

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	02/09/2022 09:47 (SGT)
Reported by	Driver
Date of Accident	30/08/2022 20:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	8 KAKI BUKIT LVL 3 CARPARK AFT GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU9999R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STZ INTERNATIONAL PTE LTD
Company Reg No	2XXXXX104N
Email Address	jonathan.chng37@gmail.com
Mobile Phone No	(Phone) +65-87838181
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210094904

DRIVER

Name of Driver	JONATHAN CHNG SOON PENG
NRIC No	SXXXX017B
Date Of Birth	12/10/1962
Occupation	Outdoor

Date Of Driving Pass	19/10/1981
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81880905
Alt. Phone Number	-
Email Address	jonathan.chng37@gmail.com
Address	BLK 889 TAMPINES ST 81
Address complement	#12-1054
Postcode	520889
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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

PSLS REFER TO THE ATTACHED STATEMENT

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	SKK1167H
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

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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

[Signature] 21 Aug 2022

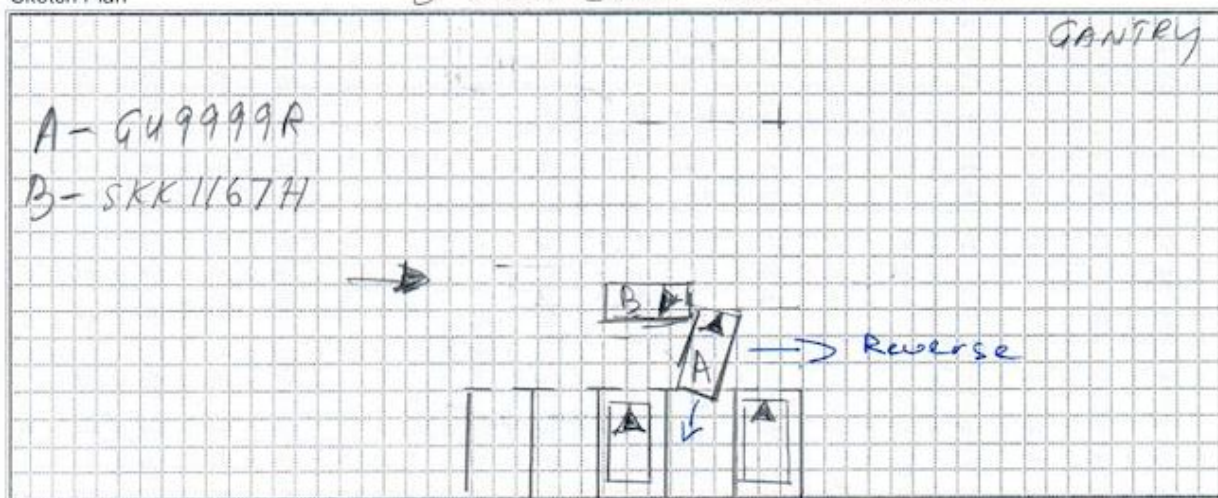
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 02/09/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

8 KAKI BUKIT LVL 3 CARPARK AFT



vJun2022

Describe Circumstance of the Accident

My Lorry GU 9999 R (A), I'm driving toward to exit at 8, Kaki Bukit Ave 4, 3rd sty car park.. I ~~was~~ saw that car park lot NO. 3. I deverse to the car park lot 2 ~~and~~ and that's NO any car behind me.

~~my lorry~~
I hear something once I reverse almost to the car park lot. and B ~~came out~~ I stop and come out from my lorry and saw the car (B) hit on my left side of my lorry.

I asked the driver why u see my lorry GU 9999 R reversing u still drive toward ? and I saw his car (B) with the new Driver sign Δ, then I told him better make report.

And He call his Boss to come ~~out~~ and take a look. ~~by that~~ that's one group of people from this car B - I told them again, this is the small case and Nobody injured. so better report.


(A) lorry GU 9999 R
(B) BDIW SKK 1167 H

Declaration

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



Policyholder's Signature / Date & Time

 31 Aug 2022
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 02/09/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

















