

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 10/08/2021 19:00 (SGT)
Date of Accident 07/08/2021 21:22 (SGT)
Exact Location of Accident Tebing Ln, Singapore
Additional Location Information ALONG TEBING LANE (TOWARDS CONEY ISLAND)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD3211A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOK PENG SENG
NRIC No SXXXX301G
Email Address TERYL@LIVE.COM.SG
Mobile Phone No (Phone) +65-97921219
Alternative Phone No (Office) +65-97921219

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
Variant AUDI Q5 2.0 TFSI
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
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100470446-05
Cover Note Number -

DRIVER

Name of Driver KOK QUANLI, TERYL
NRIC No SXXXX711F

Date Of Birth	15/08/1992
Occupation	Indoor
Date Of Driving Pass	08/03/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97921219
Alt. Phone Number	-
Email Address	TERYL@LIVE.COM.SG
Address	341 #10-19
Address complement	CHOA CHU LANG LOOP
Postcode	68034
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAY HUI MIN
Gender	Female

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

ON 7TH AUGUST 2021 (SAT) AT ABOUT 9:21PM I WAS TRAVELLING AT ABOUT 50 KM/HR ALONG TEBING LANE (TOWARDS CONEY ISLAND) BEHIND NO. SMV 8037 Y , UPON APPROACHING AN EMPTY LANE ON THE RIGHT SIDE OF THE TEBING LANE, THE DRIVER CAR NO. SMV 8037 Y SUDDENLY STOP. I THEN STOP TOO. THE YOUNG MALE DRIVER OF SMV 8037 Y (WHO I BELIEVE IN HIS TALENTIES) SUDDENLY DID A SHARP REVERSING WITHOUT SEEING THE REAR, TO PARK ILLEGALLY AT THE SIDE OF THE ROAD. HIS CAR SMV 8037 Y REAR RIGHT SIDE THEN HIT MY CAR SDL 3211 A FRONT LEFT SIDE.

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	SMV8037Y
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) 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Please refer to the sketch plan as below

Please refer to the sketch & accident statement by the driver of SLD3211A

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date
& Time 4/1/2011 @ 1553

& Time 11/8/2021 @ 1553

Witnessed by Reporting Centre
Personnel







































