

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	08/09/2021 17:03 (SGT)
Date of Accident	07/09/2021 19:00 (SGT)
Exact Location of Accident	Near Loyang Ave, Singapore
Additional Location Information	TPE EXIT 2 SLIP ROAD / LOYANG AVENUE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD3939D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEANG SIEW KAY
NRIC No	SXXXX201Z
Email Address	DESMOND@UCIAGRI.COM
Mobile Phone No	(Phone) +65-97380885
Alternative Phone No	(Home) +65-65457336

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900133311-01
Cover Note Number	-

DRIVER

Name of Driver	PEH YEW SUAN
NRIC No	SXXXX447D

Date Of Birth	30/09/1964
Occupation	Indoor
Date Of Driving Pass	16/02/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96372168
Alt. Phone Number	-
Email Address	STEPHANIECHEANG@YAHOO.COM.SG
Address	39 JALAN SINAR BULAN
Address complement	-
Postcode	507051
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)	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

THE ACCIDENT HAPPENED 7/9/21 DUE TO THE FACT THAT THE DRIVER OF THE CAR SLA 9647 C THAT HIT THE REAR OF MY CAR SDD 3939 D HAS YET TO FILE AN ACCIDENT REPORT WITH HIS INSURANCE COMPANY. I AM UNABLE TO PROCEED WITH REPAIRS TO MY CAR. AS SUCH, LOSS OF USE OF MY CAR IS ALREADY MORE THAN 3 WEEKS. I HAVE MADE AN ENQUIRY WITH THE MOTOR INSURANCE COMPANY AIG AND AS ADVISED. APART FROM FURTHER DELAYS, I HAVE NO OTHER OPTION BUT TO REVERT TO OWN DAMAGE AS I HAVE BEEN VERY MUCH INCONVENIENCED AND INCURRING ADDITIONAL COSTS AND EXPENSES WITHOUT THE USE 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	SLA9647C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	EWAN
Contact Number	(Phone) +65-82004292
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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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.

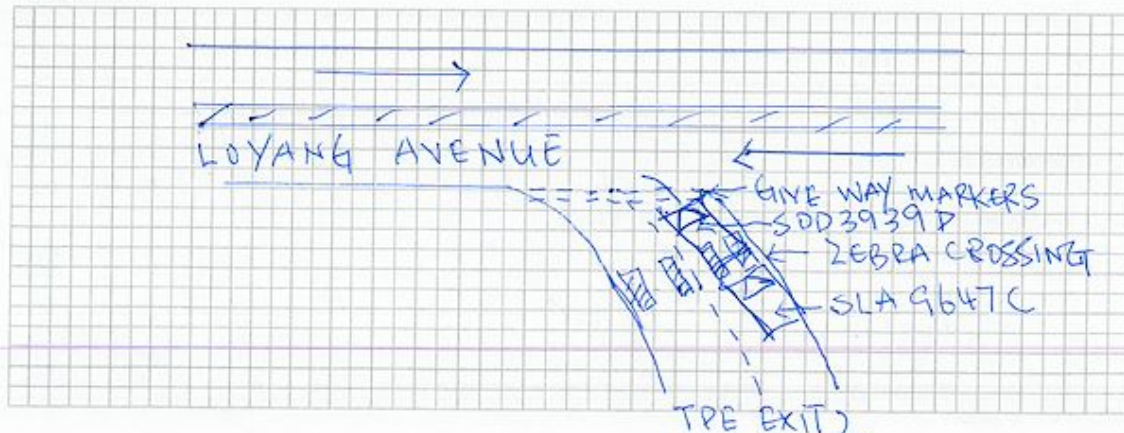

Policyholder's Signature / Date &
Time 4:20pm.


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


Witnessed by Reporting Centre
Personnel



8/9/2021

Sketch Plan

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel

On the 7th September 2021, around 7pm, I was traveling along the TPE on the way home. I turned left at Loyang Avenue exit (Exit 2) and kept left at the fork. I slowed down at the zebra crossing and stropped at the give way junction. Suddenly, there was a loud bang and I realised that a car (SLA 9647C) had hit the rear of my car. We exchanged contact details and the driver of the car told me to make an insurance claim for the damages.















































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: S66550020G / 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 : SP0R21980001 Vehicle Registration No: SDD 3939 D
 Name(as shown in NRIC) : CHEANG SIEW KAY NRIC/FIN/Passport No : SXXXX2012
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 39 Jalan Sinar Bulan Singapore(507051)
 Contact (Tel) : 97380885 Mobile No. : _____
 Email Address : desmond@uclagri.com
 Date of Accident : 07/09/2021 Time of Accident : 7:00 pm
 Place of Accident : TPE EXIT 2 SLIP ROAD / LOYANG AVE JUNCTION
 Insurance Company: AIG Asia Pacific Insurance Pte Ltd

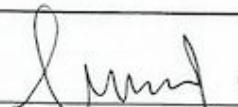
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Convert third party to own damage

The accident happened on 7 September 2021 due to the fact that the driver of the car SLA9647C
that hit the rear of my car SDD3939D has yet to file an accident report with his insurance company,
I am unable to proceed with repairs to my car. As such, loss of use of my car is already more than
3 weeks. I have made an enquiry with my motor insurance company AIG and as advised,

apart from further delays, I have no other option but to revert to own damage as I have been very
much inconvenienced and incurring additional costs and expenses without the use of my car.


 Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: 2021 Cum
 NRIC/FIN No.: P4447412
 Date: 30/09/2021

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