

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	15/04/2021 13:20 (SGT)
Date of Accident	15/04/2021 06:36 (SGT)
Exact Location of Accident	1 Ang Mo Kio Ave 8, Singapore
Additional Location Information	CROSS JUNCTION OF ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW952C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA YONG KIT
NRIC No	S7511616J
Email Address	FREEZONE_FLYER@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-88660020
Alternative Phone No	+65-88660020

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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
Transmission	Auto
CC	1975

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	CHUA YONG KIT
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Date Of Birth	20/04/1975
Occupation	Indoor
Date Of Driving Pass	24/09/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88660020
Alt. Phone Number	+65-88660020
Email Address	FREEZONE_FLYER@YAHOO.COM.SG
Address	626 UPPER THOMPSON ROAD
Address complement	#04-26
Postcode	787130
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOH SIEW YI
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

AT AROUND 0630HRS ON 15/4/21, I WAS DRIVING ALONG ANG MO KIO AVE 1 HEADING TOWARDS CTE(PIE). APPROXIMATELY 0636HRS, I WAS WAITING AT THE CROSS JUNCTION OF AMK AVE 1 TOWARDS CTE (PIE), THE CAR IN FRONT OF ME DID NOT MOVE ON WHEN THE TRAFFIC LIGHT TURNED GREEN. I GAVE HER A HONK WHILE THE DRIVER WAS DRIVING OFF SLOWLY. AT THE NEXT MOMENT THE DRIVER SLAMMED THE BRAKE AND I WAS NOT ABLE TO TOP MY CAR IN TIME, & ENDED UP HITTING THE CAR IN FRONT.

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	SKL4209X
Vehicle Manufacturer	Mercedes

Vehicle Variant	-
Vehicle Colour	-
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

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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.
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.
 - (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

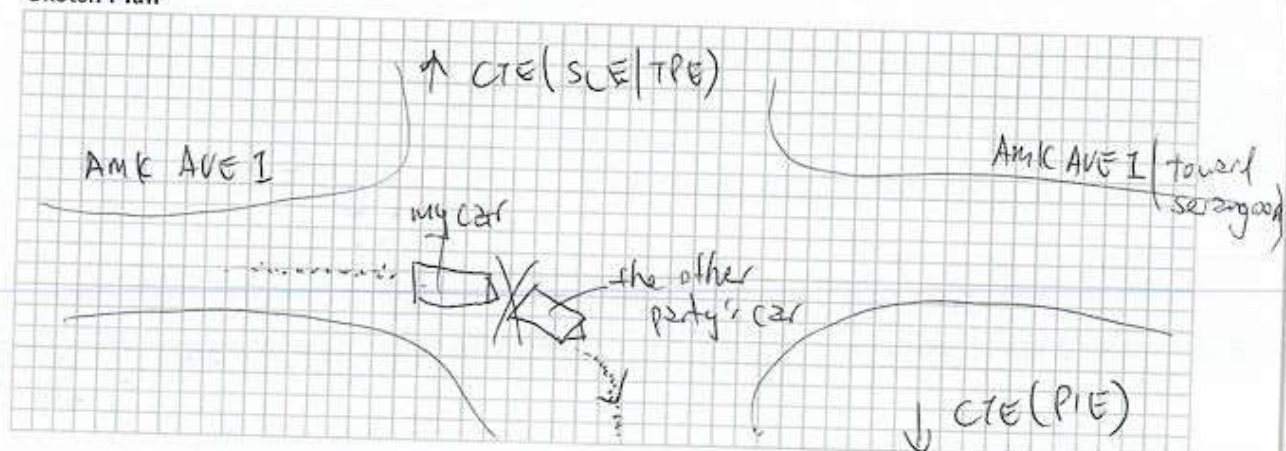
15/4/21

9:20am

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

At around 6:30am on 15/4/21, I was driving along Ang Mo Kio Ave 1, heading toward CTE(PIE).
 Approximately 6:35am, I was waiting at the cross-junction of Ang Mo Kio Ave 1 toward CTE(PIE), the car in front of me did not move on when the traffic light turned GREEN, I gave her a beep while ~~the~~ the driver was driving off slowly. At the next moment, the driver slammed the brake and I was not able to stop my car in time, and ended up ~~hitting~~ hitting the car in front.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 15/4/21
 9:20am

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


 Witnessed by Reporting Centre Personnel





















































































































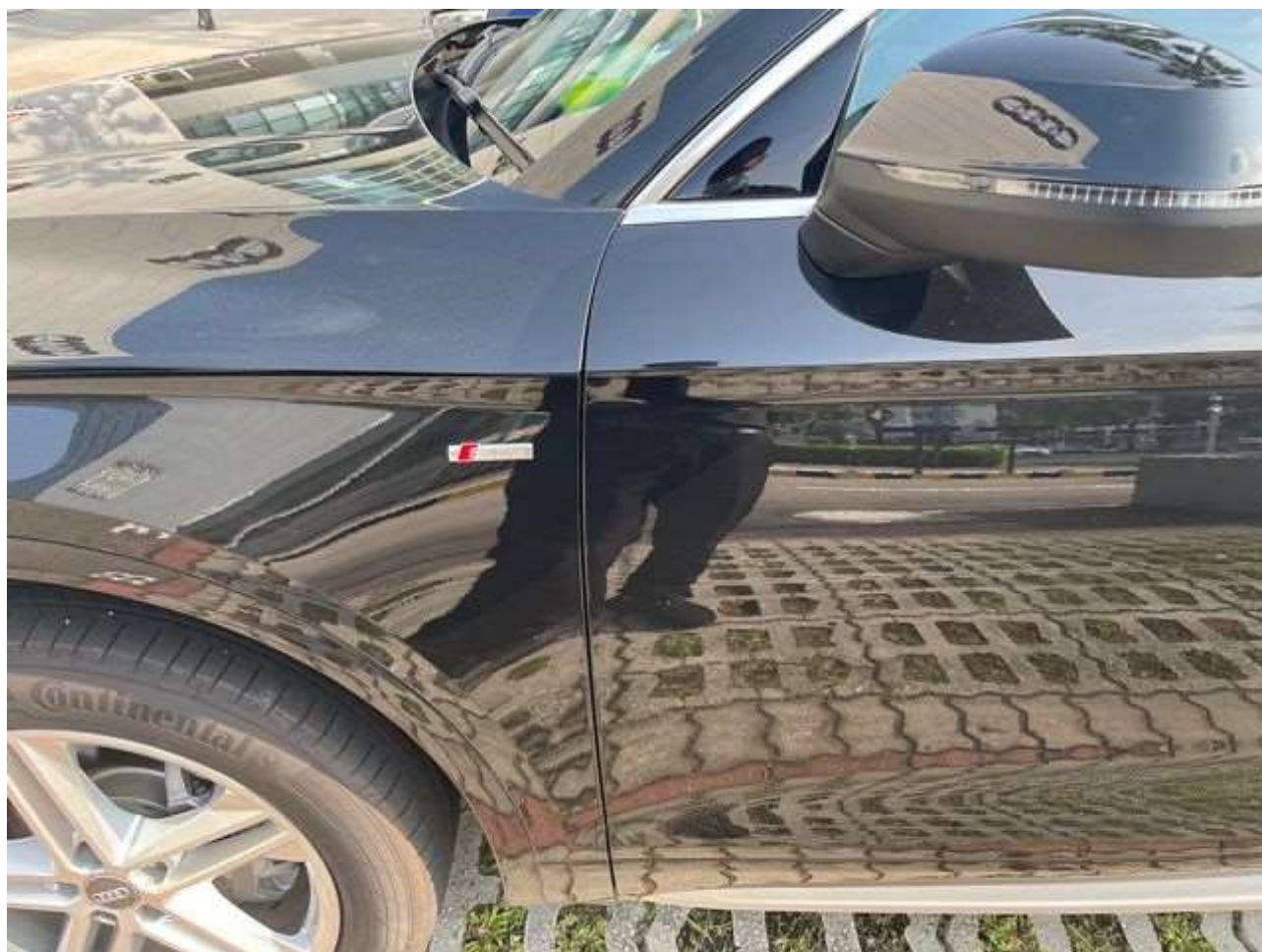


































































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020 / GST Reg. No.: M400017735

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 : SP0R214F0001 Vehicle Registration No: SMW 952 C
Name (as shown in NRIC) : CHUA YONG KIAT NRIC/FIN/Passport No : SXXXX616J
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 626 UPPER THOMPSON ROAD #04-26 Singapore (787130)
Contact (Tel) : _____ Mobile No. : 88660020
Email Address : FREEZONE_FLYER@YAHOO.COM.COM.SG
Date of Accident : 15 APRIL 2021 Time of Accident : 06:36 HRS
Place of Accident : CROSS JUNCTION OF ANG MO KIO AVE 1
Insurance Company : AIG

(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:

- ADD PICTURES DUE TO GEARS CRASHING DOWN.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



Handwritten signature
Handwritten text: Haikal SXXXX1626 15/4