# **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.

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   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 25/06/2021 17:30 (SGT) Date of Accident 24/06/2021 18:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI NEAR EXIT 15 LANE 1 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMP6853C

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHENG YONG KIAT NRIC No. S9137210Z Email Address CYONGKIAT@HOTMAIL.COM.SG Mobile Phone No (Phone) +65-84998782 Alternative Phone No (Home) +65-84998782

#### VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 - 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 Policy Number 1900179059 Cover Note Number

### DRIVER

Name of Driver CHENG YONG KIAT NRIC No. S9137210Z

Date Of Birth 10/10/1991 Occupation Indoor Date Of Driving Pass 02/07/2010 Driving experience 10 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-84998782 Alt. Phone Number (Home) +65-84998782 Email Address CYONGKIAT@HOTMAIL.COM.SG Address **BLK 1 TOH YI DRIVE** Address complement #09-151 Postcode 591501 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 ATTACHMENTS. 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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SMS6919G Honda Vezel
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	-

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

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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' law yers/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 & Time

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

Sketch Plan

PTE

My car SNS 69199 Overhead bridge

ON 94/6/2021 around 1850/IT, It was running, the state and the CIR IN FRANT ON PIE TOWNROS CHANGE ON LANG I NEAR ENT 15, SUDDENLY THE CIR IN FRANT SANS CHIEF & BRAKED TO B COMPRETE STUP, MY LANDED BOTH STORMS THAT THE ARS CHIEF & TOP I A PROUND 36-38 KM/H, THE TRINT (AR SANS CHIEF & STUP) IN THE BROWN FULLY BOOK SUDDENLY CAME TO A COMPRETE STOP I AT PREFERSOD THE BROWN FULLY BOOK BUT THE ABS WAS ALTINATED AND I COULD NOT STUP IN TIME.  DRIVER OF SMS 6919 & REFISED TO EXHANGE DARTICLARS BOOK, OWLY EXHANDED CONTACT AVMRED, HE PROVIDED ME HIS NUMBER 8751 0683, I GAVE HIM B CALL AND HIS PHONE RIMED AND HE SAID HE WILL CONTACT ME  ON 24/6/2021 2405/I I MESSAGO HIM, NO REFLY  ON 25/6/2021 1405/IT, I CRUED HIM, NO REFLY  ON 25/6/2021 1405/IT, THE OWNER OF SMS69196 SAID HE AND HIS WIFE IS THE CK AND WAS PRESIDENT ON THE GOOD HE SAID HE WILL CONTACT ME OK AND WAS PRESIDENT OF THIS ENGLISH HE SAID HE WILL CONTACT ME OK AND WAS PRESIDENT OF THIS ENGLISH HE SAID HE WILL CONTACT ME OK AND WAS PRESIDENT OF THIS ENGLISH HE SAID HE WILL CONTACT ME OK AND WAS PRESIDENT OF THIS ENGLISH HE SAID HE WILL CONTACT ME OK AND WAS PRESIDENT OF THIS ENGLISH HE SAID HE WILL CONTACT ME OK AND WAS PRESIDENT OF THIS ENGLISH HE SAID HE WILL CONTACT ME OK AND WE GET THE SERVE	Describe Circumstances of the Accident
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## Declaration

I/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

































