

# 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 .....	27/02/2023 12:00 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/02/2023 11:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF EXIT i12 KATONG & JOO CHIAT ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJL9669E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEONG KOK HONG
NRIC No .....	S0008225B
Email Address .....	khleong17@gmail.com
Mobile Phone No .....	(Phone) +65-97505338
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Jaguar
Model .....	F-PACE 2.0P AWD
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7210030150

### DRIVER

Name of Driver .....	LEONG KOK HONG
NRIC No .....	S0008225B
Date Of Birth .....	17/10/1950
Occupation .....	Indoor

Date Of Driving Pass .....	19/10/1976
Driving experience .....	46 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97505338
Alt. Phone Number .....	-
Email Address .....	khleong17@gmail.com
Address .....	26 BAYSHORE ROAD #29-05
Address complement .....	-
Postcode .....	469972
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 - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	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 .....	WIFE
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

#### REFER TO ATTACHMENT

#### 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 .....	SJL6916L
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	CHIA LOY SENG
NRIC No .....	S1332773D
Contact Number .....	(Phone) +65-90303019
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Income Insurance Limited
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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")

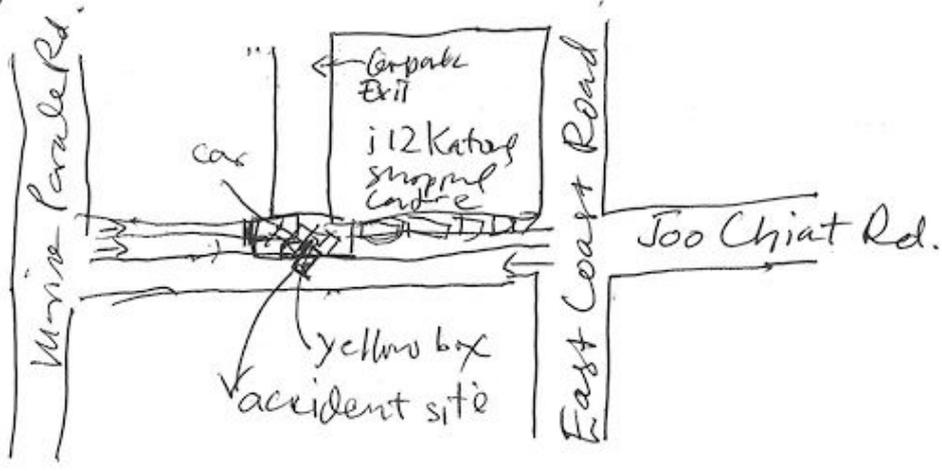
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
 Policyholder's Signature / Date & Time 27/2/23  
 Sketch Plan

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

  
 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

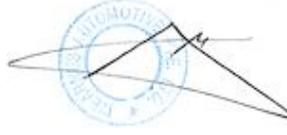
On 25 Feb at about 11:05 am I exited from the carpark of 112 Katong Shopping Centre towards Joo Chiat Road. At the junction there is a yellow box. I stopped my car as there was a car on port of the yellow box. Since I am making a right turn towards Marine Parade Road I slowly moved towards the junction and looked out for vehicles on the right and left before turning right. The vehicle SJL 916L was at the edge of the yellow box. As I slowly turned to the right, I suddenly felt that my vehicle was hit by SJL 916. My vehicle suffered damage at the 2 doors - SJL 916 and right side of the car. After the accident, both parties exchanged the ~~owner~~ our particulars. No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 27/2/23

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

  
 Witnessed by Reporting Centre Personnel















































