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 witholding 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 03/05/2021 14:05 (SGT) Date of Accident 01/05/2021 11:15 (SGT) Exact Location of Accident Singapore Additional Location Information INFRONT OF HOUSE NO.15 DA SILVA LANE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG7890J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHENG FOONG JOON** NRIC No S0068808H Email Address JOONCHENG@GMAIL.COM Mobile Phone No (Phone) +65-91850189 Alternative Phone No +65-91850189

VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800033444-03 Cover Note Number

DRIVER

Name of Driver **CHENG FOONG JOON** NRIC No S0068808H

Date Of Birth 31/08/1950 Occupation Indoor Date Of Driving Pass 19/03/1979 Driving experience 42 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-91850189 Alt. Phone Number +65-91850189 Email Address JOONCHENG@GMAIL.COM Address 2 JALAN ARIF Address complement Postcode 1954 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKU8698T

 Vehicle Registration Number
 SKU8698T

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LIM CHIN PONG

 Contact Number
 (Phone) +65-97326838

 Address

 Address complement

Postcode	-
nsurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

J. 4.

AN INCIDENT INVOLVING A $3^{\rm RD}$ PARTY VEHICLE SKU8698T AND THE INSURED VEHICLE SKG7890J

Old Date: 2 May 2021 Time: 11:15 am

Place: In front of house no. 15 Da Silva Lane No body injury for both parties in this incident

3rd Party particulars

Vehicle number: SKU8698T Driver/owner name: Lim Chin Pong

NRIC no. S0080015E Hp: 97326838

Insured vehicle particulars

Policy No. 1800033444-03 Effective date: 21 Apr 2021 Expiry date: 20 Apr 2022 Insured vehicle SKG7890J Owner/Driver: Cheng Foong Joon

NRIC NO. S0068808H Hp 98237288

Address: 2 Jalan Arif, Singapore 548788

The Incident:

At the material time, the weather was fine. I was driving along Da Silva Lane towards the direction of Kang Chu Beng Rd at the speed of around 10 kpm. There were vehicles parked on the left alongside the lane that make it impossible for two vehicles to pass through side by side at the same time.

When I drove nearer to house no. 15, I saw an oncoming cyclist on my right side, riding on an unsteady manner. I slowed down and kept my vehicle to the left side of the lane to avoid knocking at him (cyclist). Being too close to a stationed vehicle SKU8698T, it has resultant causing some scratches to both vehicles.

We have exchanged particles of both parties. That is all for the incident report.

3/5/2021

A: SKG 7890J

B: SKU8698T Mse No 15 Dosilva Cano

Kan Fook Sing Motor Workshop

61 Defu Lane 12

Singapore 539147 6747 9560/6858 2126

SKETCH PLAN

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- 6. The 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Ods 3/5/2021 1024000

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Rober to driver' sketch

	reger to	Driver's	statement.	
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				1.4
			International Action	
22.00				
				The state of
laration				
declare the foregoing part	culars are true in every	respect.		Sale MOTOR
				(8)

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel

















