

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	01/02/2023 15:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/01/2023 18:10 (SGT)
Exact Location of Accident	Island Club Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW368H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU CHONG WAI
NRIC No	SXXXX369E
Email Address	LAUCW@ROCKETMAIL.COM
Mobile Phone No	(Phone) +65-97822208
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SEDAN 1.4 TFSI
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100487284-06

DRIVER

Name of Driver	LAU CHONG WAI
NRIC No	SXXXX369E
Date Of Birth	15/07/1950
Occupation	Indoor

Date Of Driving Pass	24/02/1972
Driving experience	50 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97822208
Alt. Phone Number	-
Email Address	LAUCW@ROCKETMAIL.COM
Address	BLK 324 CLEMENTI AVENUE 5
Address complement	#03-219
Postcode	120324
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	Clear
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

ON 31/01/2023, I WAS DRIVING TO SICC ISLAND CLUB (UPPER THOMSON) TO ATTEND MY COMPANY CHINESE NEW YEAR DINNER AT THE CLUB RESTAURANT. WHILE DRIVING ALONG ISLAND CLUB ROAD, SUDDENLY, I SAW A BLACK HONDA STREAM SMG4923U MOVING BACKWARD DOWN THE SLOPPY ROAD TOWARD ME IN A VERY FAST AND OUT-OF-CONTROL MANNER. THE REAR OF THE CAR SMG4923U HIT MY CAR FRONT RIGHT SIDE WITH A STRONG IMPACT. THE IMPACT DAMAGES MY CAR FRONT BUMPER, GRILLE, HEADLAMPS, AND OTHERS. I FELT SOME WHIPLASH BECAUSE OF THE IMPACT. THE SMG4923U WAS DRIVEN BY MDM YAP LAY ENG I/C NUMBER: S2539381C, TEL: 91702385. AFTER HITTING MY CAR, SMG4923U CONTINUED TO SLIDE DOWN THE ROAD AND LANDED ON THE DRAIN.

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	SMG4923U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Black
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)	-

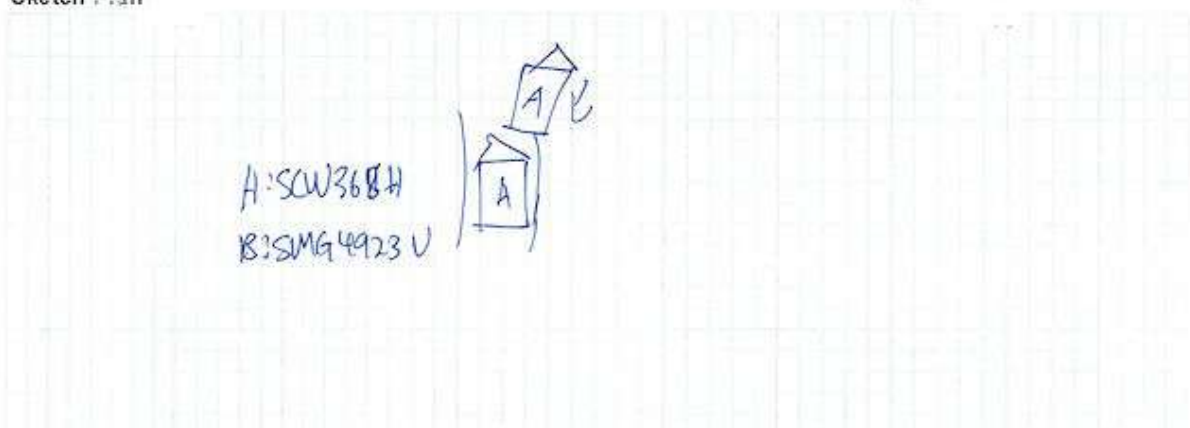
SKETCH PLAN**IMPORTANT NOTICE**

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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.

Alan 01/02/2023 11:00am
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 31/01/2023, I was driving to SICC Island Club (Upper Thomson) to attend my company Chinese New Year dinner at the club restaurant.

While driving along Island Club Road, suddenly I saw a black Honda Stream SMG 4923U moving backwards down the sloppy road towards me in a very fast and out of control manner.

SMG 4923U hit my car front, right side.

The rear of the car SMG 4923U hit my car front right side with strong impact.

The impact damaged my car front bumper, grille, headlamps and others.


I felt some whiplash because of the impact.

The SMG 4923U was driven by Mdm Yap Lay Eng i/c No. S2539381C, tel: 91702385.

After hitting my car, SMG 4923U continued to slide down the road and landed on the drain.

Declaration

We declare the foregoing particulars are true in every respect.

 01/02/2023
11.50 am
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

















