

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 06/05/2022 16:55 (SGT)
Date of Accident 05/05/2022 14:40 (SGT)
Exact Location of Accident Tampines Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU5617Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chong Ah Kau @ Chong Chee Haw
NRIC No S2508730E
Email Address zhong.jh47@gmail.com
Mobile Phone No (Phone) +65-96951987
Alternative Phone No +65-96951987

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100423540-06
Cover Note Number -

DRIVER

Name of Driver Chong Ah Kau @ Chong Chee Haw
NRIC No S2508730E

Date Of Birth	20/05/1947
Occupation	Indoor
Date Of Driving Pass	03/01/1969
Driving experience	53 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96951987
Alt. Phone Number	+65-96951987
Email Address	zhong.jh47@gmail.com
Address	89 Tampines Avenue 1 #01-34
Address complement	-
Postcode	528689
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 - Major/Minor Rd
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

Please refer to the sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ2660A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ke Yangzhen
NRIC No	S8976422Z
Contact Number	(Phone) +65-83995711
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.

[Signature]
Policyholder's Signature / Date & Time
3-03 PM
6/5/2022

Sketch Plan

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

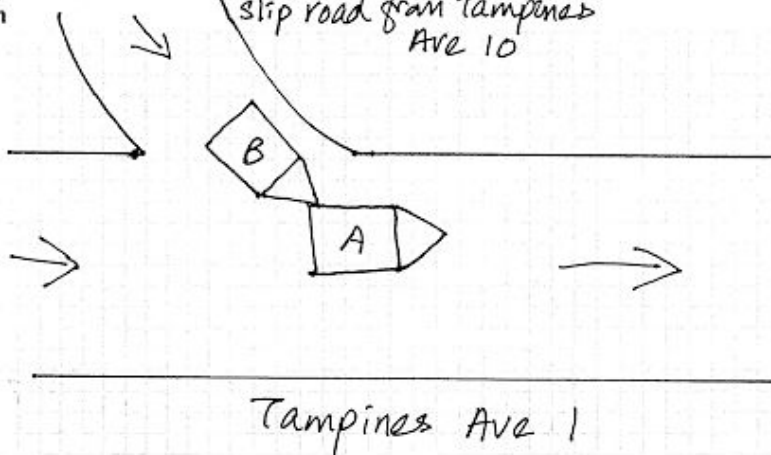
slip road from Tampines Ave 10

Witnessed by Reporting Centre Personnel

[Signature]
Angie Soh

A-SKU 5617Y

B-SMJ 2660A




Describe Circumstances of the Accident

On 5/5/22, at about 2.40 pm, I was driving my vehicle no SKU 5617 Y along Tampines Ave 1. After I completed my U turn, I was travelling straight along Tampines Ave 1. Suddenly, I felt a bang and realised that a vehicle no SMT 2660 A that came out of the slip road from Tampines Ave 10 had hit onto the left rear portion of my vehicle. Nobody was injured in the incident. My vehicle sustained damages to the left rear portion. The driver of SMT 2660 A said that he will pay for the repair cost of my vehicle and he asked me to go to his car workshop to repair my car. His workshop is Chew Goon Motor, located at Blk 10 Ang Mo Kio Industrial Park 2A Ave 5 #01-15/16 AMK Autopoint.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time


6/5/2022
3-03 pm

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

Witnessed by Reporting Centre Personnel


Angie Soh