

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	11/05/2021 14:42 (SGT)
Date of Accident	11/05/2021 09:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE(SOUTHBOUND),MOULMEIN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4783U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU RONG CHEN
NRIC No	S8134647Z
Email Address	RONGCHEN.LAU@GMAIL.COM
Mobile Phone No	(Phone) +65-92721869
Alternative Phone No	+65-92721869

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900147885
Cover Note Number	-

DRIVER

Name of Driver	LAU RONG CHEN
NRIC No	S8134647Z

Date Of Birth	15/10/1981
Occupation	Indoor
Date Of Driving Pass	15/04/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92721869
Alt. Phone Number	+65-92721869
Email Address	RONGCHEN.LAU@GMAIL.COM
Address	BLK 342A YISHUN RING ROAD #14-1910
Address complement	-
Postcode	761342
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?	Yes

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	SLD5355E
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	HWANG LING HUEI
Contact Number	(Phone) +65-98595659
Address	-
Address complement	-

Postcode	-
Insurance Company Name	MSIG Insurance (Singapore) Pte. Ltd.
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.

[Signature] 11/05/2021

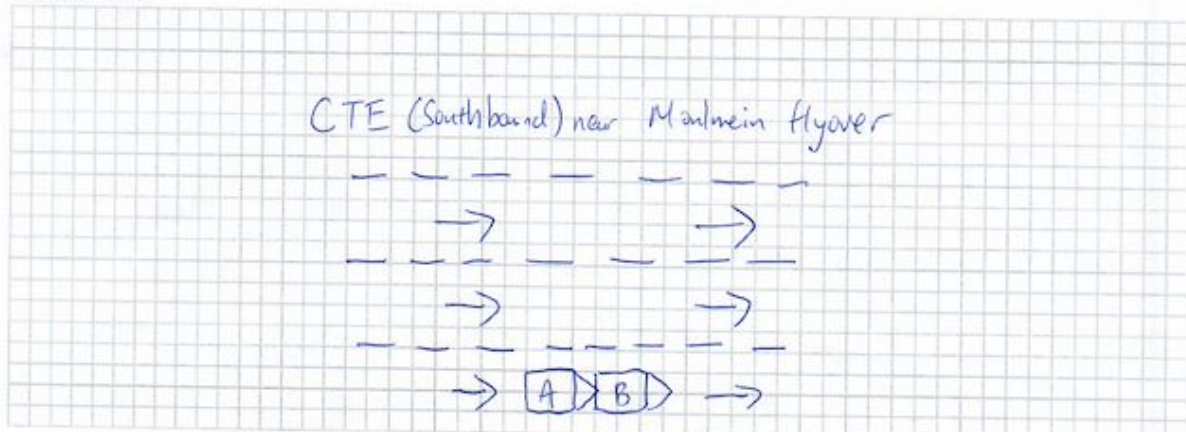
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

lane 1


On 11 May 2021 at about 0950 hrs, I was travelling along CTE (Surtleban) lane 1. At around the Moulmen flyover, I was keeping more than four cars length distance from the vehicle in front of me, when the Vehicle B performed a lane change and came between my vehicle and the vehicle which was originally in front of me. After Vehicle B performed his lane change, I was still about three cars length behind him, and travelling about 80 km/h. About five seconds later, the driver of vehicle B performed an emergency brake. I immediately stepped hard on my brakes as well, but was unable to prevent coming into contact with Vehicle B. The driver of Vehicle B and I stopped our vehicles, got off from our cars, took photographs of the damage, and exchanged our particulars and contact information. There were some scratches on the rear bumper of Vehicle B, while I suffered some scratches on my front bumper and a damaged license plate. There were no injuries to either driver and no damage to other vehicles or government property. As such, I proposed to the driver of Vehicle B to obtain a quote from his workshop regarding the costs to repair the scratches of his rear bumper, and he agreed. While we were discussing, a pick-up stopped in front of us, and the driver came down to check if we were ok. I told him everything was ok, and then he and the driver of Vehicle B subsequently left the scene of the accident. Afterwards, the driver of Vehicle B informed me that the driver of the pick-up followed him Vehicle B and took a video when Vehicle B was moving, and claimed that the video showed the rear left wheel being wobbly. Vehicle B's driver also claimed that he felt his car was unsteady when driving, and informed that the driver of the pick-up took Vehicle B for repair as the rear back wheel of Vehicle B was almost dislocated.

Declaration

We declare the foregoing particulars are true in every respect.


 11/05/2021

Policyholder's Signature / Date & Time


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



Witnessed by Reporting Centre Personnel



























