

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 11/11/2021 16:53 (SGT)
Date of Accident 01/11/2021 14:17 (SGT)
Exact Location of Accident 301 Upper Thomson Rd, Singapore 574408
Additional Location Information Thomson Plaza Carpark Exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ58R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chong Chay Tart
NRIC No S1321883H
Email Address alexchong2808@yahoo.com.sg
Mobile Phone No (Phone) +65-97342758
Alternative Phone No +65-98164940

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
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 - Reporting only
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 1900080906-02
Cover Note Number -

DRIVER

Name of Driver Anson Chong Hon Yong
NRIC No S9747332C

Date Of Birth	20/05/1997
Occupation	Indoor
Date Of Driving Pass	18/04/2016
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98164940
Alt. Phone Number	-
Email Address	ansonchonghy@gmail.com
Address	7 Bright Hill Drive #11-02
Address complement	-
Postcode	579599
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SNB858R
Insurance Company of Other Vehicle Owned by Driver	FWD Singapore Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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)	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

Please refer to the sketch plan.

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	The video is with the driver.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV4183H
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98786700
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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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

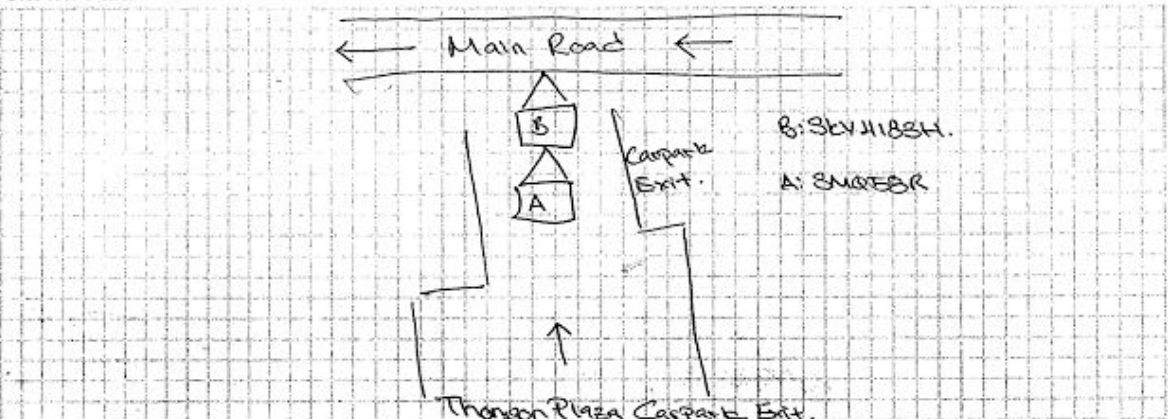
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
4.10pm


Driver's Signature (If driver is not the policyholder) / Date & Time
11/11/21 3:25pm


Witnessed by Reporting Centre Personnel
Angie Soh

Sketch Plan



Describe Circumstances of the Accident

Driving out of carpark at Thomson Plaza, weather was raining.
 while exiting carpark, I looked for oncoming traffic on the right as it
 was a main road & I didn't see the car in front of me thus colliding into
 the rear of the car in front of me.

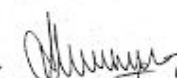
Date of incident: 01/11/2021
 Time of incident: 2:47PM
 Place of incident: Exit of Thomson Plaza


Car 1 was driving: SM0858R (Alii 05)
 Car 1 hit: SKV4188H (Marta 6)

Condition: Rainy.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 11.11.21 4:10pm


 Driver's Signature (if driver is not the policyholder) / Date
 & Time 11.11.21 3:55PM


 Witnessed by Reporting Centre
 Personnel Angie Soh



















Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG21011237/g3

08 November, 2021

CHONG CHAY TART
7 BRIGHT HILL DRIVE
#11-02
SINGAPORE 579599

Dear Sirs,

**ACCIDENT INVOLVING SMO 58R AND SKV 4183H ON 01/11/2021 ALONG/
AT UPPER THOMSON RD**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any mendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Cecilia Chong
Claims
Tel : 6749 4274
Fax: 6741 4108
Email : CeciliaChong@lkkauto.com

c.c. Claims Manager
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)