

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	06/08/2022 16:53 (SGT)
Reported by	Owner
Date of Accident	05/08/2022 18:10 (SGT)
Exact Location of Accident	Grange Rd & Orchard Blvd, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION OF ORCHARD BLVD & GRANGE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD992U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAWRENCE WONG SHYUN TSAI LAWRENCE
NRIC No	SXXXX024D
Email Address	LAWRENCE.ST.WONG@GMAIL.COM
Mobile Phone No	(Phone) +65-92965470
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100435261-02

DRIVER

Name of Driver	CHONG BOON CHYE MARK LOUIS JR.
NRIC No	SXXXX280B
Date Of Birth	20/09/1975
Occupation	Indoor

Date Of Driving Pass	27/08/1999
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-97603326
Alt. Phone Number	-
Email Address	MLOUIS883@YAHOO.COM
Address	56 HAVELOCK ROAD
Address complement	#05-148
Postcode	161056
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COLLEAGUE
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 - Head to Rear
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	LAWRENCE WONG
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

ON 05/08/2022, WHILE DRIVING SFD992U ALONG GRANGE RD TOWARDS THE DIRECTION OF NAPIER ROAD. THE TRAFFIC LIGHT AT THE JUNCTION OF ORCHARD BLVD THEN AMBER AND I STOPPED THE VEHICLE. SMR 9187 L WAS BEHIND ME AND COULD NOT STOP IN TIME, COLLIDING INTO THE REAR OF SFD992U.

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	SMR9187L
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	NICHOLAS CHAN
Contact Number	(Phone) +65-96823498
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' 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.

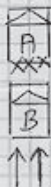
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

06/5/22 @ 13pm



A - SFD992U
B - SMR9187L

Describe Circumstances of the Accident

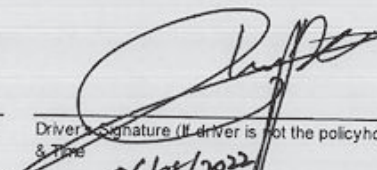
On 05/08/2022, while driving SPD 9924 along Brang Road
towards the direction of Haffie Napier Road. The Traffic
light at the junction of Oakwood Blvd turn amber and I
stopped the vehicle. SMR 91824 was behind me and
could not stop in time, colliding into the rear of SPD 9924
U.

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


06/08/2022
@ 1:30pm

Witnessed by Reporting Centre
Personnel

06/8/22 @ 1:30pm

