

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 13:46 (SGT)
Date of Accident	19/08/2021 18:12 (SGT)
Exact Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	CAVENAGH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3751T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH HUI LIAN
NRIC No	S7728130D
Email Address	TEHSHARON@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98238382
Alternative Phone No	+65-90300660

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900117683-01
Cover Note Number	-

DRIVER

Name of Driver	HENG GEK KOON
NRIC No	S7707025G

Date Of Birth	14/03/1977
Occupation	Indoor
Date Of Driving Pass	24/03/2000
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90300660
Alt. Phone Number	-
Email Address	HENGGKW@YAHOO.COM.SG
Address	BLK 610 CHOA CHU KANG STREET 62 #04-169
Address complement	-
Postcode	680610
Is the driver the policyholder?	No
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 - 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?	Yes

PASSENGER 1

Name	TEH HUI LIAN
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

REFER TO ATTACHMENT

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	SFR1088A
Vehicle Manufacturer	Audi
Vehicle Model	Q2
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car

Name of Driver	TAN TECK SIANG GERALD
Contact Number	(Phone) +65-96347944
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.

10am
10/08/21

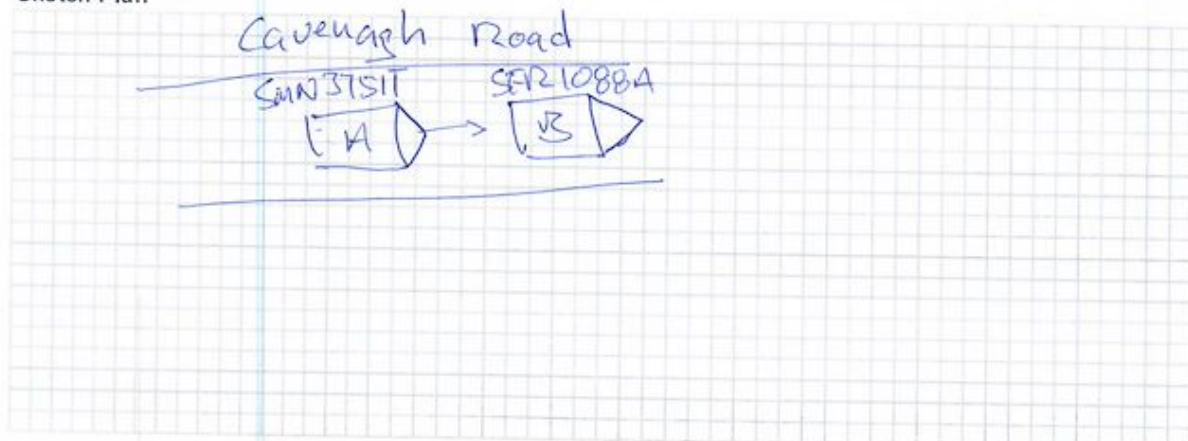
Policyholder's Signature / Date & Time

10am
10/08/21

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

10am

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was driving along Cavengh Road, the red Audi came to a stop in front of me but, due to a slight slope down wards. I did not manage to stop in time. Therefore bump into the red Audi. The red Audi car bumper slight detach. While my front metal grill being bend inwards.

Declaration

We declare the foregoing particulars are true in every respect.

10am
 20/8/21
 Policyholder's Signature / Date & Time

10am
 20/08/2021
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel









