

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	18/08/2022 11:28 (SGT)
Reported by	Both
Date of Accident	18/08/2022 08:19 (SGT)
Exact Location of Accident	5 Kampong Bahru Rd, Singapore 169341
Additional Location Information	NUL ROAD, SLIP ROAD TO KAMPONG BAHRU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1828L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG CHENG HUA
NRIC No	SXXXX786G
Email Address	HCHHENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97832466
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
Variant	2.0 TFSI QU
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	2100503266-05

DRIVER

Name of Driver	HENG CHENG HUA
NRIC No	SXXXX786G
Date Of Birth	26/02/1977
Occupation	Indoor

Date Of Driving Pass	26/08/1995
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97832466
Alt. Phone Number	-
Email Address	HCHHENG@HOTMAIL.COM
Address	17 CAIRNHILL CIRCLE
Address complement	#09-08
Postcode	229816
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 - 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

TRAVELLING ALONG NUL ROAD, EXITING SLIP ROAD TO KAMPONG BAHRU ROAD, I SAW THE CAR IN FRONT MOVE OUT AND I CHECKED MY BLIND SPOT TO MOVE FORWARD. THE CAR IN FRONT SUDDENLY STOPPED AND I DIDN'T STOP IN TIME AND HIT THE LEFT SIDE HIS BUMPER. DAMAGE IS LIMITED TO HIS BUMPER (SLIGHT SCRATCHES) AND TAILGATE SLIGHTLY DAMAGE TO 3RD PARTY CAR.

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	SMY9480R
Vehicle Manufacturer	Kia
Vehicle Model	Carens
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car

Name of Driver	ANDY
Contact Number	(Phone) +65-98505251
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

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.

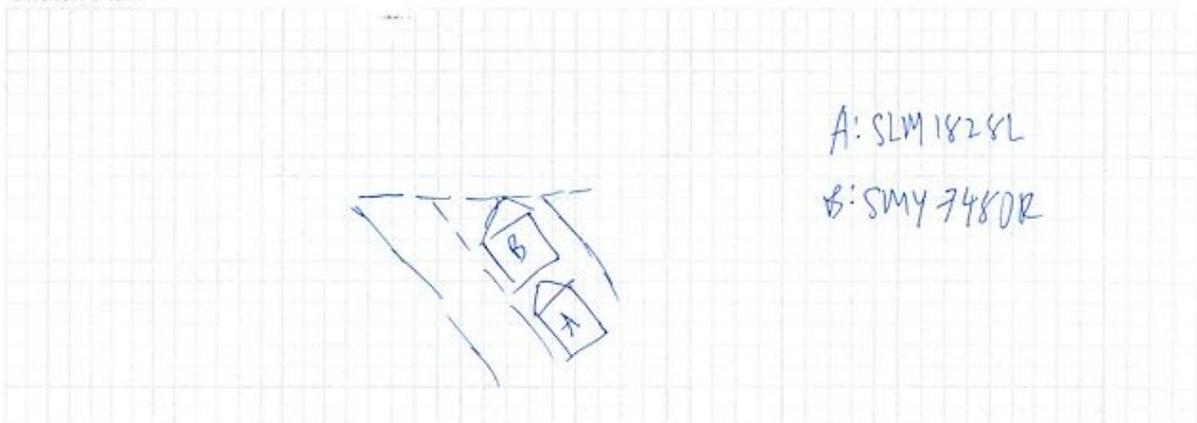


[Signature] 8/8/22
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Travelling along Nui Road, exiting slip road to Kempong Bahru Road
 Saw the car in front move out and I checked my blind spot to
 move forward. Car in front suddenly stopped and I didn't stop
 in time and hit his left side of his bumper. Damage is
 limited to his bumper (slight scratches) & tail gate slightly
 damaged to 3rd party car

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





















































































