

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	01/08/2022 15:02 (SGT)
Reported by	Owner
Date of Accident	01/08/2022 08:15 (SGT)
Exact Location of Accident	Science Park Dr, Singapore
Additional Location Information	ALONG SCIENCE PARK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV939X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAK KIAN SOON BENJAMIN(MAI JIANSHUN, BENJAMIN)
NRIC No	SXXXX235I
Email Address	BENJAMIN_MAK@YAHOO.COM
Mobile Phone No	(Phone) +65-98397242
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	Yes
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	1800143872-02

DRIVER

Name of Driver	CHUNG CHIN YING
NRIC No	SXXXX043C
Date Of Birth	06/04/1984
Occupation	Indoor

Date Of Driving Pass	26/10/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98391373
Alt. Phone Number	-
Email Address	ADIECHUNG@GMAIL.COM
Address	45 PASIR PANJANG HILL
Address complement	#04-14
Postcode	118864
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	1
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	-

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 HAVE A SLIGHTLY BUMP WITH THE CAR INFRONT OF ME AT SCIENCE PARK DR. NO ONE IS INJURY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV201R
Vehicle Manufacturer	Citroen
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) -

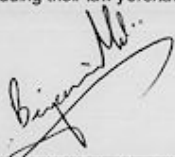
SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

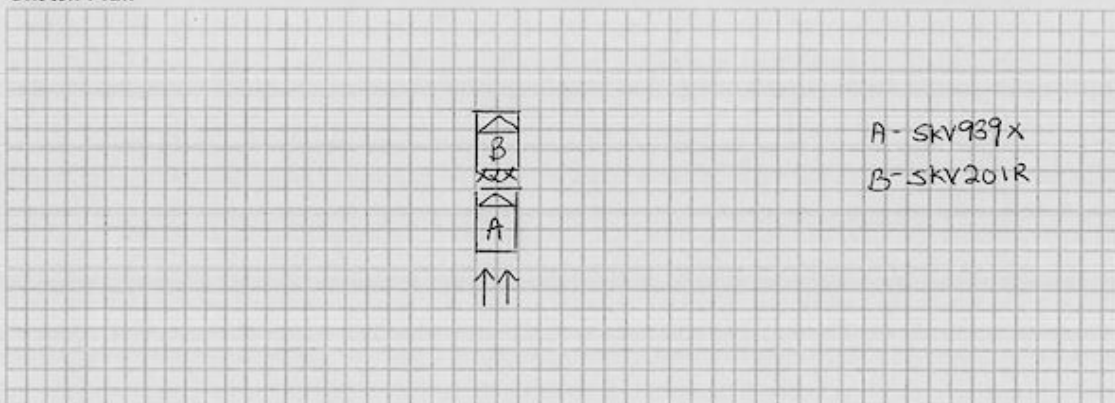
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel

Sketch Plan



The sketch plan area contains a grid with a handwritten diagram. The diagram shows two vehicles, labeled 'A' and 'B', positioned vertically. Vehicle 'A' is at the bottom and vehicle 'B' is above it. Arrows point upwards from below vehicle 'A'. To the right of the diagram, the following text is handwritten:

A - SKV939X
 B - SKV201R

Describe Circumstances of the Accident

I have a slight bump ~~with~~ with the car in front of me at
science park Dr. No one is injury.

Declaration

We declare the foregoing particulars are true in every respect.

Beign-Huh

Policyholder's Signature / Date &
Time

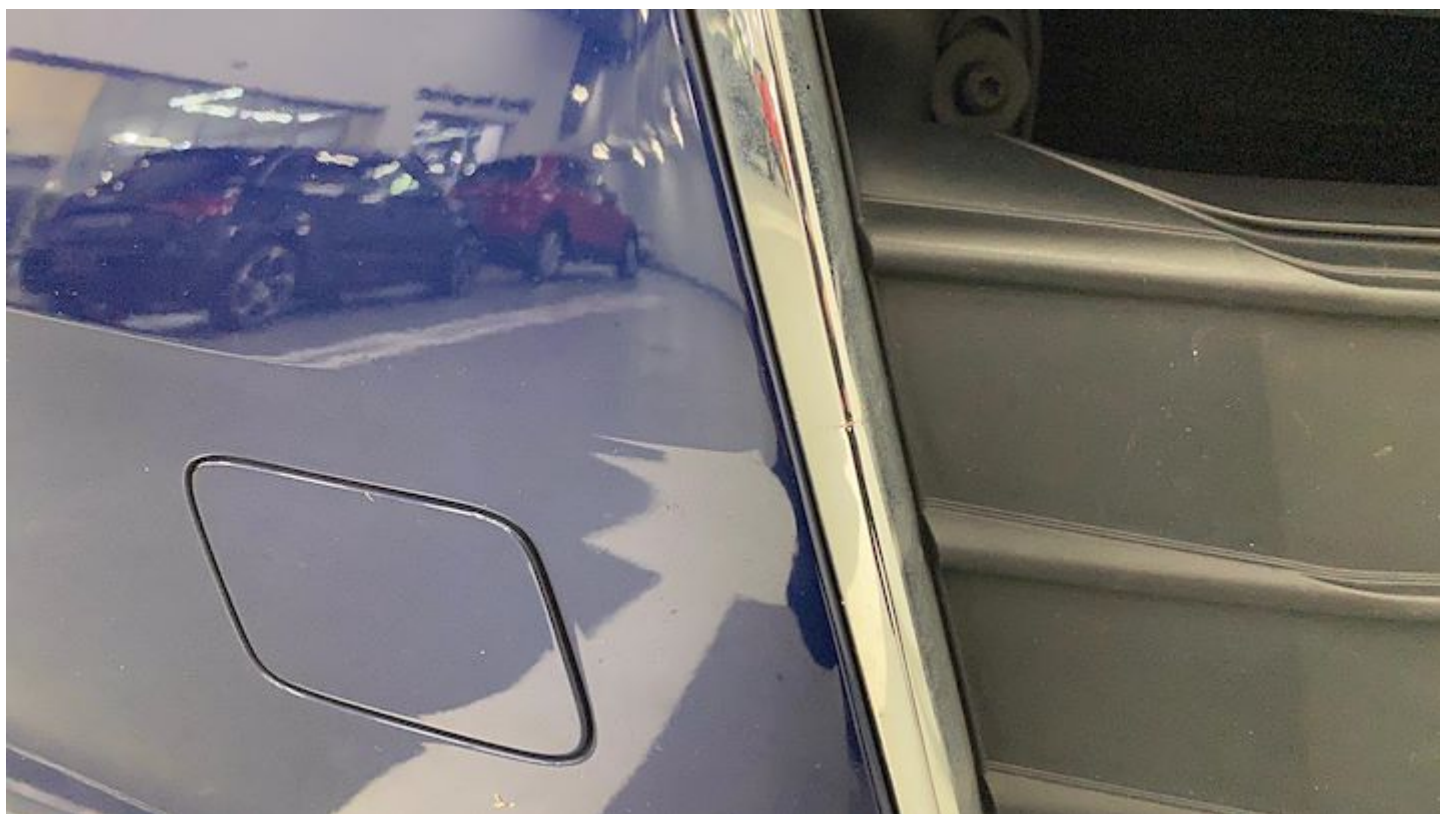
Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

ADDENDUM

Original Report No : SP1422810002 Vehicle Registration No: SKV939X

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 45 PASIR PANJANG HILL, #04-14 Singapore(118864)

Contact (Tel) : 98397242 Mobile No.:

Email Address : BENJAMIN_MAK@YAHOO.COM

Date of Accident : 01/08/2022 Time of Accident: 08:15

Place of Accident : ALONG SCIENCE PARK DR

Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

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

TO UPLOAD THE VIDEO FOOTAGE.



Reporting Centre Personnel's Signature
Name: WONG KHONG SENG, GEORGE
NRIC/FIN No.: 6XXXX143X
Date: 1/8/22