

# 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 .....	11/11/2022 11:27 (SGT)
Reported by .....	Both
Date of Accident .....	10/11/2022 20:24 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG BUKIT TIMAH ROAD, NEAR NEWTON CIRCUS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ1110P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HO PEI PEI (HE BEIBEI)
NRIC No .....	SXXXX737B
Email Address .....	bluemoonbears@gmail.com
Mobile Phone No .....	(Phone) +65-97890707
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	LandRover
Model .....	DISCOVERY SPORT 2.0 SI4 HSE 7STR S/R
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 .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2100492438

### DRIVER

Name of Driver .....	HO PEI PEI (HE BEIBEI)
NRIC No .....	SXXXX737B
Date Of Birth .....	05/07/1979
Occupation .....	Indoor

Date Of Driving Pass .....	11/12/2000
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97890707
Alt. Phone Number .....	-
Email Address .....	bluemoonbears@gmail.com
Address .....	BLK 121 BUKIT BATOK CENTRAL #10-451
Address complement .....	-
Postcode .....	650121
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 .....	Raining
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

#### REFER TO ATTACHMENT

#### 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 .....	SNB4510S
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG KIAN THIAM
NRIC No .....	SXXXX211C

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

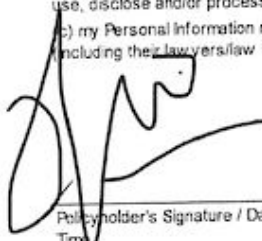
# SKETCH PLAN

## IMPORTANT NOTICE

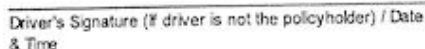
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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' law firms/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

I was driving along Bt Timah Rd last evening. It was raining. I stopped the car as there was a car in front. KIA SJB 45105 then knocked into the back of my vehicle SW1110P.

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel

Sketch Plan

Please refer to video attached.

(A) SLJ1110P

(B) SNB4510S



11/11/2022

Policy holder & Driver Signature (SLJ1110P)

Circumstances of Accident

10 Nov 2022 20:24pm

SLJ1110P was travelling along Bukit Timah Road, near Newton Circus, going straight at the right most lane at low speed, as it was raining heavily. Most other vehicles were moving slowly as well, due to wet conditions.

SLJ1110P came to a stop a distance from the car in front, as it had stopped too. SNB4510S hit SLJ1110P from behind. PLS refer to video attached.

I declare that the above is true in every aspect.



11/11/2022

Policyholder and Driver Signature (SLJ1110P)



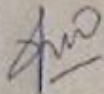
11 NOV 2022

To : AIG, JLR and parties involved in processing the motor insurance claim.

I, Ho Pei Pei, S99187378, owner of vehicle SLJ1110P  
 hereby authorize my spouse William Leow, S7820628D,  
 to act for me in matters relating to this accident  
 report (for account date 10 Nov 2022).

I am ~~not~~ unable to attend to this personally as I  
 am out of the country.

Thank you



11 Nov 2022











































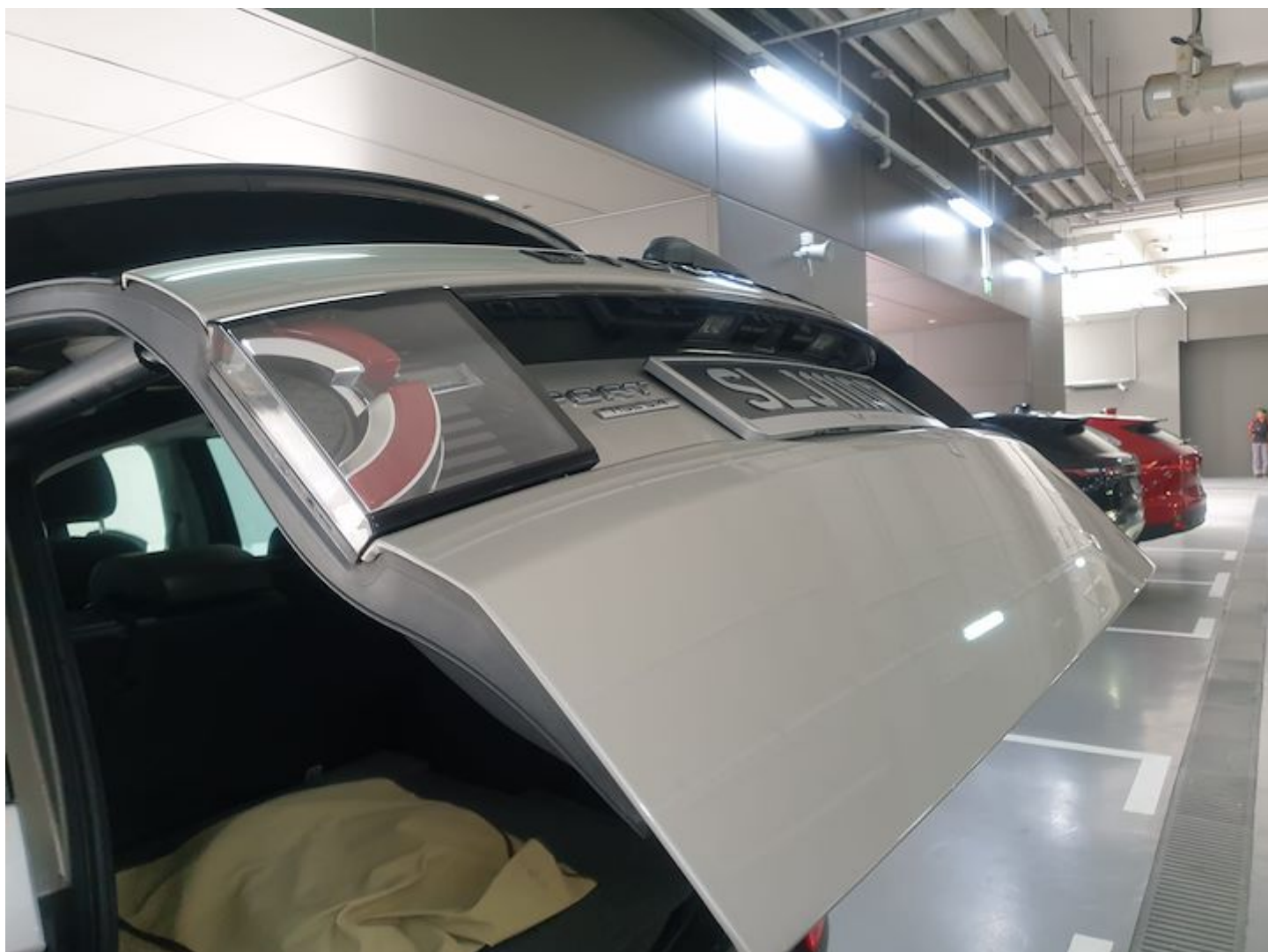




























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SW0022BB0002 Vehicle Registration No : SLJ1110P  
 Name (as shown in NRIC) : HO PEI PEI (HE BEI BEI) NRIC/FIN/Passport No : 57912737B  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9789 0707  
 Email Address : \_\_\_\_\_  
 Date of Accident : 10/11/2022 Time of Accident : 2024  
 Place of Accident : ALONG BUKIT TIMAH ROAD, NEAR NEWTON  
CIRCUIS  
 Insurance Company : ALG

**(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:

TO AMEND REPORT & SIGN THE  
SKETCH PLAN

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: