

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 12/05/2021 11:58 (SGT)
Date of Accident 11/05/2021 18:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV3383E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOO MEOW LONG
NRIC No SXXXX172B
Email Address SAYVINES@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96333301
Alternative Phone No +65-91456813

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
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 1499

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070133334
Cover Note Number -

DRIVER

Name of Driver KHOO MEOW LONG
NRIC No SXXXX172B

Date Of Birth	13/08/1950
Occupation	Indoor
Date Of Driving Pass	26/01/1984
Driving experience	37 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96333301
Alt. Phone Number	+65-91456813
Email Address	SAYVINES@YAHOO.COM.SG
Address	92 SPRINGLEAF AVENUE
Address complement	-
Postcode	788485
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)	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 ATTACHMENT

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	FBJ8664E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AMEERUL ASHIQ S/O SYED MARICE SALEEM
Contact Number	(Phone) +65-85883455
Address	-
Address complement	-

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

SKETCH PLAN

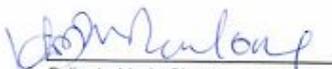
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8. **Consent under the Personal Data Protection Act (PDPA)**

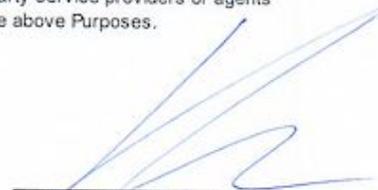
I understand, acknowledge, agree and consent that :

(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

- Refer to statement page

Describe Circumstances of the Accident

LOCATION: CTE

BRADDELL

AUSTRALIAN INTERNATIONAL SCHOOL

CTE

↑ TO CITY

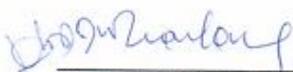
→ ACCIDENT HERE

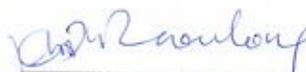
a) I WAS travelling towards the city.
 b) I slowed down because the front car stopped
 c) Suddenly an impact was felt from the rear
 d) I came out from car and I found a motorcycle ~~too~~ lying on the road
 e) Motorcyclist was OK and able to stand up and talk to me.
 f) A policeman came and asked us to exchange particulars
 g) CCTV camera footage is available

DRIVER: KHOO MEOW LONG
 NRIC: S0165172B

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 11/05/21
 10:45AM


 Driver's Signature (If driver is not the policyholder) / Date & Time
 11/05/21
 10:45AM


 Witnessed by Reporting Centre Personnel









































