

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 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 No
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	Male
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	2
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)	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 ATTACHMENTS.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS6919G
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
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) -

SKETCH PLAN

IMPORTANT NOTICE

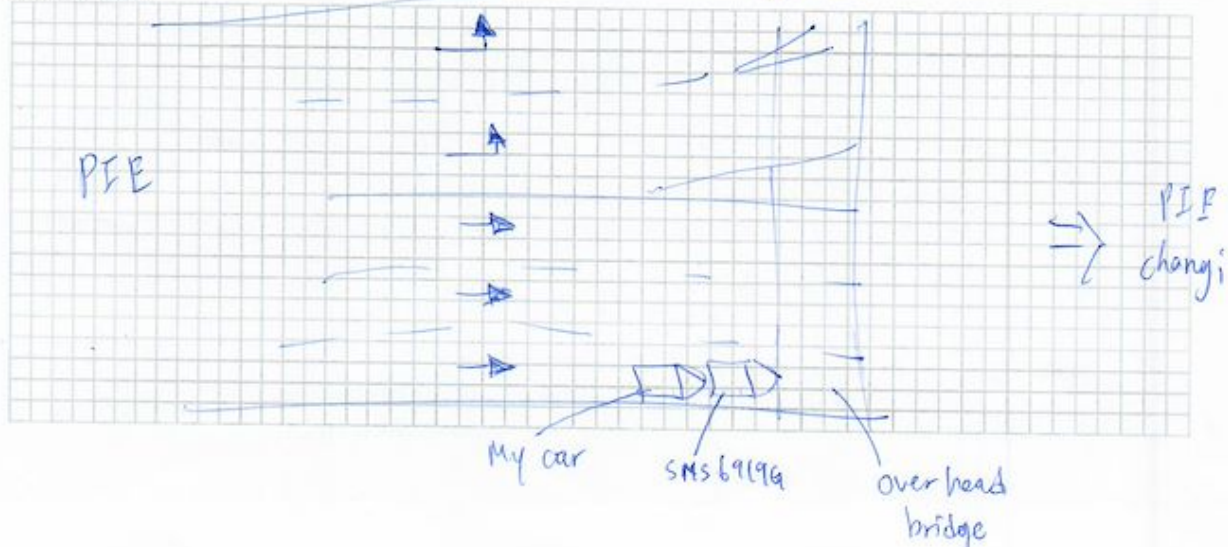
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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.

25/6/2021 1540
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 24/6/2021 around 1850LT, it was raining, ~~the car was~~ I was travelling on PIE TOWARDS CHANGI ON LANE 1 NEAR EXIT 15, SUDDENLY THE CAR IN FRONT SMS 69196 ~~brake~~ BRAKED TO A COMPLETE STOP, ~~my I could not stop in time~~ I WAS TRAVELLING AT AROUND 36-38 km/h, THE FRONT CAR SMS 69196 SUDDENLY CAME TO A COMPLETE STOP, I ~~car~~ DEPRESSED THE BRAKE FULLY ~~and~~ BUT THE ABS WAS ACTIVATED AND I COULD NOT STOP IN TIME.

DRIVER OF SMS 69196 REFUSED TO EXCHANGE PARTICULARS ~~for~~, ONLY EXCHANGED CONTACT NUMBER, HE PROVIDED ME HIS NUMBER 8751 0683, I GAVE HIM A CALL AND HIS PHONE RINGED AND HE SAID HE WILL CONTACT ME


ON 24/6/2021 2140LT I MESSAGED HIM, NO REPLY

ON 25/6/2021 1405LT, I CALLED HIM, NO ANSWER

AFTER THE ACCIDENT, THE OWNER OF SMS 69196 SAID HE AND HIS WIFE IS ~~fine~~ OK and was rushing for time, ~~so~~ he said he will contact me again so we left the scene


Declaration

We declare the foregoing particulars are true in every respect.

 25/6/2021 1550

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

































