


REF:

ASSIGNMENT

Others

	
N/S	O/S

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A. _____		D.O.I. <u>29/08/22</u>	

SM

Front N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Days Of Repair:	_____	Survey Fee:	_____
Resurvey No. of Trip:	_____	Transportation:	_____
Sale Insp.	\$ _____	Paid To:	_____
Imp-View	\$ _____	Others:	_____
Tech. Insp.	\$ _____		

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	11/05/2022 11:08 (SGT)
Date of Accident	10/05/2022 08:35 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	TWDS ANG MO KIO AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4722R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG CHENG LIANG GARY
NRIC No	S7417219I
Email Address	gary.heng6s@gmail.com
Mobile Phone No	(Phone) +65-97101921
Alternative Phone No	+65-97101921

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100465989-05
Cover Note Number	-

DRIVER

Name of Driver	HENG CHENG LIANG GARY
NRIC No	S7417219I

Date Of Birth	06/06/1974
Occupation	Indoor
Date Of Driving Pass	11/08/1993
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97101921
Alt. Phone Number	+65-97101921
Email Address	gary.heng6s@gmail.com
Address	BLK 201B PUNGGOL FIELD #16-220
Address complement	-
Postcode	822201
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 - Change/cross lane
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

PASSENGER 1

Name	ETHAN HENG
Gender	Male

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

I WAS TRAVELLING ALONG THE RIGHT MOST LANE OF 3 LANES ALONG ANG MO KIO AVE 5 TOWARDS ANG MO KIO AVE 10. AS I WAS TRAVELLING STRAIGHT, I WANTED TO SWITCH TO CENTER LANE. AFTER CHECKING IT WAS CLEAR, I PROCEED TO SWERVED TO THE CENTER LANE. WHEN SUDDENLY, ONE M/CAR (SMK5252U) CAME FROM THE LEFT MOST LANE AND CUT INTO THE CENTER LANE AND ENCROACHED INTO MY PATH AND THUS COLLIDED WITH MY VEHICLE FRONT RIGHT PORTION. NOBODY WAS INJURED.

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	SMK5252U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98965682
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

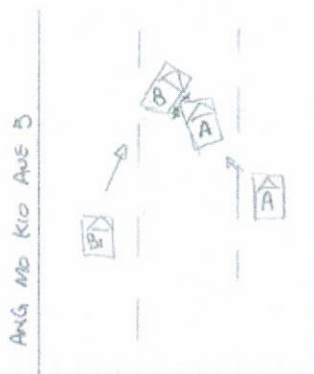
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE RIGHT MOST LANE OF 3 LANES ALONG ANK MD KIO AVE 5 TOWARDS ANK MD KIO AVE 10, AS I WAS TRAVELLING STRAIGHT, I WANTED TO SWITCH TO CENTRE, AFTER CHECK THAT IT WAS CLEAR, I PROCEED TO SWERVE TO THE CENTRE LANE, WHEN SUDDENLY ONE M/CAR SMK 52529 CAME FROM THE LEFT MOST LANE AND CUT INTO THE CENTRE LANE AND ENROACHED INTO MY PATH THUS COLLIDED WITH MY VEHICLE FRONT RIGHT PORTION. NO BODY WAS INJURED.

Declaration

We declare the foregoing particulars are true in every respect.

		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Driver's Signature (If driver is not the policyholder) / Date & Time _____ Witnessed by Reporting Centre Personnel _____

Witnessed by Reporting Centre Personnel	
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> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	219I
Vehicle Details	
Vehicle No.:	SLC4722R
Vehicle to be Exported:	No
Intended Deregistration Date:	12 May 2022
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0I-L CVT AWD SR
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	FB20Y257688
Chassis No.:	JF1SJ5KC5GG070816
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$15,349.00
Original Registration Date:	17 May 2016
First Registration Date:	17 May 2016
Transfer Count:	0
Actual ARF Paid:	\$15,349.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 May 2026
PARF Rebate Amount:	\$10,744.00
Intended COE Rebate Details	
COE Expiry Date:	16 May 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,010.00
COE Rebate Amount:	\$20,458.00
Total Rebate Amount:	\$31,202.00

The information contained herein is correct as at 12 May 2022

OK

