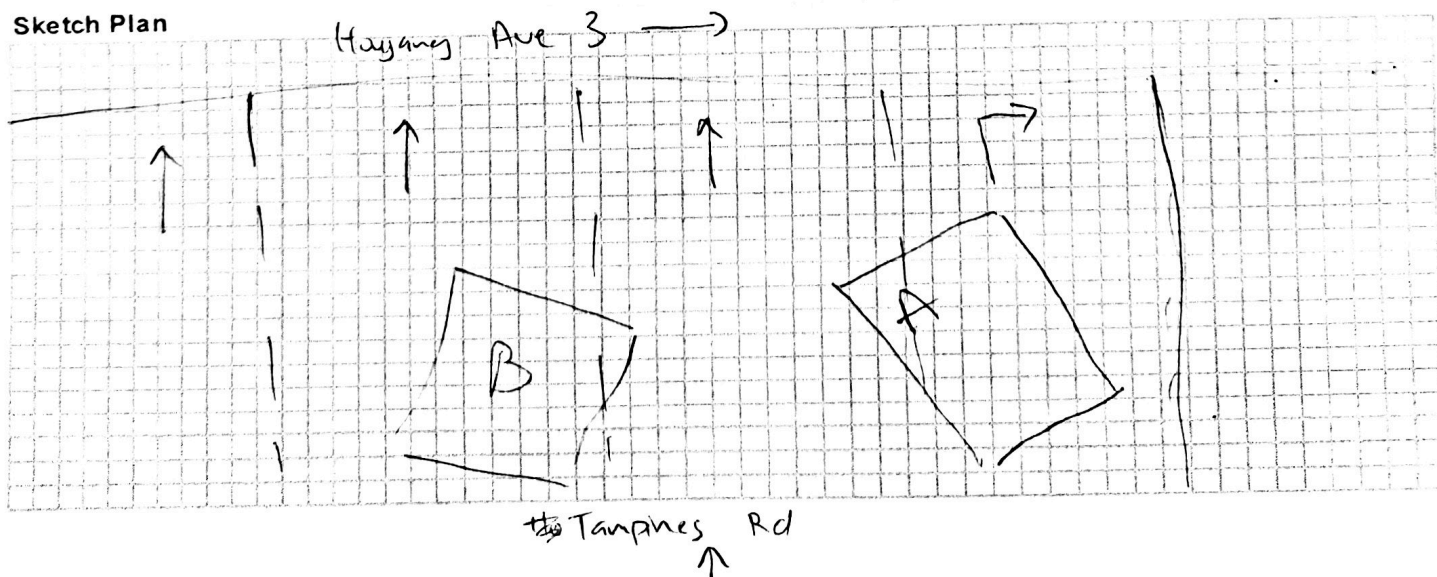
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

 22/1/2021  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan




### Circumstances of the Accident

It was Red light at the junction of Hargreave Ave 3 and Tampine Road. I was stationary on the right turn lane with halt of my vehicle in the lane 1 with my signal light on with the intention of switch lane after moving off. Light turned green. There was no vehicle behind me. I started to inch into lane 1 after the vehicle in front of me moved on. Vehicle B decided to switch from lane 2 into lane 1 without checking blind spot and ~~hit~~ collided into my vehicle which just started to move off. Front left of my vehicle collided with right side of vehicle B.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
22/1/2021  
10:00 hr

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

  
Witnessed By Reporting Centre Personnel