

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	25/10/2021 12:51 (SGT)
Date of Accident	23/10/2021 13:40 (SGT)
Exact Location of Accident	Near 14 Still Rd, Singapore 423957
Additional Location Information	STILL ROAD OPPOSITE ESSO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5186P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP EWE JIN BENEDICT (YE YAOJUN)
NRIC No	SXXXX474E
Email Address	BENYAPEJ@GMAIL.COM
Mobile Phone No	(Phone) +65-96389069
Alternative Phone No	(Home) +65-66993428

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100400488-06
Cover Note Number	-

DRIVER

Name of Driver	YAP EWE JIN BENEDICT (YE YAOJUN)
NRIC No	SXXXX474E

Date Of Birth	19/03/1977
Occupation	Indoor
Date Of Driving Pass	14/04/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96389069
Alt. Phone Number	(Home) +65-66993428
Email Address	BENYAPEJ@GMAIL.COM
Address	4 LORONG M TELOK KURAU
Address complement	#03-04
Postcode	425283
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	LIM MAY YEE
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

STILL ROAD IS A 3 LANE ROAD. THR RIGHT MOST LANE WAS UNDERGOING SOME ROADWORKS AND I SHIFTED TO THE CENTRE LANE. THE LEFT LANE WAS CLEAR AND I WANTED TO CHECK IF I COULD SHIFT TO THE LEFT LANE. AS I TURNED TO CHECK THE LEFT LANE THE CAR IN FRONT OF ME HAD STOPPED AND MY CAR CONTINUED TO MOVE FORWARD. BY THE TIME I BRAKED, MY CAR MADE CONTACT WITH THE FRONT 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	SJA7614J
Vehicle Manufacturer	Honda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ERIC LIM
Contact Number	(Phone) +65-92376838
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDD7873H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW SIANG THAI
Contact Number	(Phone) +65-97800183
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

25/10/2021 0931hrs
Policyholder's Signature / Date & Time

25/10/2021 0931hrs
Driver's Signature (if driver is not the policyholder) / Date & Time

2024 Km.
Witnessed by Reporting Centre Personnel



Sketch Plan

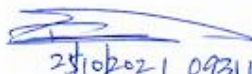
C	—	SDD 7873 H.
B	—	SJA 7614 J
A	—	SKR 5186 P.


Describe Circumstances of the Accident

Still Road is a 3-lane road.
 - Thought most lane was undergoing some roadworks and I shifted to the centre lane.
 - The left lane was clear and I wanted to check if I could shift to the left lane.
 - As I turned to check the left lane, the car in front of me had stopped and my car continued to move forward.
 - By the time I braked, my car made contact with the front car.

Declaration

We declare the foregoing particulars are true in every respect.


 25/10/2021 0931 hrs
 Policyholder's Signature / Date & Time


 25/10/2021 0931 hrs
 Driver's Signature (If driver is not the policyholder) / Date & Time


 20/10/2021
 Witnessed by Reporting Centre Personnel







































