



# 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              | 18/05/2021 12:28 (SGT)               |
| Date of Accident                | 18/05/2021 06:40 (SGT)               |
| Exact Location of Accident      | SLE, Singapore                       |
| Additional Location Information | SLE TO TPE VIADUCT (AROUND THE BEND) |
| Country/State of Loss           | Singapore                            |

## DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLX729M                |
| INSURED/POLICYHOLDER        |                        |
| Is company?                 | No                     |
| Name Of Registered Owner    | NG CHIN HUNG           |
| NRIC No                     | SXXXX130I              |
| Email Address               | MARCUSCHNG88@GMAIL.COM |
| Mobile Phone No             | (Phone) +65-96366122   |
| Alternative Phone No        | +65-96366122           |

## VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer   | Mitsubishi  |
| Model  | Outlander   |
| 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   | 1998        |

## INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 1800026270-02                        |
| Cover Note Number         | -                                    |

## DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | NG CHIN HUNG |
| NRIC No        | SXXXX130I    |

Date of Birth  
 Occupation  
 Date of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt. Phone Number  
 Email Address  
 Address  
 Address complement  
 Postcode  
 Is the driver the policyholder?  
 If No, Relationship of the Driver with the Insured  
 Does Driver Own Other Vehicles?  
 Vehicle Registration Number of Other Vehicle Owned by Driver  
 Insurance Company of Other Vehicle Owned by Driver

29/03/1968  
 Indoor  
 07/04/1999  
 22 YEARS AND 1 MONTH  
 Male  
 (Phone) +65-96366122  
 +65-96366122  
 MARCUSCHNG88@GMAIL.COM  
 23 MAYFLOWER CRESCENT  
 -  
 568832  
 Yes  
 -  
 No  
 -  
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Side Swipe  
 Clear  
 Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
 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?  
 Number of Passengers (Including Driver)  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No  
 2  
 No  
 -  
 Yes  
 2  
 No

PASSENGER 1

Name  
 Gender

NAMIE NG YUE WEN  
 Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?  
 Was notice of intended Prosecution given?  
 If yes, against whom?

No  
 No  
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?  
 Was there any video captured by Car Camera?  
 Was there any audio recorded?

Yes  
 No  
 No

**DETAILS OF OTHER VEHICLE PROPERTY**

Vehicle Registration Number  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant  
 Vehicle Colour  
 Vehicle Category

PD1710S  
 Isuzu  
 -  
 -  
 -  
 Bus

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)

JEFFRI BIN OSMAN  
(Phone) +65-83569966

AXA Insurance Pte Ltd

## SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
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.
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. (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

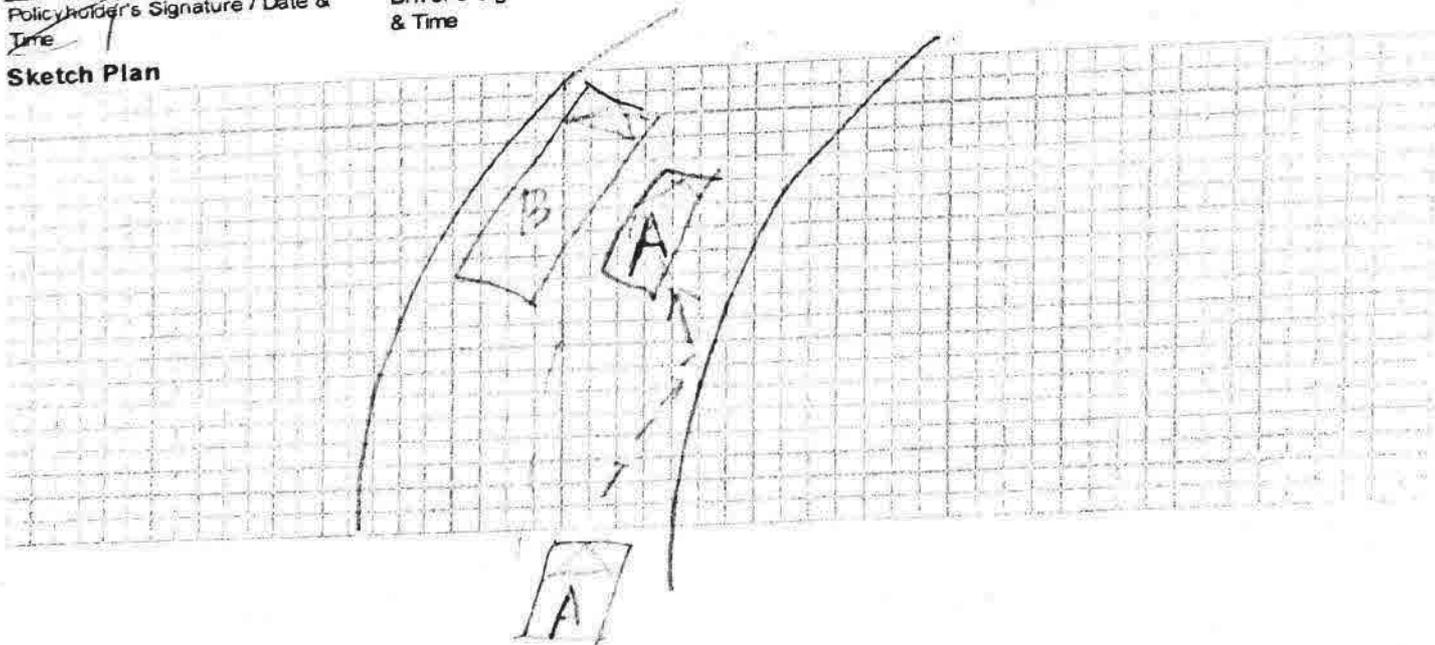
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

Sketch Plan

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

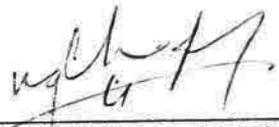


Describe Circumstances of the Accident

Both my car and the bus were travelling in our respective lanes around the bend at the exit from SLE to TPE. My car suddenly skidded and swerve right to hit the highway bumper. After impact, my car rebounded from impact and swerve left to side swipe the bus on my left. The road conditions were wet from the steady rain in the morning.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel