# **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 witholding 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.

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   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 20/02/2023 12:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/02/2023 13:00 (SGT) Exact Location of Accident Singapore Additional Location Information SLE towards Woodlands (Before Mandai Exit) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK5825S INSURED/POLICYHOLDER

Honda

Is company? No Name Of Registered Owner Chew Chong Jieh NRIC No SXXXX871G Email Address lohhhberttt@hotmail.com Mobile Phone No (Phone) +65-96733434 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model City 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1497

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220022221

#### DRIVER

Name of Driver Chew Chong Jieh NRIC No SXXXX871G Date Of Birth 25/06/1982 Occupation Indoor

Date Of Driving Pass 21/01/2002 Driving experience 21 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96733434 Alt. Phone Number Email Address lohhhberttt@hotmail.com Address 1189 Upper Serangoon Road Address complement #03-02 Postcode 534785 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Teo Jia Hui Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to the attached statement. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident Yes, with driver.

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLE6336Z

Mercedes

A200

# Accident report SN09232K0005

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	Soh Zheng Rong Elsen
NRIC No	TXXXX226C
Contact Number	(Phone) +65-93803111
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

- Please report <u>correctly</u> 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 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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

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

2010212023 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan nandai A: SMK 58255 SLE to BKE B - SLE 6336= SLE

Describe Circumstance of the Accident
On 18 /02 /2022 @ 12
On 18/02/2022 @ 1300hrs, I was travelling on SLE towards  BKE on the first lane. Vehicle B(SLE 63362) sped up from  the second lane to attempt to the second
the on the tirst lane. Vehicle B(SLE 6336Z) sped up from
my vehicle. Vehicle B hesitated making the move tarning on and oft his signal light. Finally he put his car inbetween vehicle A and another car on his left. It is also possible that he hit that car as well gince the other vehicle pulled up to the other side and waited for vehicle B's driver the other vehicle (SLZ 6760x) driver spoke to Jehicle B driver after speaking to me. I am unsure of their encounter.
eclaration
ACIDED TO THE PROPERTY OF THE

I/We declare the foregoing particulars are true in every respect.

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

Actual Driver's Signature (if driver is not the policyholder) 
/ Name as in NRIC/ID card)

vJun2022

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