

# 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 ..... 08/12/2021 18:25 (SGT)  
Date of Accident ..... 07/12/2021 15:08 (SGT)  
Exact Location of Accident ..... Near 381B Upper Thomson Rd, Singapore 574411  
Additional Location Information ..... UPPER THOMSON ROAD BEFORE TRAFFIC JUNCTION OF SIN  
MING AVE HEADING TOWARDS SIN MING ROAD.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV4438A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PREMIUM LEASING PTE LTD  
Company Reg No ..... 201009676M  
Email Address ..... WS.TAN@PREMIUMLEASING.COM.SG  
Mobile Phone No ..... (Phone) +65-85189509  
Alternative Phone No ..... +65-85189509

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q3  
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 ..... 1394

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... HO JACK HUNG

NRIC No .....	S1834886A
Date Of Birth .....	12/05/1966
Occupation .....	Indoor
Date Of Driving Pass .....	24/09/1985
Driving experience .....	36 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97997776
Alt. Phone Number .....	-
Email Address .....	STEVEN.HO@RADIANCEMED.COM.SG
Address .....	26 JALAN KHAMIS
Address complement .....	-
Postcode .....	577872
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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

AT 1500 HRS ON 7 DEC 2021, I WAS DRIVING ALONG UPPER THOMSON ROAD HEADING TOWARDS SIN MING ROAD APPROACHING THE TRAFFIC JUNCTION OF SIN MING AVE & VENUS DRIVE. TRAFFIC LIGHT WAS RED AND I SLOWED DOWN AT 50 KM/H AND LATER TURNED GREEN. IN FRONT OF THE CAR THERE WAS A LORRY (NISSAN MODEL) LICENCE PLATE GW 8899 S WAS MOVING OFF FROM STATIONARY AND THE STOPPED AGAIN. WHEN I SAW THE LORRY STOP AND DESPITE MY BEST EFFORT TO APPLY EMERGENCY BRAKES, IT WAS NOT IN TIME TO STOP AND HIT THE REAR OF THE LORRY.

I EXITED THE CAR TO INSPECT THE DAMAGES ON BOTH VEHICLE AND ALSO CHECK IN THE DRIVER AND THE PASSENGER OF THE LORRY WHETHER THEY HAD ANY INJURIES. THEY BOTH MENTIONED TO ME THAT THEY ARE OKAY. PICTURES WERE TAKEN AT THE ACCIDENT SITE. THE TRAFFIC WAS MODERATE, CLEAR WEATHER AND ROAD CONDITION WAS DRY. WE EXCHANGED DRIVERS PARTICULARS.

#### 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 .....	GW8899S
-----------------------------------	---------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KOH AH TONG
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**SKETCH PLAN**

**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 willful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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. The 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.

**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.

Policyholder's Signature / Date & Time

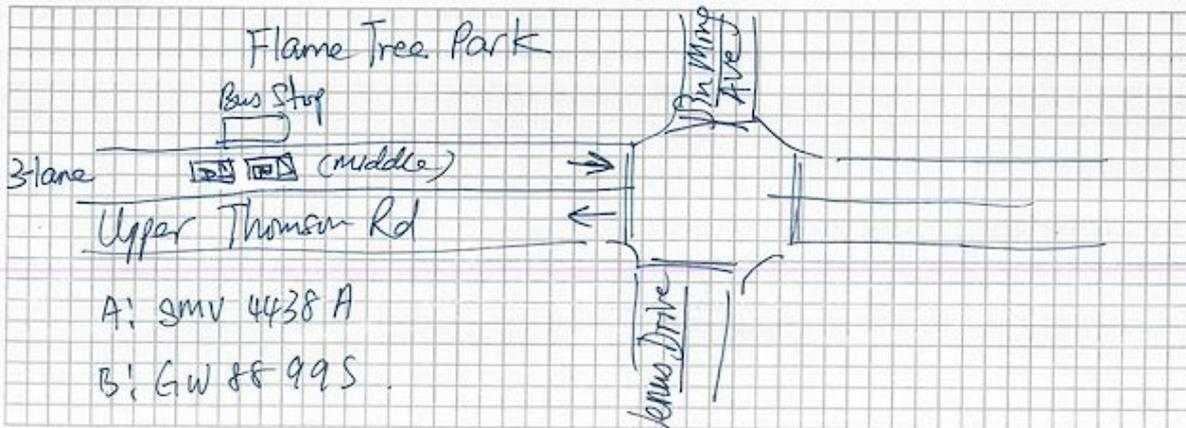
Witnessed by Reporting Centre Personnel



2024/10/08 8/12 4:24pm

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

**Sketch Plan**



**Describe Circumstances of the Accident**

At 15:00 hrs on 7th Dec 2021, I was driving along Upper Thomson road heading towards Bin Ming Road approaching the traffic junction of Bin Ming Ave & Venus Drive. Traffic light was red and I slowed down to 50km/h and later turned green. In front of the car there was a lorry (Nissan model) licence plate: GW 8875 was moving off from stationary and then stopped again. When I saw the lorry stop and despite my best effort to apply emergency brakes, it was not in time to stop and hit the rear of the lorry. dispt+

I exited the car to inspect the damages on both vehicles and also check on the driver and the passenger of the lorry whether they had any injuries. They both mentioned to me that they are ok. Pictures were taken at the accident site.

The traffic was moderate, clear weather and road condition was dry. We exchanged driver's particulars

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Zoe Kum  8/12 4.24.





























































