

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 Actual 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 12/05/2022 14:10 (SGT)
Reported by -
Date of Accident 02/05/2022 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DRIVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV3235Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOW CHON SIANG @ CHOW CHOON SIONG
NRIC No S1386770D
Email Address PETERCHOWCS@GMAIL.COM
Mobile Phone No (Phone) +65-98356137
Alternative Phone No (Home) +65-98356137

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant NISSAN QASHQAI 1.2 DIG-TURBO
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100427761-06

DRIVER

Name of Driver CHOW CHON SIANG @ CHOW CHOON SIONG
NRIC No S1386770D
Date Of Birth 29/07/1937
Occupation Indoor

Date Of Driving Pass	19/02/1966
Driving experience	56 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98356137
Alt. Phone Number	(Home) +65-98356137
Email Address	PETERCHOWCS@GMAIL.COM
Address	317 LOYANG RISE
Address complement	-
Postcode	507310
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TAB SWEE HENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE7073Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NOT KNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLANIMPORTANT 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. 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.
7. By the lodgment 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)

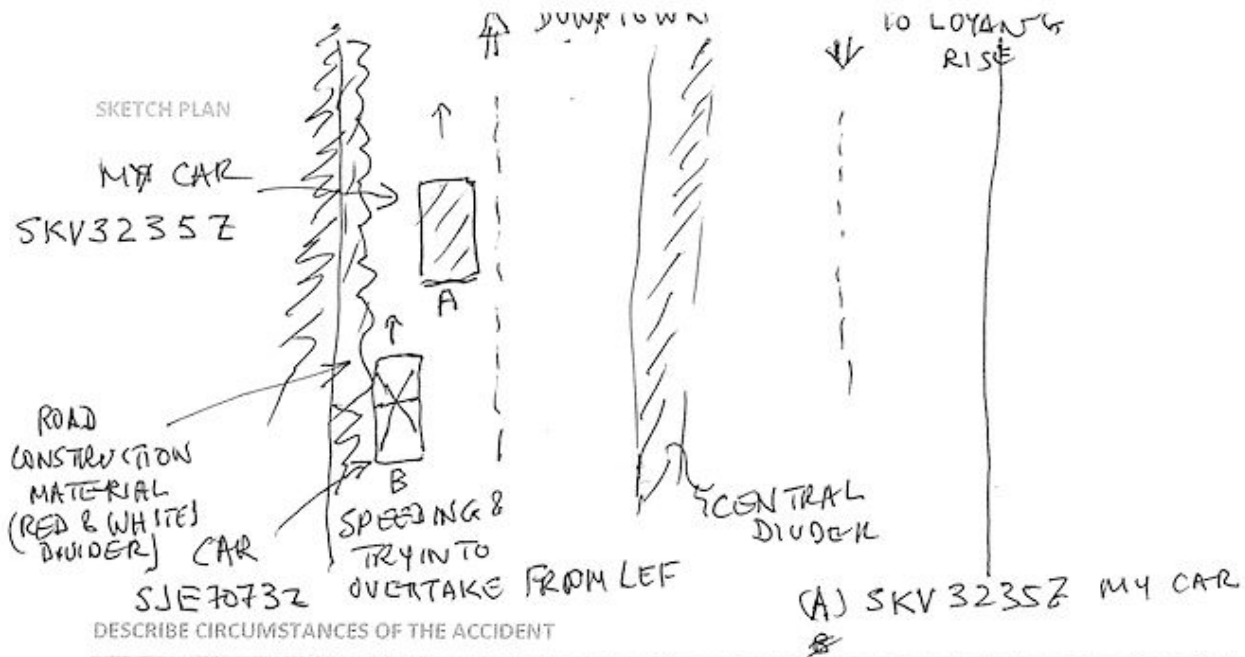
I understand, acknowledge, agree and consent that:

- (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:
12/05/22

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Location: PASIR RIS DRIVE 3, GOING TO DOWNTOWN	
Accident Date: 02/02/2022	Accident Time: ~1:00 am/pm
Owner Email: peterchowcs@gmail.com	Driver Email: SAME
REF TO POLICE REPORT	
ADDITIONAL STATEMENT: ON 2ND FEB.	
APPROX 1:00 PM, I WAS DRIVING ~30kmph GOING TOWARDS WHITESAND/DOWNTOWN ON 2ND LANE.	
THEN I NOTICED CAR B SPEEDING & TRYING TO OVERTAKE ON MY LEFT. THERE IS NO ROOM TO OVERTAKE SO CAR B HIT CONSTRUCTION DIVIDER. WEATHER CLEAR.	
MY ONLY MINOR SCRATCH, CAR B PROBABLY	
- OTHER VEHICLE INVOLVE DETAILS:	
B	Veh No: SJE7073Z Hp: ? Pax: Driver Name: NOT KNOWN
C	Veh No: - Hp: Pax: Driver Name:

DECLARATION

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

Policyholder's Signature
Date & Time: 12/05/22

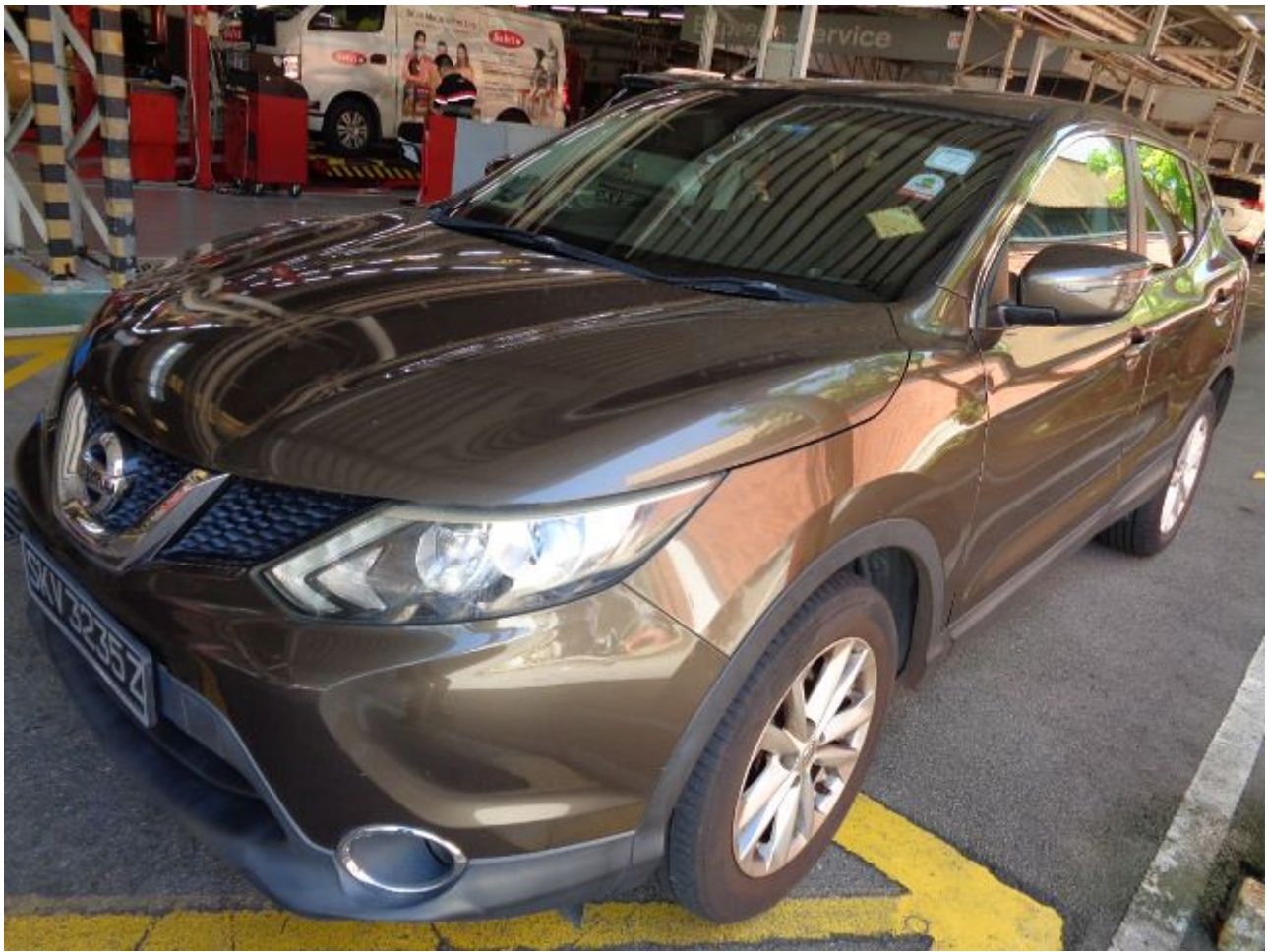
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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





















**SINGAPORE
POLICE FORCE**



T/20220203/2028

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20220203/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2022 13:23	Vide Report No.:	Station Diary No.: 41
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHOW CHON SIANG			Address: 317 LOYANG RISE SINGAPORE 507310		
ID Type / ID No.: NRIC NO / S1386770D			Contact No.: Home/Office: Mobile: 98356137		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 84	Date of Birth: 29/07/1937	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/02/2022 13:00	Type of Location:
Location: PASIR RIS DRIVE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE7073Z	Car				Slightly Damaged	0
SKV3235Z	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220203/2028

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20220203/2028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV3235Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100427761-06	12/09/2021	11/09/2022

Brief Details.

On the above mentioned date and time, I was driving along Pasir Ris Dr 3 (at the outer lane) towards Pasir Ris Central on a two lanes road, as there were construction along the roadside, the road is narrow and only one vehicle was able to be on the lane. One car bearing plate number SJE7073Z squeezed beside my car and scratched my left rear. The car then hit the construction barricade and I believe there was damaged to his car.

I am not sure if there was any passenger in the other car as I could not see. No one was injured during the accident. I am lodging a Police report for my own record purposes.



**SINGAPORE
POLICE FORCE**



T/20220203/2028

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20220203/2028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2022 13:23
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	