

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 willful 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	14/09/2022 16:01 (SGT)
Reported by	Both
Date of Accident	14/09/2022 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORPORATION ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC1212S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LUO ZHONGYOU, LEON
NRIC No	SXXXX245H
Email Address	S99203962@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91890102
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	XC40 T5 MOMENTUM
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	1969

INSURANCE COMPANY

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

DRIVER

Name of Driver	LUO ZHONGYOU, LEON
NRIC No	SXXXX245H
Date Of Birth	28/10/1982
Occupation	Indoor

Date Of Driving Pass	28/02/2001
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91890102
Alt. Phone Number	-
Email Address	899203962@HOTMAIL.COM
Address	56 HAVELOCK ROAD
Address complement	30-146
Postcode	161056
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

-

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	PC4064J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YOE HENRY
NRIC No	SXXXX773J


Contact Number	(Phone) +65-96685217
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN


SKETCH PLAN

IMPORTANT NOTICE

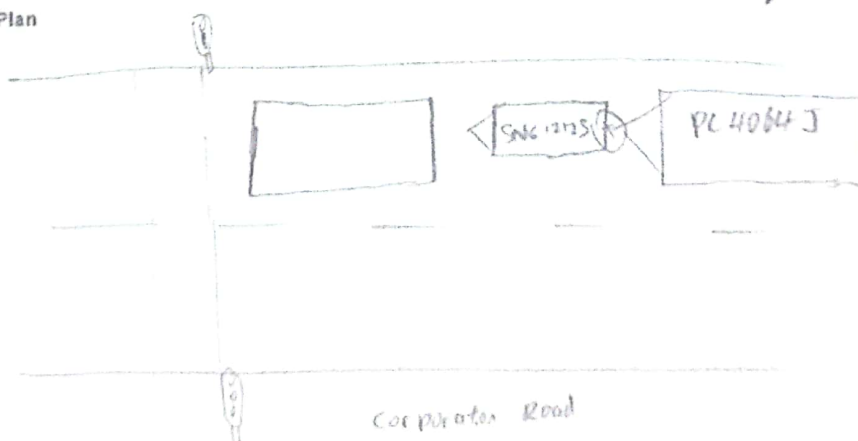
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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 Registered Centre Personnel

Sketch Plan






Describe Circumstances of the Accident

LICENSE PLATE: SNC 1712 S	ACCIDENT DATE & TIME: 14/09/22 9:15 AM
CONTACT NUMBER: 9189 0102	E-MAIL ADDRESS: 549223967@hdsn.com
LOCATION: CORPORATION ROAD	
<p>While driving along corporation road, vehicle ran into the back of my car while stationary at traffic light. NO injury involve.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
<p>Please state:</p> <p> <input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only </p>	

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
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