

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 15/06/2022 14:40 (SGT)
Date of Accident 13/06/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ECP TOWARDS CITY (BEFORE MARINE PARADE EXIT 10B)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD6112X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA PECK LENG @ PATRICIA HO
NRIC No SXXXX574J
Email Address ABC8627E@GMAIL.COM
Mobile Phone No (Phone) +65-90050700
Alternative Phone No +65-90050700

VEHICLE PARTICULARS

Manufacturer Kia
Model Carens
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 1500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800102693-02
Cover Note Number -

DRIVER

Name of Driver HO JIN AN KELVIN
NRIC No SXXXX966F

Date Of Birth	22/09/1994
Occupation	Indoor
Date Of Driving Pass	19/05/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82011957
Alt. Phone Number	-
Email Address	ABC8627E@GMAIL.COM
Address	219 BISHAN STREET 23 #14-289
Address complement	-
Postcode	570219
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	CHUA PECK LENG @ PATRICIA HO
Gender	Female

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

REFER TO REPORT

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	SHC7551U
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	SLR6736J
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)	-

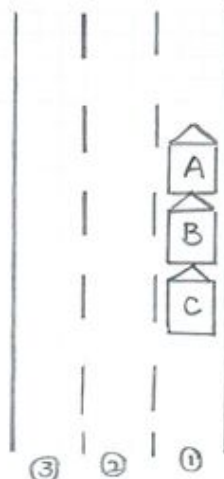
SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

 15/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMD6112X
B = SHC7551U
C = SLR6736J

ECP towards City
(Before Marine Parade Exit 10B)

Describe Circumstances of the Accident

Refer to Attached

Declaration

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

Chafullin
Policyholder's Signature / Date &
Time

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

15/06/22
Witnessed by Reporting Centre
Personnel

On 13.06.2022 at about 08:30 hours along ECP towards City (Before Marine Parade Exit 10B), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 3 vehicles involved.

I have 1 passenger in my vehicle (A).

Vehicle (A): SMD 6112X

Vehicle (B): SHC 7551U

Vehicle (C): SLR 6736J

Kalith

Chapman

15/06/22















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09226F0005 Vehicle Registration No: SMD6112X
 Name (as shown in NRIC): Chua Peck Leng NRIC/FIN/Passport No: S1529574J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 219 Bishan Street 23 #14-289 Singapore (S70 219)
 Contact (Tel): _____ Mobile No.: 8201 9005 0700
 Email Address: abc8627e@gmail.com
 Date of Accident: 13/06/22 Time of Accident: 0830
 Place of Accident: ECP towards City before Marine Parade Exit 10B
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attach Description of the Accident.

 Policyholder / Driver's Signature
 Date:

15/06/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: