

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 04/10/2022 18:45 (SGT)
Reported by Driver
Date of Accident 02/10/2022 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG SENGKANG EAST RD TWDS PUNGGOL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3652D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SP BEST SERVICE
Company Reg No 5XXXX222M
Email Address kekworker2@gmail.com
Mobile Phone No (Phone) +65-90771366
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 2488

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220095539

DRIVER

Name of Driver LOY KOK WEE
NRIC No SXXXX603C
Date Of Birth 02/06/1961
Occupation Outdoor

Date Of Driving Pass	27/01/1982
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87763531
Alt. Phone Number	-
Email Address	kekworker2@gmail.com
Address	BLK 206A PUNGGOL PLACE
Address complement	#09-2028
Postcode	821206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUB-CON
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	DRIZZLING
Road Surface	Wet

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

PLS 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	SMW5087S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHUANG ZHIRONG
NRIC No	SXXXX219I

Contact Number	(Phone) +65-97669142
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.

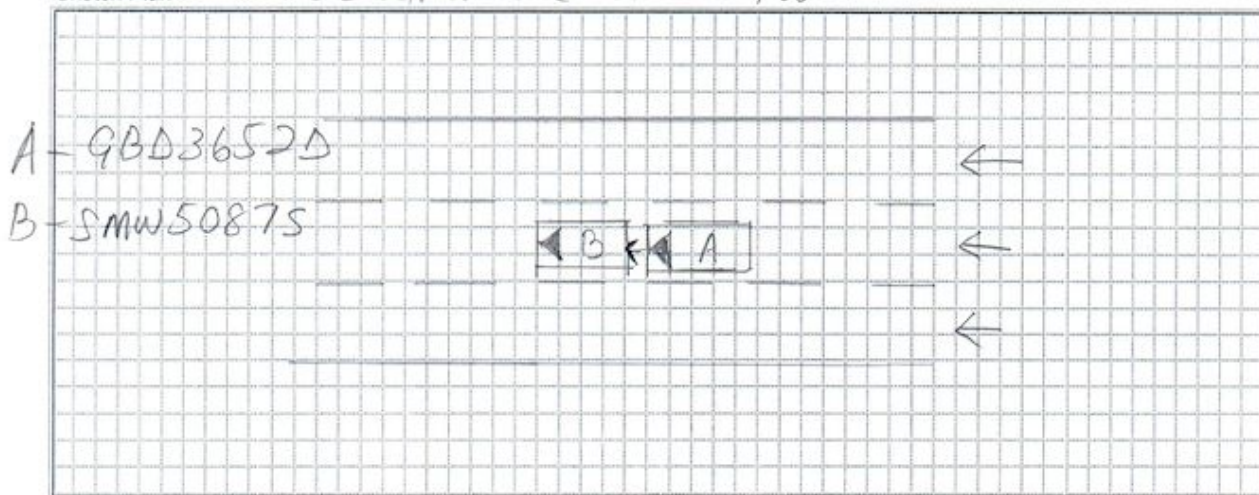
 
Policyholder's Signature / Date & Time

 4/10/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 04/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SENGKANG EAST RD TOWDS PUNGGOL



vJun2022




1

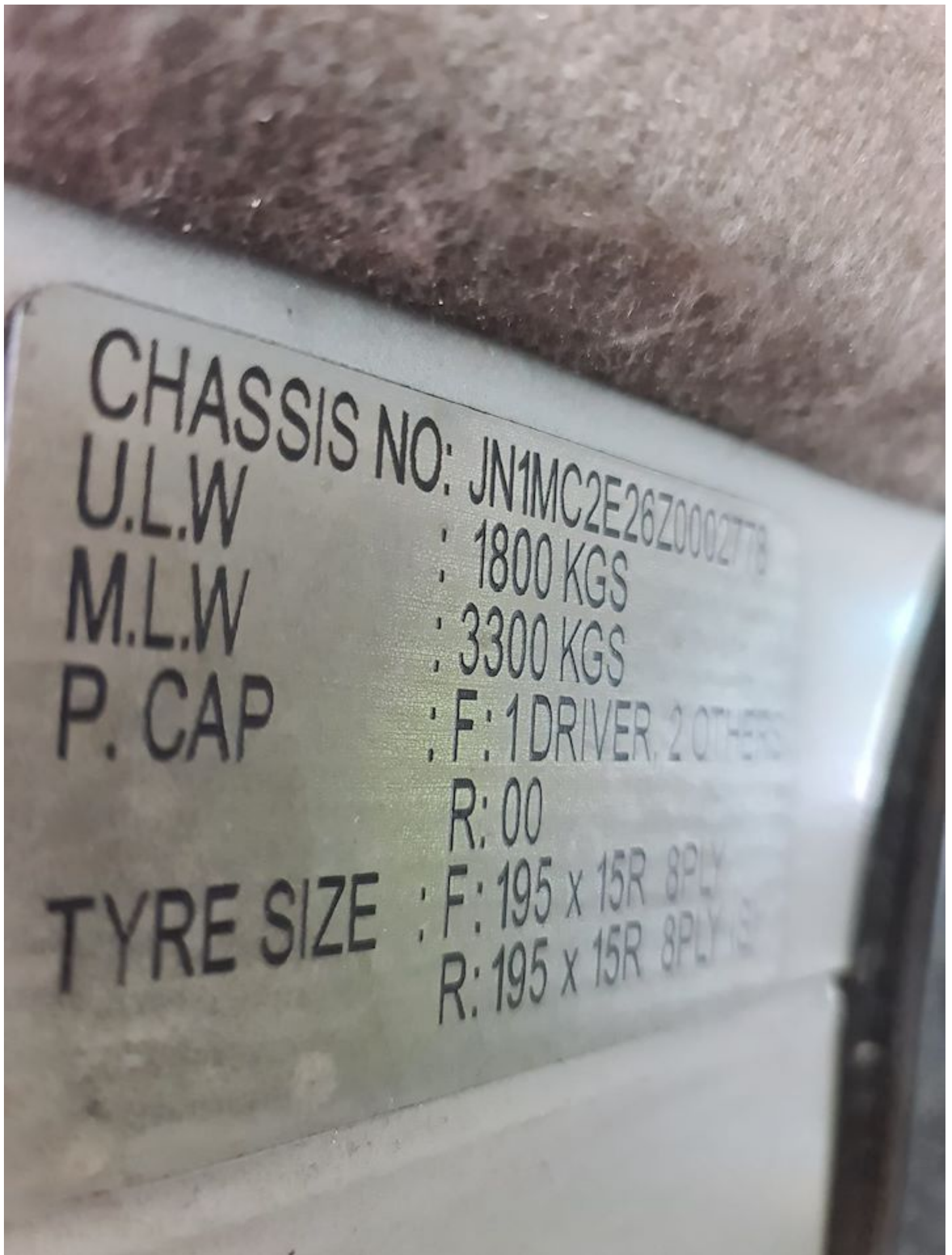
Describe Circumstance of the Accident

I was travelling straight along Sengkang East Road on the 2nd lane of A3-lanes road. Suddenly in front of my veh stop and i applied brake because of the road surface wet my veh didn't stop completely and hit onto the rear portion of veh B

Declaration

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


 Policyholder's Signature / Date & Time:  4/10/22
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time:  04/10/22
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card):



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922A4000G Vehicle Registration No: GBO 36520
 Name (as shown in NRIC): LOH KOK WEE NRIC/FIN/Passport No: SXXXX603C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 206A PUNGGOL PLACE #09-2028 Singapore (821206)
 Contact (Tel): _____ Mobile No.: 87763531
 Email Address: _____
 Date of Accident: 02/10/22 Time of Accident: 18:30
 Place of Accident: ALONG SENGLANG EAST RD TOWARDS PUNGGOL
 Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

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

REVERT FROM OD CLAIMS TO REPORTING ONLY

 Policyholder / Driver's Signature
 Date: _____

Shym 06/10/22
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____