

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 01/12/2022 19:14 (SGT)
Reported by Driver
Date of Accident 30/11/2022 16:50 (SGT)
Exact Location of Accident 375 Commonwealth Ave, Commonwealth, Singapore 149735
Additional Location Information JUNCTION OF COMMONWEALTH AVE WEST AND CLEMENTI AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU5975A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PANG KANG WEN
NRIC No S7880062C
Email Address pangkangwen@yahoo.com.sg
Mobile Phone No (Phone) +65-97332543
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1900174900-02

DRIVER

Name of Driver PANG KOK JAN
Passport No/FIN F0118475W
Date Of Birth 14/11/1943

Occupation	Indoor
Date Of Driving Pass	30/07/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84676152
Alt. Phone Number	-
Email Address	gmsss99@gmail.com
Address	BLK 26 BUKIT BATOK ST.52, #21-01 GUILIN VIEW
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	3
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	WONG CHAI LEEN
Gender	Female

PASSENGER 2

Name	YENITA MARSALINA
Gender	Female

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

ON 30/11/22 @16 50HRS, I WAS GOING TO MAKE A RIGHT TURN TO CLEMENTI AVE 2 FROM COMMONWEALTH AVE WEST. SUDDENLY VEHICLE B JAMMED HIS BRAKES IN FRONT OF ME, I COULD NOT STOP ON TIME AND REAR ENDED VEHICLE. THE FLOOR IS WET AT THAT POINT OF TIME.

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	SCG6608K
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S0668873Z
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.



Driver's Signature (If driver is not the policyholder) / Date & Time 01.12.2022 @ 18:25hrs



Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attachment 









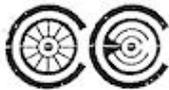












CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327M~~DIPLOMAT PARTS PTE LIMITED~~
~~COMPANY NO. 199405410K~~**Accident Statement****Accident Details**

Are you claiming under your own Ins Policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Reporting Only
Date of Accident	30/11/2022		
Time of Accident (24hr format)	16:50 hr		
Exact Location of Accident	Junction of commonwealth ave west and clementi Ave 2		
Weather Condition	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
No. of vehicles involved in the accident	2		
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	SJU 5975A		
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Good Veh / <input type="checkbox"/> Motorcycle / <input type="checkbox"/> Others		
Vehicle Manufacturer	<input checked="" type="checkbox"/> Mitsubishi / <input type="checkbox"/> KIA / <input type="checkbox"/> Citroen / <input type="checkbox"/> Maxus / <input type="checkbox"/> Mercedes / <input type="checkbox"/> Others		
Vehicle Model	Eclipse Cross		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	CC <input type="checkbox"/> 1499
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)	3		
Passenger (Name and Gender)	Wong chai leen (female) Yenita Marsalina (female)		

Own Vehicle Policy

Handling Insurer (Insurance Company)	AIG		
Coverage Type	<input checked="" type="checkbox"/> ACT / <input type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Policy No / Cover Note No	1900 174 900-02		
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 78800621C		
Name of Registered Owner	Pang Kang Wen		
Email Address	pangkangwen@yahoo.com.sg		
Mobile No	9733 2543		

Owner / Driver's Signature: _____

[Signature]
01/12/2022
@18251KS

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	Pang kok Jan		
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 F01 (PK75W)		
Date of Birth	14/11/1943		
Driving Pass Date	30/07/2010		
Contact No	8467 6152	Alt Contact No (If any)	
Home Address	Blk 26 Bukit Batok St 52, #21-01 Gratin View		
Email Address	gms5599@gmail.com		
Occupation	<input checked="" type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Relationship with Owner	Spouse / Child / Sibling / <u>Parent</u> / 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	SCG 6608K		
Vehicle Manufacturer / Model / Colour	Audi		
Vehicle Category	<u>Private Car</u> / Comm Veh / Taxi / Bus / Motorcycle / Others _____		
Name of Insurance Company			
Name of Driver	506688732		
Contact Number			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Reg No	Name of Driver	Contact No
		Nil	
Injured Persons Details			
Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Witness Details			
Was there any witnesses?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
(Name, Phone, Email)			
Files			
Are accident photos available for attachment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was there any video captured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

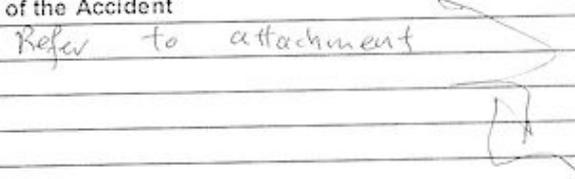
Owner / Driver's Signature :



 01/12/2012
 @ 1825/141

Describe Circumstances of the Accident

Refer to attachment



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



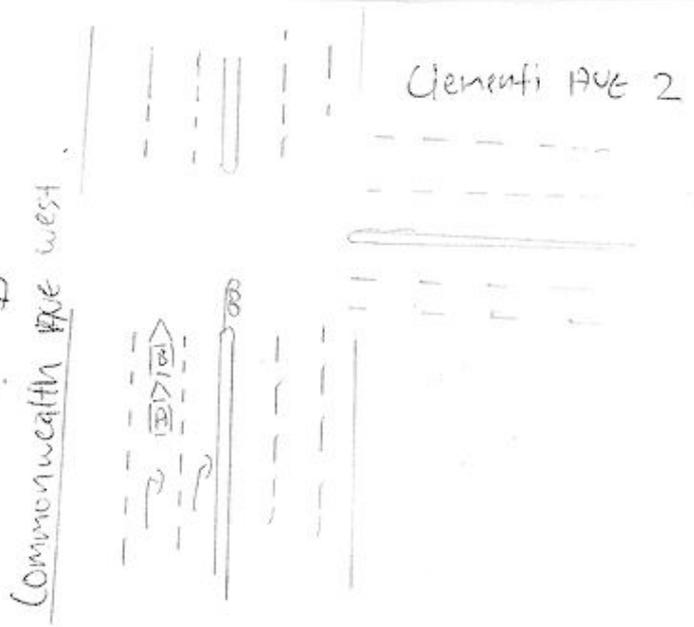
01/12/2012 @ 18:25hrs



Witnessed by Reporting Centre Personnel

SKETCH PLAN

A => SJU5975A
B => SC96608K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/11/26 @ 1650 HRS, I was going to make a right turn to Clementi Ave 2 from Commonwealth Ave West. Suddenly vehicle B jammed his brakes in front of me, I could not stop on time and rear ended vehicle. The floor is wet at that point of time.

DECLARATION

I/We declare the foregoing particulars are true and correct to the best of my/our knowledge.

Police Officer's Signature
Date & Time


Driver's Signature
Address (in case the police call you)
Date & Time

Reporting Centre Police Officer's Signature
Date
Police Officer's