

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 12:33 (SGT)
Date of Accident 09/08/2021 15:00 (SGT)
Exact Location of Accident Dunearn Rd, Singapore
Additional Location Information DUNEARN RD(SLIGHTY BEFORE KING ALBERT PARK
STATION BRIDGE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC6692T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAO CHIEW YUONG
NRIC No S0105622J
Email Address CHAOCHIEWYUONG@HOTMAIL.COM
Mobile Phone No (Phone) +65-97815134
Alternative Phone No (Home) +65-97815134

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
Variant NISSAN SYLPHY 1.6 PREMIUM
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800083922-03
Cover Note Number -

DRIVER

Name of Driver YING WEI YAO,CHRISTOPHER(YIN WEIYAO)

NRIC No	S8922584A
Date Of Birth	06/07/1989
Occupation	Indoor
Date Of Driving Pass	09/12/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91765902
Alt. Phone Number	-
Email Address	Ebilchris@hotmail.com
Address	5A JALAN ULU SIGLAP
Address complement	-
Postcode	457125
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)	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 ATTACHED

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	SMK3343D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG WEICHENG, JEREMY
Contact Number	(Phone) +65-98254122
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

Vehicle No: SMC 6692 T**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. 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 lodgment 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)

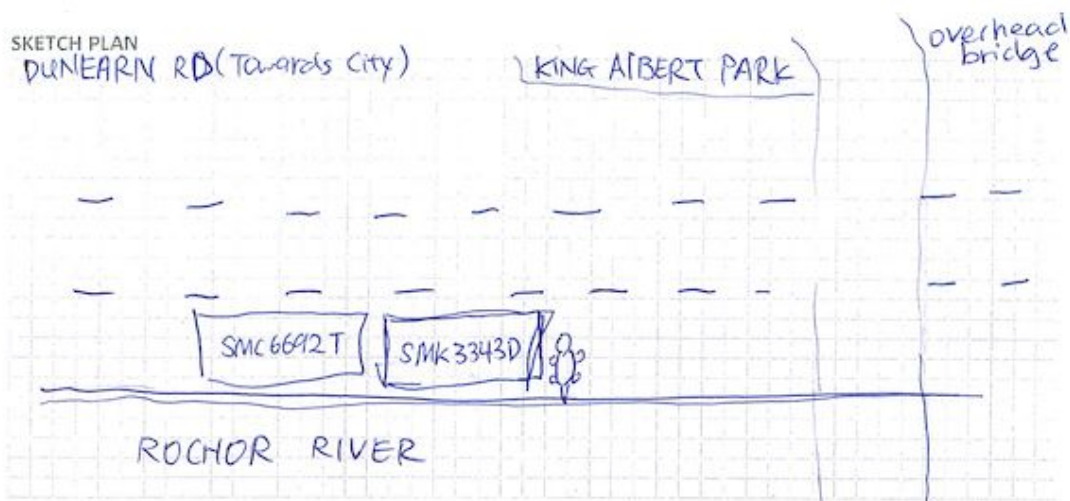
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 10-Aug-2021
10:41 am


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10-Aug-2021
10:41 am


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: SMC 6692 T

Accident Location: Dunearn Rd (Slightly before King Albert Park Station Overhead Bridge)

Accident Date: 09-Aug-2021

Time: 3 pm am (pm)

- Brief Details Of Accident -

I was driving along Dunearn Road (Towards City Direction). Just slightly before King Albert Park MRT Station's overhead bridge, the other vehicle suddenly did an emergency brake and I also did an emergency brake. I was driving at around 60km/hr and was 2 car distance away but the car couldn't stop in time and hit the car in front belonging to Mr Jeremy Leong. After hitting his car, I stopped and on the hazard light while the other driver moved his car slightly forward a bit and stopped before he came down to look at his vehicle. There was a monitor lizard on the road as I was walking towards his car to check on him and his car and I asked if he emergency braked because of the Lizard and he said yes. We then proceeded to exchange details and took photos of the scratches and damages to our car.

- Other Vehicle Involve Details -


(B) Veh No: SMK 3343D Hp: 9825 4122 Pax: 2 Driver Name: LEONG WEICHENG, JEREMY

(C) Veh No: Hp: Pax: Driver Name:

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 10-Aug-2021
10:41am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10-Aug-2021
10:41am


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

























