# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 04/04/2022 13:12 (SGT) Date of Accident 02/04/2022 15:14 (SGT) Exact Location of Accident PIE, Singapore TOWARDS CHANGI (BEFORE THOMSON ROAD AND TOA Additional Location Information PAYOH EXIT) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Citroen

Vehicle Registration Number SML8089A

Manufacturer

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ONG WAI LING, CINDY NRIC No SXXXX682J Email Address yongkiong@gmail.com Mobile Phone No (Phone) +65-97965565 Alternative Phone No +65-97587823

#### VEHICLE PARTICULARS

Model **GRAND C4** 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 1199

#### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 1900105925-01 Cover Note Number

#### DRIVER

Name of Driver CHONG YONG KIONG (ZHANG RONG QIANG) NRIC No SXXXX366F Date Of Birth 30/09/1978 Occupation Indoor Date Of Driving Pass 15/07/2008 Driving experience 13 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97587823 Alt. Phone Number Email Address yongkiong@gmail.com Address 30 PASIR RIS LINK #11-30 Address complement Postcode 518147 Is the driver the policyholder? Nο 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name CHONG HAO CHAP, ZAYNE Gender PASSENGER 2 Name CHONG LOK XUAN, MEREDITH Gender Female PASSENGER 3 Name CHONG CHI YOU, ALYSIA Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S)

Yes

Yes

WITH OWNER

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SMF3302Z -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

# **INJURED PERSONS DETAILS**

Name of injured person	INJURED 1	
Phone No		
Address Complement		
Address Complement Post Code Approximate Age Years Old Injuries Sustained Injuries Sustained Injuries Sustained Injuried person in which vehicle? Was this injured conveyed to hospital by ambulance? Was this injured person  CHONG HAO CHAP, ZAYNE Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injuried person in which vehicle? Was this injured conveyed to hospital by ambulance?  No  INJURED 2  Name of injured person CHONG HAO CHAP, ZAYNE Male  CHONG HAO CHAP, ZAYNE Male  Aldress		(Phone) +65-9/58/823
Post Code Approximate Age Years Old Injuries Sustained Injuries Sustained Injuries Sustained Injuried person in which vehicle? Was this injured conveyed to hospital by ambulance?  No  INJURED 2  Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injurier gerson in which vehicle? Was this injured conveyed to hospital by ambulance?  No  INJURED 3  Name of injured person CHONG HAO CHAP, ZAYNE Male  CHONG HAO CHAP, ZAYNE Male  CHONG HAO CHAP, ZAYNE Male  All CHAP, ZAYNE  Male  CHONG HAO CHAP, ZAYNE  Male  All CHAP, ZAYNE  Male  CHONG HAO CHAP, ZAYNE  Male  All CHAP, ZAYNE  Male  CHONG HAO CHAP, ZAYNE  Male  All CHAP, ZAYNE  All CHAP, ZAYNE		-
Approximate Age Years Old Injuries Sustained Injured person in which vehicle?  No  No  NURED 2  Name of injured person Gender Phone No Address Address Complement Pluries Derson in which vehicle?  Was this injured conveyed to hospital by ambulance?  No  No  No  No  No  No  No  No  No  N	·	-
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Were seat belts worn? Was this injured conveyed to hospital by ambulance? No  INJURED 2  Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuried person in which vehicle? Was this injured person CHONG HAO CHAP, ZAYNE Male	•	
Was this injured conveyed to hospital by ambulance?  No  INJURED 2  Name of injured person Gender Male Phone No - Address - Address Complement - Post Code Approximate Age Years Old Injured person in which vehicle? Was this injured person CHONG LOK XUAN, MEREDITH Gender Female Phone No Address Address Complement - Injures Sustained Injures Sustained Injured person in which vehicle? Was this injured conveyed to hospital by ambulance? No  INJURED 3  Name of injured person CHONG LOK XUAN, MEREDITH Gender Female Phone No Address - Address Complement - Post Code Approximate Age Years Old Injured person in which vehicle? SML8089A Were seat belts worn? SUBJECT S		
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Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Was this injured person Address  Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injuries Sustained Injuries Sustained Injuries Sustained Injuries Sustained Injuried person Injuried conveyed to hospital by ambulance?  No INJURED 3  Name of injured person CHONG LOK XUAN, MEREDITH Female Phone No Address Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injuries Sustained Injuried person in which vehicle? Was this injured conveyed to hospital by ambulance?  No INJURED 4  Name of injured person CHONG CHI YOU, ALYSIA	INJURED 2	
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Injuries Sustained Injured person in which vehicle?  Were seat belts worn?  Was this injured conveyed to hospital by ambulance?  No  INJURED 3  Name of injured person  Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injuries Sustained Injuried person in which vehicle?  Was this injured conveyed to hospital by ambulance?  No  INJURED 4  Name of injured person  CHONG LOK XUAN, MEREDITH Female		-
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Were seat belts worn? Was this injured conveyed to hospital by ambulance?  No  No  No  No  No  No  No  No  No  N		SLIGHT INJURY
Was this injured conveyed to hospital by ambulance?  No  No  No  No  No  No  No  No  No  N		SML8089A
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Was this injured conveyed to hospital by ambulance?  No  CHONG LOK XUAN, MEREDITH Female  Female  Female  -  CHONG LOK XUAN, MEREDITH Female  Female  SLIGHT INJURY  SLIGHT INJURY  SML8089A  Yes  Was this injured conveyed to hospital by ambulance? No  CHONG CHI YOU, ALYSIA		
Name of injured person Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Was this injured conveyed to hospital by ambulance?  Name of injured person CHONG LOK XUAN, MEREDITH Female  CHONG LOK XUAN, MEREDITH Female XUAN, MEREDITH Female XUAN, MEREDITH Female XUAN, MEREDITH Fe	Was this injured conveyed to hospital by ambulance?	No
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Address Complement	Gender	Female
Address Complement - Post Code - Approximate Age Years Old - Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SML8089A Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No  INJURED 4  Name of injured person CHONG CHI YOU, ALYSIA	Phone No	-
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Were seat belts worn?  Was this injured conveyed to hospital by ambulance?  No  INJURED 4  Name of injured person  CHONG CHI YOU, ALYSIA		SLIGHT INJURY
Was this injured conveyed to hospital by ambulance?  No  No  No  CHONG CHI YOU, ALYSIA		SML8089A
Name of injured person CHONG CHI YOU, ALYSIA		Yes
Name of injured person CHONG CHI YOU, ALYSIA	Was this injured conveyed to hospital by ambulance?	No
	INJURED 4	
Gender Female	Name of injured person	CHONG CHI YOU, ALYSIA
	Gender	Female

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SML8089A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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)

l 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 alted outside of Singapore, for one or more of the above Purposes.

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Policyholder's Sig Time Sketch Plan	PIFE TOWARDS	ver's Signature (if driver i ime Urbhull (B F	is not the policyholder) / I		Tinessed by Reporting Centre ersonnel PRY9H Fc Y17
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On 02/04/2022 at about 15:14pm.   Was tra	velly along PIE
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	728

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

Accident report SN0822440003

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

Wildessed by Reporting Centre Personnel



























