

# 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 ..... 01/02/2021 17:25 (SGT)  
Date of Accident ..... 31/01/2021 15:15 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TO CHANGI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGV5357P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Mr Bai Yongfeng  
NRIC No ..... S8464296G  
Email Address ..... baiyongfeng@gmail.com  
Mobile Phone No ..... (Phone) +65-84087798  
Alternative Phone No ..... +65-84087798

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 6  
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? ..... Yes  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... ActLiability  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Mr Bai Yongfeng  
NRIC No ..... S8464296G  
Date Of Birth ..... 25/06/1984  
Occupation ..... Indoor

Date Of Driving Pass .....	19/05/2014
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84087798
Alt. Phone Number .....	+65-84087798
Email Address .....	baiyongfeng@gmail.com
Address .....	105 Hillview Rise #04-37
Address complement .....	-
Postcode .....	667968
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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 SKETCH PLAN

#### 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 .....	SLZ66928E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAN KE SHUANG ELIZABETH
NRIC No .....	S9108217I
Contact Number .....	(Phone) +65-91454561
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... 1ST CAR  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJX4721G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... ONG SIONG CHEW  
NRIC No ..... S8606429D  
Contact Number ..... (Phone) +65-98571283  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... 2ND CAR  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SMG5378L  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... RAHUL MENON  
NRIC No ..... S8285473H  
Contact Number ..... (Phone) +65-91011075  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... 3RD CAR  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

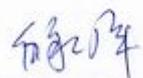
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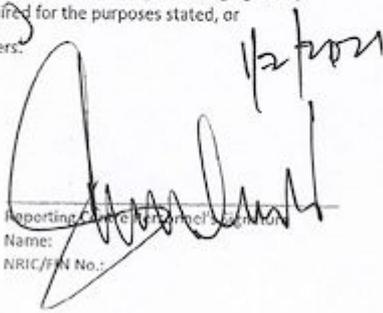
**8. Consent under the Personal Data Protection Act (PDPA)**

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.
- (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.

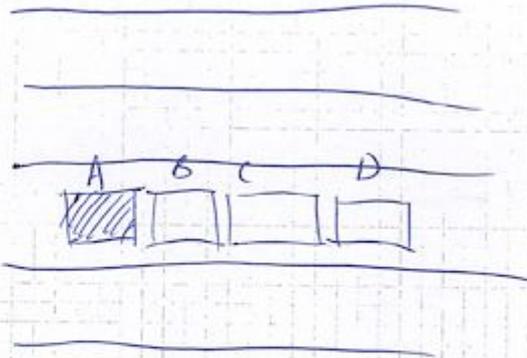
  
 Policyholder's Signature  
 Date & Time: 01-02-21  
 1045

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

  
 Reporting Officer's Signature  
 Name:  
 NRIC/FIN No.:

SKETCH PLAN

→ CHANGI.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFTER ENTER PIE VIA THOMSON, ~~HAVE~~ CHECKING GPS FOR EXIT. WHEN LOOKED UP FOUND FRONT CAR VERY CLOSE. E BRAKE ~~AND~~ BUT CLASHED TOLD BY 2ND CAR DRIVER FIRST CAR E-BRAKE. FROM THE VIDEO CAN SEE 3RD CAR CUT MY LANE AND BRAKE.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 01-02-2021

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

*[Signature]* 1.2.2021  
 Reporting Officer's Signature  
 Name:  
 NRIC/IN No.:



















