

# 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 ..... 20/12/2021 09:46 (SGT)  
Date of Accident ..... 18/12/2021 13:00 (SGT)  
Exact Location of Accident ..... Thomson Rd, Singapore  
Additional Location Information ..... JUNCTION THOMSON RD & MARYMOUNT RD TOWARDS  
BRADDEL VIEW  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY4741H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOY KIN MAN  
NRIC No ..... SXXXXX012A  
Email Address ..... KINMAN\_CHOY@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-97658014  
Alternative Phone No ..... +65-97658014

### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... C4 spacetourer  
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 ..... 1199

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210020823  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHOY KIN MAN

NRIC No .....	SXXXX012A
Date Of Birth .....	24/02/1961
Occupation .....	Indoor
Date Of Driving Pass .....	13/09/1986
Driving experience .....	35 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97658014
Alt. Phone Number .....	+65-97658014
Email Address .....	KINMAN_CHOY@SINGNET.COM.SG
Address .....	7 SIN MING WALK #06-10
Address complement .....	-
Postcode .....	575577
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 .....	HO JOO HONG
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

#### REFER TO ATTACHMENT

#### 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 .....	SMP87L
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White

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]* 20/12/12  
0900 hr

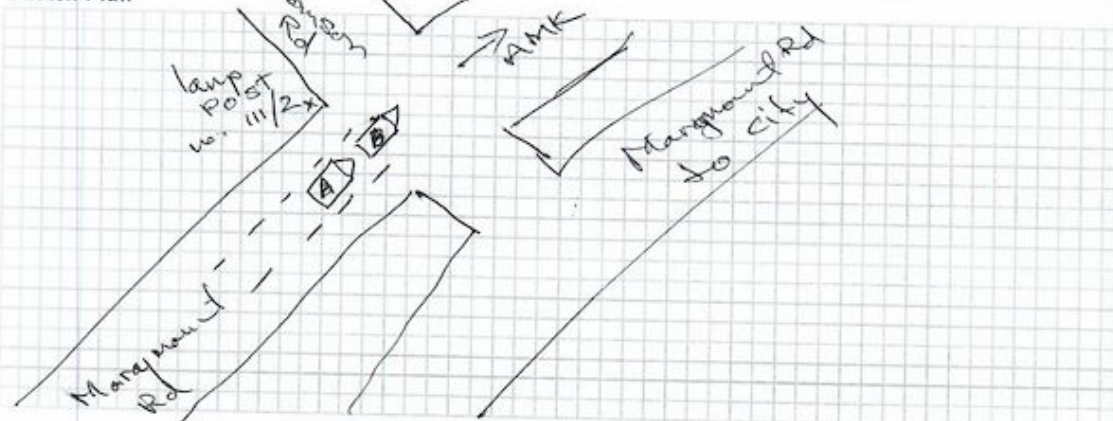
Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


PLEASE SEE ATTACHED ACCIDENT STATEMENT

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



Google maps



SMY4741H other car SMP87L White BMW

Time - 1300 hrs.

where - Junction Thomson Rd and Marymount Rd  
toward Braddel View next to lamp post  
no. 111/2

3 lanes junction

Centre lane, behind SMP87L

Stop

At the junction SMP87L was driving pass the white line when the green light change to amber and the driver suddenly jammed brakes.

I following behind was unable apply emergency brakes fast enough to stop.

Driver of SMP87L is a middle age lady with shoulder length hair. wearing

Got out of my car, to exchange details, however the SMP87L did not response and drove off when the traffic light turn green.































































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

### ADDENDUM

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

Original Report No: SC1A21CK0001 Vehicle Registration No: SMX 4741 H

Name (as shown in NRIC): Choy Kin Man NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 9765 8619

Email Address: \_\_\_\_\_

Date of Accident: 18/12/2021 Time of Accident: 13:00

Place of Accident: Junction Thomson Rd & Marymount Rd Towards Braddell View

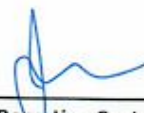
Insurance Company: ALG

**(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:

Amend Vehicle Registration Number

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 20/12/2021