





## 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	20/08/2021 16:20 (SGT)
Date of Accident	19/08/2021 07:15 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8308T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWEK ENG PEOW
NRIC No	S0884049J
Email Address	zephchan96@gmail.com
Mobile Phone No	(Phone) +65-96673247
Alternative Phone No	+65-96673247

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900130700-02
Cover Note Number	-

#### DRIVER

Name of Driver	KWEK ENG PEOW
NRIC No	S0884049J

Date Of Birth	21/07/1952
Occupation	Indoor
Date Of Driving Pass	20/08/2003
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-96673247
Alt. Phone Number	+65-96673247
Email Address	zephchan96@gmail.com
Address	BLK 812 BEDOK RESERVOIR RD
Address complement	#03-15
Postcode	479242
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TOH AH KIAW
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

PLS REFER TO THE ATTACHED 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 WORKSHOP.
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD8890G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category  
 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)

Private car

Item	Description	Quantity	Unit Price	Total Price	Remarks
1	BEARING STEERING GEARBOX	1	120.00	120.00	
2	BELT FRONT	2	15.00	30.00	
3	BOARD LOWER	1	10.00	10.00	
4	BOARD LOWER	1	10.00	10.00	
5	BOX BEAK GIVE	1	10.00	10.00	
6	COVER SHOCK CENTRAL	1	10.00	10.00	
7	EMERGENCY LIGHT	1	10.00	10.00	
8	FOR SHAKING AND REPAIRING OF PARTS	1	10.00	10.00	
9	LAMP SIGNAL FRONT	1	10.00	10.00	
10	LAMP SIGNAL FRONT	1	10.00	10.00	
11	LAMP SIGNAL FRONT	1	10.00	10.00	
12	LAMP SIGNAL FRONT	1	10.00	10.00	
13	LAMP SIGNAL FRONT	1	10.00	10.00	
14	LAMP SIGNAL FRONT	1	10.00	10.00	

# 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

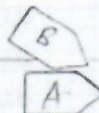
Sketch Plan

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

DEPOK AVE 3

Witnessed by Reporting Centre Personnel

A: 56687087  
R: 56687087



Describe Circumstances of the Accident

NORTH

I WAS TRAVELLING ALONG BEDOK AVE 3. SUDDENLY, VEHICLE B CUT INTO MY LANE AND COLLIDED WITH THE LEFT PORTION OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel