

## 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 ..... 16/02/2022 17:26 (SGT)  
Date of Accident ..... 16/02/2022 09:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CLEMENTI ROAD / COMMONWEALTH AVE WEST JUNCTION  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP3812R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Mr Choy Da Fu  
NRIC No ..... SXXXX061B  
Email Address ..... CHOYDAFU@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96806724  
Alternative Phone No ..... (Home) +65-96806724

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1500

#### 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 ..... YEO HWEE THENG  
NRIC No ..... SXXXX665J

Date Of Birth	04/06/1968
Occupation	Indoor
Date Of Driving Pass	24/09/1990
Driving experience	31 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96581494
Alt. Phone Number	-
Email Address	ANDREAYEO@GMAIL.COM
Address	Blk 83 Hillview Avenue #05-04
Address complement	-
Postcode	669583
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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

REFER TO 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	YN9826E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AMINUL RAMLEE B RASHID
Contact Number	(Phone) +65-91489318
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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**5. 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

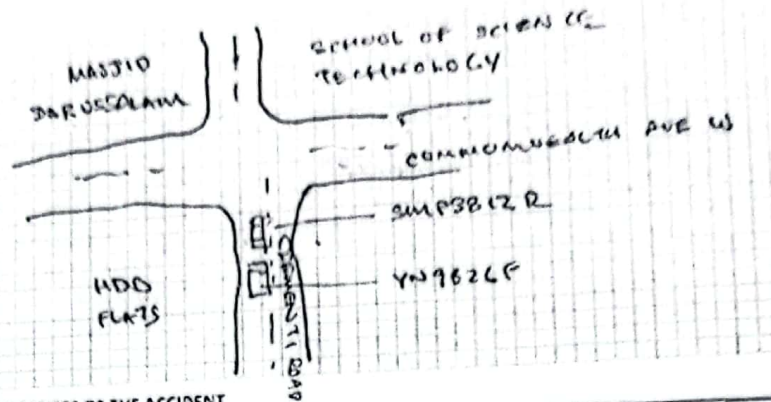
16/2/22 15:00

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

Reported Centre Person's Signature  
Name:  
NIC/FIN No.:

16/2/2022

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SMP3812R was waiting for the traffic light to change from Red to Green at the junction of Avenanti Road and Commonwealth Ave W. Suddenly a ~~car~~ van (YV9826F) from CYC Movers hit my vehicle from behind. Damage was seen on the rear bumper. The dashboard had a "Engine Malfunction" warning message. No injury is reported.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

16/2/22 15:15

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

*[Signature]* 16/2/2022  
Reporting Center Personnel's Signature  
Name:  
NR/ID No.: