

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	16/01/2023 16:09 (SGT)
Reported by	Driver
Date of Accident	14/01/2023 12:20 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	KPE TOWARDS ECP 8.3KM MARK LANE 1 ACCIDENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF1520G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OLIVEIRO GLEN NEVILLE
NRIC No	SXXXX846C
Email Address	GLEN_OLIVEIRO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81234897
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	1.8 TFSI S-TRONIC
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	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100505829

DRIVER

Name of Driver	ONG PO KENG
NRIC No	SXXXX723F
Date Of Birth	07/04/1970
Occupation	Indoor

Date Of Driving Pass	06/01/2003
Driving experience	20 YEARS
Gender	Female
Mobile Number	(Phone) +65-91826667
Alt. Phone Number	-
Email Address	FIONAONGOLIVEIRO@GMAIL.COM
Address	84 RIVERINA VIEW
Address complement	-
Postcode	518433
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	MALORIE OLIVEIRO
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 14 JANUARY 2023, I WAS DRIVING ALONG THE KPE ON LANE 1 HEADING TOWARDS THE ECP. NEAR THE 8.3KM MARK WHEN THE CAR IN FRONT BRAKED AND CAME TO A STOP. SUBSEQUENTLY, I BRAKED HARD AND STOPPED IN TIME WITHOUT ANY COLLISION WITH THE CAR IN FRONT. THEN THE CAR BEHIND HIT MY CAR FROM THE REAR.

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	SDJ87A
Vehicle Manufacturer	Infiniti

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	HO BING HAI
Contact Number	(Phone) +65-97808040
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK2734C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJE323Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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**

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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' law yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
16/1/2023

Driver's Signature (If driver is not the policyholder) / Date & Time
16.1.2023

Witnessed by Reporting Centre Personnel
Tony Foong

Sketch Plan

	- SFR1520G
	- SDL87A
	- SLK 2734C
	- SSE323Z
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Describe Circumstances of the Accident

On 14 January 2023 I was driving along the KPE on lane 1 heading towards the JEP. Near the 8.3 km mark when the car in front braked and came to a stop. Subsequently, I braked hard and stopped in time without any collision to the car in front. Then ~~the~~ the car behind hit my car from the rear.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 16/1/2023
 2:00 pm


 Driver's Signature (If driver is not the policyholder) / Date & Time
 16.1.2023
 2pm



Witnessed by Reporting Centre Personnel
 Tony Foong









































