

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 17/03/2022 17:25 (SGT)
Date of Accident 16/03/2022 17:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS CHANGI B4 THOMSON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU6392M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO BING GUANG
NRIC No SXXXX217E
Email Address fbg_piero@yahoo.com
Mobile Phone No (Phone) +65-92325881
Alternative Phone No +65-92325881

VEHICLE PARTICULARS

Manufacturer Lexus
Model Nx200t
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900019440-03
Cover Note Number -

DRIVER

Name of Driver FOO BING GUANG
NRIC No SXXXX217E

Date Of Birth	17/04/1986
Occupation	Outdoor
Date Of Driving Pass	04/12/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92325881
Alt. Phone Number	+65-92325881
Email Address	fbg_piero@yahoo.com
Address	BLK 895A TAMPINES ST 81
Address complement	#06-914
Postcode	521895
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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC8477Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ESADORA BINTE JAMIL
NRIC No	SXXXX292F
Contact Number	(Phone) +65-90697948

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 :

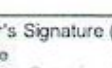
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

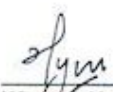
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

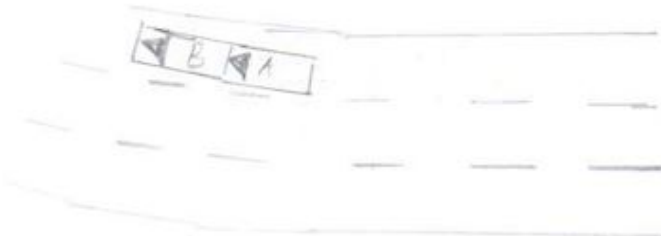
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time
 17/3/22
 Sketch Plan


 Driver's Signature (if driver is not the policyholder) / Date & Time
 17/3/22
 DIE TWDS CHANGI BK THUMSON RD


 Witnessed by Reporting Centre Personnel
 17/03/22

A - SKU6392M
 B - SNC8477Z





Describe Circumstances of the Accident


I was driving along PIE towards Changi Airport direction on 16th March 2022 1750hrs. After passing Stevens Road exit entering a bend before Thomson ~~exit~~ Road exit, my front vehicle SNC 8477Z suddenly jammed brake to almost stationary. I was travelling approximately 50-60 km/hr and keeping enough distance. I immediately jammed brake but could not stop in time and hit my front vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 17/3/22


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

 17/03/22
 Witnessed by Reporting Centre Personnel























