

## 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	08/02/2021 12:32 (SGT)
Date of Accident	06/02/2021 17:00 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	MULTI CAR PARK OF BT BATOK WEST AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9933C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG WOEI SONG
NRIC No	SXXXX524I
Email Address	KL_SONG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91856895
Alternative Phone No	(Home) +65-91856895

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	Comprehensive
Fleet Policy	No
Policy Number	1900001161-01
Cover Note Number	-

### DRIVER

Name of Driver	LIEW LEE PIN
NRIC No	SXXXX588H
Date Of Birth	13/01/1982
Occupation	Indoor

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

20/12/2010  
 10 YEARS AND 2 MONTHS  
 Female  
 (Phone) +65-91146535  
 -  
 KL\_SONG@HOTMAIL.COM  
 388 BUKIT BATOK WEST AVE 5 #05-368

-  
 650388  
 No  
 Spouse  
 No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Major/Minor Rd  
 Clear  
 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  
 Gender

CHONG YING XI  
 Female

#### PASSENGER 2

Name  
 Gender

SHERRYLYN ESPEDOSA  
 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 ATTACHMENTS.

#### 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

Vehicle Registration Number  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant

SLP5744C  
 BMW  
 -  
 -

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

-  
(Phone) +65-81399620



## SKETCH PLAN

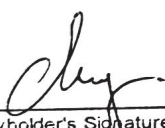
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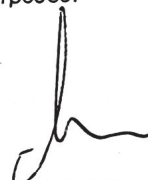
### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

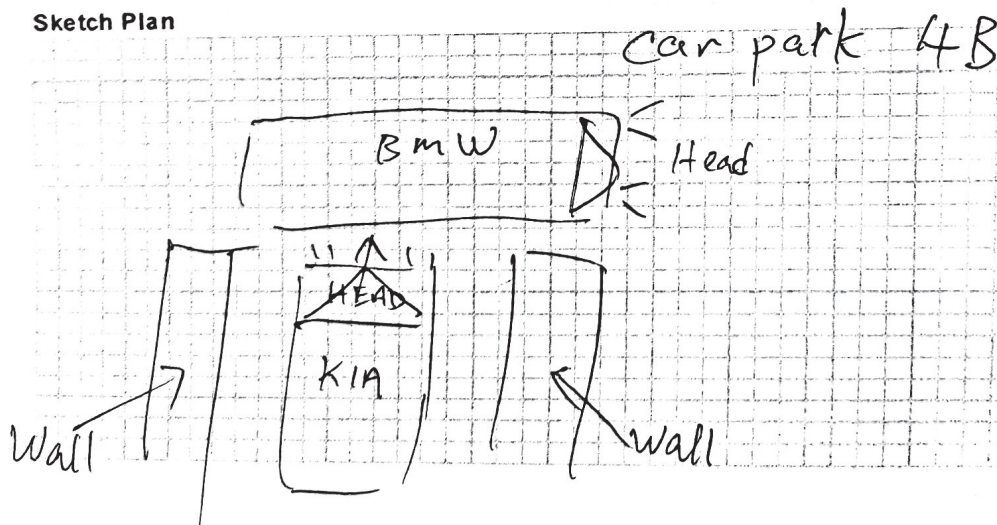
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Date: 6-Feb-2021, Time = 17:00, location: car park 4B, block 395


~~Crash with~~


Drive up from level 4A to level 4B,  
already saw the BMW, and try to slow down and brake,  
out of sudden become accelerate and crash into the  
BMW.

Declaration

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

  
Witnessed by Reporting Centre  
Personnel