

# 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 .....	07/07/2021 11:17 (SGT)
Date of Accident .....	06/07/2021 07:05 (SGT)
Exact Location of Accident .....	Near 122 Bedok North Ave 1, Singapore
Additional Location Information .....	ALONG BEDOK NORTH AVENUE 1 , NEAR THE MOSQUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJE8785X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HENG CHIANG YONG(WANG CHANGRONG)
NRIC No .....	SXXXX026D
Email Address .....	HENG.CHIANGYONG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96413228
Alternative Phone No .....	+65-96413228

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
Variant .....	SEDAN 1.0
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	999

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1700037768-03
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HENG CHIANG YONG(WANG CHANGRONG)
NRIC No .....	SXXXX026D

Date Of Birth .....	03/12/1963
Occupation .....	Indoor
Date Of Driving Pass .....	08/10/1991
Driving experience .....	29 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96413228
Alt. Phone Number .....	+65-96413228
Email Address .....	HENG.CHIANGYONG@GMAIL.COM
Address .....	758 BEDOK RESERVOIR ROAD #12-22
Address complement .....	-
Postcode .....	479260
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 - 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 .....	GOH BEE GUAT
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

I AM DRIVING ON MY LANE AS THE WHITE BMW CAR PLATE NUMBER SMN 7174 K TRYING TO FILTER RIGHT AND HITTING THE REAR SIDE OF MY CAR. SO I SLOW DOWN AND THE WHITE CAR HITS THE 2ND TIME ON THE REAR OF MY CAR

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMW7174K
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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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.
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.

*[Signature]*  
06/07/2021  
1:20pm

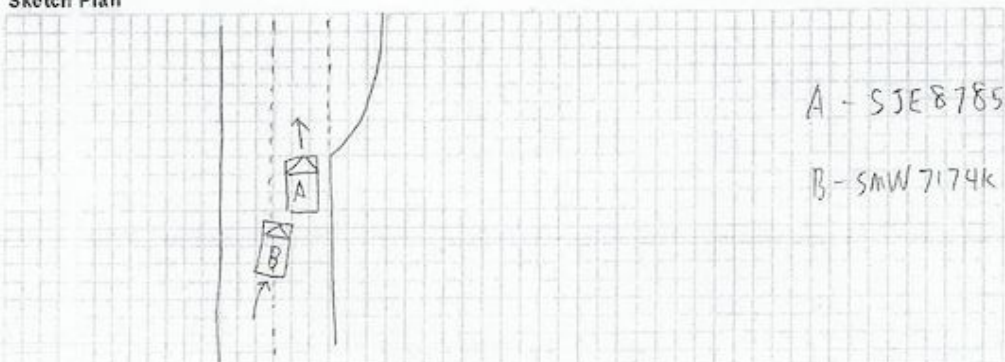
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

I am driving on my lane as the  
 white BMW car plat number 5MW 7174K trying  
 to filter right and hitting the rear side of my  
 car. So I slow down and the white car hits  
 the 2nd time on the rear of my car

## Declaration

We declare the foregoing particulars are true in every respect.

 06/07/2021  
 Policyholder's Signature / Date &  
 Time

Driver's Signature (If 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: S665500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

## (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R21770001-01 Vehicle Registration No: SJE8785X  
 Name(as shown in NRIC) : HENG CHIANG YONG NRIC/FIN/Passport No : SXXXX026D  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96413228  
 Email Address : \_\_\_\_\_  
 Date of Accident : 06/07/2021 Time of Accident : 07:05  
 Place of Accident : Near 122 Bedok North Ave 1, Singapore  
 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

## (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND OWNER NAME  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:



*TONY FOONG*

Reporting Centre Personnel's Signature  
 Name: Tony Foong  
 NRIC/FIN No.: SXXXX948E  
 Date:

GIARMC addendumform\_V3