

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	28/02/2022 18:08 (SGT)
Date of Accident	26/02/2022 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ1619P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Dr Teo Giek Choo Jennifer
NRIC No	SXXXX850J
Email Address	jennifertgc@gmail.com
Mobile Phone No	(Phone) +65-98634670
Alternative Phone No	(Home) +65-98634670

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
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	Dr Teo Giek Choo Jennifer
NRIC No	SXXXX850J

Date Of Birth	06/12/1963
Occupation	Indoor
Date Of Driving Pass	11/12/1984
Driving experience	37 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98634670
Alt. Phone Number	(Home) +65-98634670
Email Address	jennifertgc@gmail.com
Address	Blk 6 Tanjong Rhu Road #20-02
Address complement	-
Postcode	436883
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)	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	SMP2854B
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PONG HUI MENG
Contact Number	(Phone) +65-98782527
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.

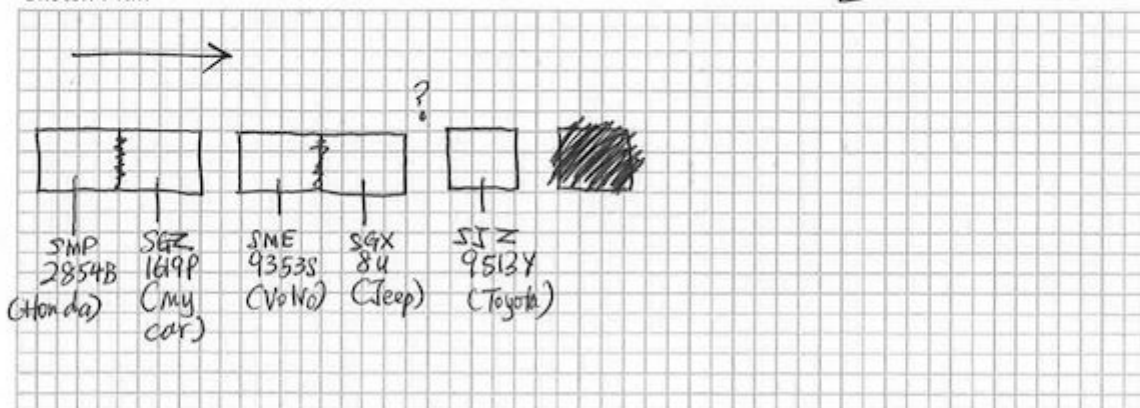
Jeannie
28 Feb 2022

Policyholder's Signature / Date & Time

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

28/2/2022
[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along PIE (Tuas) along the outermost right lane. I suddenly saw the car in front of me (SME 93535) brake suddenly. I immediately applied emergency brake and did not hit him, and stopped in time.

The car behind me (SMP 2854B Honda Fit, driven by Pong Hui Meng) hit the back of my car.

Altogether, ~~there~~ I think there were 5 cars involved. I'm not sure of the damage to the 3 cars in front of me.

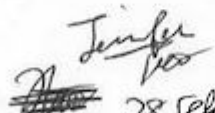
To my knowledge, no one was physically injured.

One of the cars involved was owned by a man, (? Steven) who owns a car workshop which works with AXA, the insurer of the driver who hit my car. He helped him with the accident report.

Since it was Saturday, I made the accident report at Furkars (Tanjong Pagar) on Monday 28 Feb 2022.

Declaration

We declare the foregoing particulars are true in every respect.


~~28 Feb 2022~~ 28 Feb 2022
 Policyholder's Signature / Date & Time

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


 28/2/2022
 Witness at Reporting Centre Personnel





























































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: SE0Q222S0001 Vehicle Registration No: SGZ1619P
 Name (as shown in NRIC): TEO GEK CHOO JENNIFER NRIC/FIN/Passport No: S1580850J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 6 TANJONG RHU ROAD, THE LINE @ TANJONG RHU, TOWER 1 #20-02 Singapore (436883)
 Contact (Tel): 98634670 Mobile No.: 98634670
 Email Address: jennifertgc@gmail.com
 Date of Accident: 26 Feb 2022 Time of Accident: 14:50 (SGT)
 Place of Accident: PIE (TUAS)
 Insurance Company: AIG

(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:

WE WOULD LIKE TO CHANGE OUR STATEMENT FROM CLAIM
TO MY INSURANCE POLICY TO 3RD PARTY CLAIM.

TEO GEK CHOO JENNIFER

Policyholder / Driver's Signature
 Date: 03 Mar 2022

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: