# **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.

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   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 31/05/2022 10:57 (SGT) Date of Accident 30/05/2022 09:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWDS JURONG B4 KPE EXIT Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

1395

Vehicle Registration Number SMV6688G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KAY PUAY LIP(GUO PEILI) NRIC No SXXXX393Z Email Address puaylip@hotmail.com Mobile Phone No (Phone) +65-97604971

Alternative Phone No +65-97604971

VEHICLE PARTICULARS

Manufacturer Audi Model Q3 Variant

Exact purpose for which vehicle was being used at time of

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

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 2070139004-01

Cover Note Number

DRIVER

Name of Driver KAY PUAY LIP(GUO PEILI) NRIC No SXXXX393Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	17/06/1977 Indoor 25/04/1995 27 YEARS AND 1 MONTH Male (Phone) +65-97604971 +65-97604971 puaylip@hotmail.com 71N JALAN SENANG - 418522 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 5 Yes No Yes 3
PASSENGER 1	
Name Gender PASSENGER 2	LOW WAI PENG Female
Name Gender	KAY YU FENG Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SHA6599A

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV6953C
Vehicle Manufacturer	_
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJD6680H
Vehicle Manufacturer	-
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SMT7154J
Vehicle Manufacturer	-
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

#### INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	KAY PUAY LIP(GUO PEILI) Male SLIGHT SMV6688G Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LOW WAI PENG Female - - - - SLIGHT SMV6688G - No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	KAY YU FENG Male SLIGHT SMV6688G - No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 sited outside of Singapore, for one or more of the above Purposes.

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## Declaration

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

Policy oder's Signature / Date & Time

& Tir

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

Witnessed by Reporting Centre
Personnel























