

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	27/12/2021 13:40 (SGT)
Date of Accident	25/12/2021 01:31 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	Ang Mo Kio Avenue 6 turning to Ang Mo Kio Avenue 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3770A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeong Chee Weng Peter
NRIC No	SXXXX214E
Email Address	ycwpete@gmail.com
Mobile Phone No	(Phone) +65-81832215
Alternative Phone No	+65-81832215

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700049490-03
Cover Note Number	-

DRIVER

Name of Driver	Yeong Wai Keong Gabriel (Yang Weiqiang)
NRIC No	SXXXX400B

Date Of Birth	28/07/1986
Occupation	Indoor
Date Of Driving Pass	14/03/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90228911
Alt. Phone Number	-
Email Address	gabby.yeong@gmail.com
Address	Blk 160 Bishan Street 13 #01-142
Address complement	-
Postcode	570160
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Shannon Khoo
Gender	Male

PASSENGER 2

Name	Natalie Yeong
Gender	Female

PASSENGER 3

Name	Teresa Cordeiro
Gender	Female

PASSENGER 4

Name	Peter Yeong
Gender	Male

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
Was there any audio recorded?	No

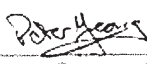
DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SNA7782J
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	Lim Lian Hoe Sunny
NRIC No	SXXXX515G
Contact Number	(Phone) +65-97480645
Address	Blk 107C Edgefield Plains #05-134
Address complement	-
Postcode	823107
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN**IMPORTANT NOTICE**

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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 making 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.

 27/12/21
1005 am
Policyholder's Signature / Date & Time

 27/12/21 1005 am
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
Jenny Lim

Sketch Plan

Please see attached

Describe Circumstances of the Accident

My vehicle was on the middle lane at the junction. It was a straight and left-turn lane. The traffic light was green and I proceeded to make a left turn.

During the turn, my vehicle was struck on the passenger side by the vehicle on my left. This vehicle was in a left turn only lane but the vehicle did not turn but went into my lane instead.

Upon collision, I stopped my vehicle while the other driver proceeded to move his vehicle ahead and stopped in front of my vehicle.

There were no injuries in this accident.

Declaration

We declare the foregoing particulars are true in every respect.

Peter Hoang 27/12/21 1005am
Policyholder's Signature / Date & Time

Peter Hoang 27/12/21 1005am
Driver's Signature (If driver is not the policyholder) / Date & Time

JL
Witnessed by Reporting Centre Personnel
Jenny Lim

