

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	10/10/2022 16:08 (SGT)
Reported by	Driver
Date of Accident	08/10/2022 08:14 (SGT)
Exact Location of Accident	1 Queensway, Singapore 149053
Additional Location Information	QUEENSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1632S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YOKE CHEE
NRIC No	S7926305B
Email Address	jamiewong31@gmail.com
Mobile Phone No	(Phone) +65-97682780
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	KIA FORTE K3 1.6A SX
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100458590-06

DRIVER

Name of Driver	CHIA CHEE WENG
NRIC No	S7608186G
Date Of Birth	29/03/1976
Occupation	Indoor

Date Of Driving Pass	22/08/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91775672
Alt. Phone Number	-
Email Address	shohoku74@gmail.com
Address	Blk 109A Depot Road #12-87
Address complement	-
Postcode	101109
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)	2
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	-

PASSENGER 1

Name	CHIA ZHE KAI
Gender	Male

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

BOTH CAR VEHICLES WERE STATIONARY WHEN THE TRAFFIC LIGHT WAS RED. WHEN THE TRAFFIC LIGHT WAS GREEN, I MOVED MY CAR WHEN THE VEHICLE IN FRONT OF ME MOVED. BUT THE VAN THEN STOPPED AND I IMMEDIATELY STEPPED ON THE BRAKES AND HIT THE BACK OF HIS VEHICLE.

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	GBA36T
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEN PU
Work Permit No	0 75018703
Contact Number	(Phone) +65-83577355
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

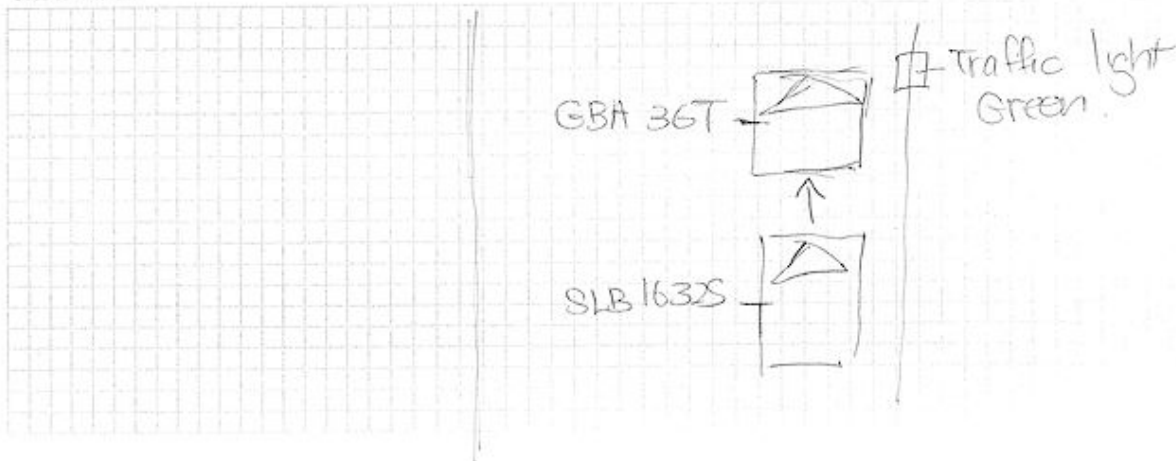
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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











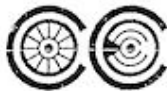












CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609377MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 19520020MP**Accident Statement****Accident Details**

Are you claiming under your own Ins Policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input checked="" type="checkbox"/> Reporting Only
Date of Accident	08 / 10 / 22		
Time of Accident (24hr format)	08.14 hr		
Exact Location of Accident	Queensway		
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
No. of vehicles involved in the accident	02		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the accident reported to the police?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Own Vehicle Details

Vehicle Registration Number	SLB 16328		
Vehicle Category	Private Car / Comm Veh / Good Veh / Motorcycle / Others		
Vehicle Manufacturer	Mitsubishi / KIA / Citroen / Maxus / Mercedes / Others		
Vehicle Model	K3 Forte 1.6h SX		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	cc <input type="text" value="1591"/>
Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private Hire	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Private Use
Number of passengers (including driver)	2		
Passenger (Name and Gender)	Chia Chee Weng (Driver) Chia Zhe Kai (Passenger - backseat) (M/F)		

Own Vehicle Policy

Handling Insurer (Insurance Company)	AIG		
Coverage Type	AET / Comprehensive / Third Party / Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Policy No / Cover Note No	2100458590-06		
ID of Registered Owner	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	S/T/G 7926305 B		
Name of Registered Owner	Wong Yoke Chee		
Email Address	jamiewong31@gmail.com		
Mobile No	97682780		

Owner / Driver's Signature : _____

Driver Information			
Is the Driver the Policy Holder	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, only fill up the highlighted part
Name of Driver	Chia Chee Weng		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
ID of Driver	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	S/T/G 760818616		
Date of Birth	29/3/1976		
Driving Pass Date	22/8/2009		
Contact No	91775672	Alt Contact No (If any)	
Home Address	Blk 109A, Depot Rd, #12-87, Singapore 101109		
Email Address	shohoku74@gmail.com		
Occupation	<input checked="" type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Relationship with Owner	Spouse / Child / Sibling / Parent / Relative / Other		
Does Driver Own other Vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please fill up the below part
	Vehicle No:	Ins Company:	
Third Party Vehicle or Property			
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
Vehicle Registration No	GBA 36T		
Vehicle Manufacturer / Model / Colour	Tot Toyota		
Vehicle Category	Private Car / Comm Veh / Taxi / Bus / Motorcycle / Others		
Name of Insurance Company			
Name of Driver	Chen Pu		
Contact Number	83577355		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Reg No	Name of Driver	Contact No
Injured Persons Details			
Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Witness Details			
Was there any witnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
(Name, Phone, Email)			
Files			
Are accident photos available for attachment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there any video captured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Owner / Driver's Signature :



Describe Circumstances of the Accident

Both car vehicles were stationary when the traffic light was red. When the traffic light was green, I moved my car when the ~~bus~~ vehicle in front of me moved.

But the van stopped and I ~~stop~~ stop.

But the van then stopped and I immediately stepped on the brakes and hit the back of his vehicle.

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

