## **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 30/07/2021 17:53 (SGT) Date of Accident 21/07/2021 17:30 (SGT) Exact Location of Accident Boundary Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Infiniti

2000

Vehicle Registration Number SI H2346F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEE SOU PING** NRIC No. S7331245J Email Address WAIMUNNICOLE@GMAIL.COM Mobile Phone No (Phone) +65-90926188 Alternative Phone No +65-90926188

VEHICLE PARTICULARS

Manufacturer

Model Q50 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 - Claiming third party Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100488112-04 Cover Note Number

DRIVER

CC

Name of Driver **CHOW WAI MUN** NRIC No. S7326988A

Date Of Birth 28/07/1973 Occupation Indoor Date Of Driving Pass 28/07/1991 Driving experience 30 YEARS Gender Female Mobile Number (Phone) +65-90283451 Alt. Phone Number Email Address WAIMUNNICOLE@GMAIL.COM Address 23 AKYAB ROAD #05-01 Address complement Postcode 309978 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Change/cross lane Weather Conditions Clear Road Surface Dry 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 TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SKG4549R
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_

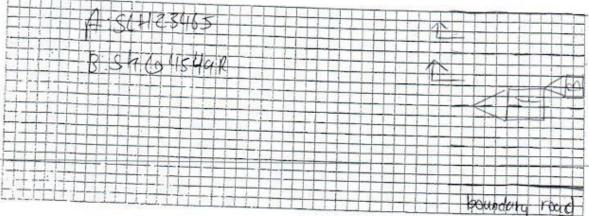
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

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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) w ho 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
- (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
- (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, discisse 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 & Driver's Sign nature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time Personnel Sketch Plan



Describe Circumstances o	f the Accident	
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	onto vio chu Hana link, I didnt nottle	OFF any Car Stopping behind
me, hence i didut Sto		Carl Giving Carl School Decrease
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e declare the foregoing particula	irs are true in every respect.	(3)
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licyholder's Signature / Date & me	Oriver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

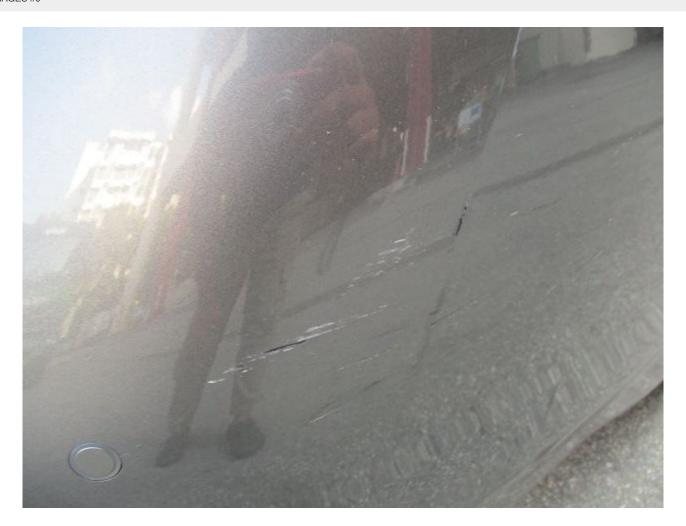


















# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

		ADDE	NDUM	
ARTICULARS OF PERS	ON MAKI	NGTHEAMENDME	ENTS:	SLH 23465
original Report No : _	214042 I	C 0'4	venicie Registration (	. SXXXX 2453
Name(as shownin NRIC) : _	Chre	Southing	NRIC/FIN/Passport No	
*Vehicle Driver / Vehi				Singaporol
Address :_		7-7-7		Singapore(
Contact (Tel)			Mobile No.:	
Email Address :				17:25
Date of Accident :	21/7	21	Time of Accident :	1 30
	Rec	urlana road		
	1			
change plate	num	av to SC	H234615	
-	*Vehicle Driver / Vehicle Driver / Vehic	Name(as shown in NRIC):	Name(as shown in NRIC):	Contact (Tel) :

Name:

NRIC/FIN No .: Date:

Date:

Policyholder / Driver's Signature