

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	22/03/2021 17:07 (SGT)
Date of Accident	19/03/2021 22:00 (SGT)
Exact Location of Accident	Geylang Road, Singapore
Additional Location Information	ALONG GEYLANG ROAD & LOR 17
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EE555E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG LING CHANG @LAWRENCE CHONG
NRIC No	S2011648Z
Email Address	LAWRENCECHONG55@GMAIL.COM
Mobile Phone No	(Phone) +65-94599555
Alternative Phone No	+65-94599555

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE
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
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070180559
Cover Note Number	-

DRIVER

Name of Driver	CHONG LING CHANG @LAWRENCE CHONG
NRIC No	S2011648Z

Date Of Birth	01/01/1949
Occupation	Indoor
Date Of Driving Pass	31/07/1967
Driving experience	53 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94599555
Alt. Phone Number	+65-94599555
Email Address	LAWRENCECHONG55@GMAIL.COM
Address	70 DAKOTA CRESCENT
Address complement	#19-05
Postcode	399941
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MU WENJIE
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

-

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	SHC6155L
Vehicle Manufacturer	-
Vehicle Model	-
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**IMPORTANT NOTICE**

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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.

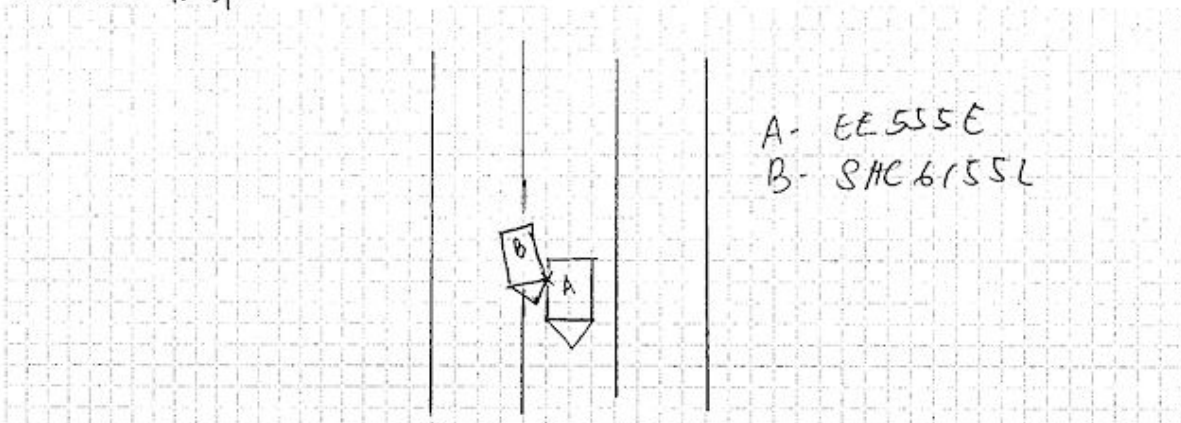
Policyholder's Signature

Policyholder's Signature / Date & Time
22.3.21

Sketch Plan 12:15pm

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

Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

LICENSE PLATE: <u>EE555E</u>	ACCIDENT DATE & TIME: <u>19/3/2021 10pm</u>
CONTACT NUMBER: <u>94599555</u>	E-MAIL ADDRESS: <u>lawrencechong55@gmail.com</u>
LOCATION: <u>Along Jelapang Road and Lor 17.</u>	
<p>I was driving straight on my lane, suddenly, felt impact from my side and notice the taxi (SHC 6155L) cut into my lane from the lane resulted knock on side of the vehicle. It is slow moving traffic. No any injury.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
22.3.21
1215pm

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


 Witnessed by Reporting Centre Personnel















