

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	25/01/2023 16:34 (SGT)
Reported by	Owner
Date of Accident	22/01/2023 13:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (BEFORE LORNIE EXIT AND ABOUT 100M BEFORE SPEED CAM)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF1017Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LE NGOC QUYNH CHAU
Passport No/FIN	G2986489L
Email Address	TYCHERRY137@GMAIL.COM
Mobile Phone No	(Phone) +65-87906988
Alternative Phone No	+65-90259991

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	SEDAN 2.0 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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220094912

DRIVER

Name of Driver	ONG SHAOJIE EDDIE
NRIC No	S8738868I
Date Of Birth	30/11/1987

Occupation	Outdoor
Date Of Driving Pass	30/12/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90259991
Alt. Phone Number	-
Email Address	SHAOJIEDD@GMAIL.COM
Address	550A SEGAR ROAD
Address complement	#14-622
Postcode	671550
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 22/1/2023, AT ABOUT 1315HRS, I WAS TRAVELLING ON PIE (CHANGI) HEADING TOWARDS CHANGI AIRPORT. THE WEATHER WAS RAINY AND I WAS TRAVELLING ON LANE 1. OUT OF THE BLUE, THE CAR (SMZ6725L) IN FRONT OF ME SUDDENLY BRAKED AND STOPPED. I IMMEDIATELY SLAMMED MY BRAKES AND HANDBRAKES WHICH THE CAR SKIDDED AND STILL COLLIDED WITH THE FRONT VEHICLE (SMZ6725L).

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	SMZ6725L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIM KAR HONG
Contact Number	(Phone) +65-91449648
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	SLW6768R
Vehicle Manufacturer	Peugeot
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	SHARIFFAH
Contact Number	(Phone) +65-91124674
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SNF 1017 Z

B: JMZ 6725 L

C: JLW 6768 R

On 22/1/23, at about 1315hrs, I was travelling on P1F (Changi) heading towards Changi Airport. The weather was rainy and I was travelling on Lane 1.

(SMZ 6725L)

Out of the blue, the car in front of me suddenly braked and stopped. I immediately slammed my brakes and handbrakes which the car skidded and still collided with the front vehicle. (SMZ 6725L).

We declare the foregoing particulars are true in every respect.

Eddleman (25/1/23)
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel











































































