

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	09/03/2023 08:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 09:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PLAYFAIR ROAD TURNING INTO LHK 2 BUILDING ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8866Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHIN BENG (XU ZHENMING)
NRIC No	SXXXX019J
Email Address	kchinbeng@yahoo.com.sg
Mobile Phone No	(Phone) +65-81009052
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	F850GS
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	853

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220022450

DRIVER

Name of Driver	KOH CHIN BENG (XU ZHENMING)
NRIC No	SXXXX019J
Date Of Birth	17/02/1978
Occupation	Indoor

Date Of Driving Pass	29/10/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81009052
Alt. Phone Number	-
Email Address	kchinbeng@yahoo.com.sg
Address	APT BLK 129 PASIR RIS STREET 11
Address complement	# 04-307
Postcode	510129
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	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)	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMP969S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KEONG POH MENG
NRIC No	SXXXX455Z

Contact Number (Phone) +65-91863292
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

1. Please ~~not~~ fill in 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 ~~use~~ signature and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~use~~ 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 ~~signature~~ signature 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~~ Consent under the Personal Data Protection Act (PDPA)

I understand ~~and~~ 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~~ process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed ~~by any insurer~~ by any insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have ~~insured~~ insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively ~~referred~~ referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government ~~agency/authority~~ agency/authority (such as the police), for the purpose(s) of:

(i) ~~processing~~ processing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) ~~investigating~~ investigating the accident and/or my claims;

(iii) ~~carrying out~~ carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) ~~administering~~ administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of ~~certain~~ 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~~ and/or

(v) ~~complying~~ complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer ~~(i)~~ (i) 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~~ can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the ~~ir~~ ir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

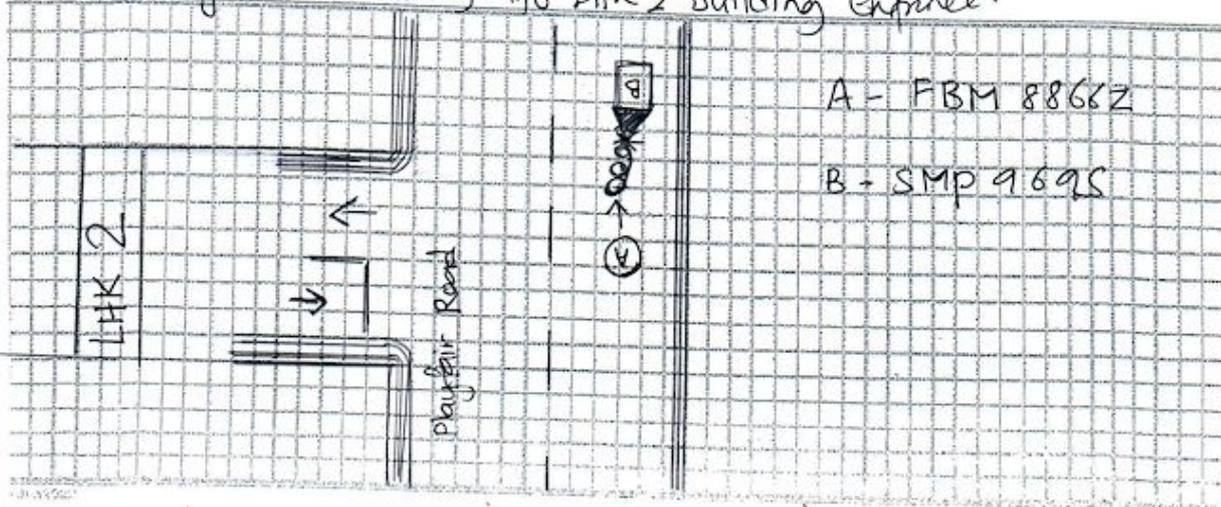
8/3/23
Policyholder's Signature / Date & Time

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

9/13/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Playfair Road turning into LHK 2 Building Entrance.



Description of the Accident

On 8/3/23 @ 09:45hrs, I was travelling ~~along~~ ^{along} along playfair Rd on my motorbike (FBM88662) and I stopped and signalled my intention to turn right into 76 playfair Rd. A blue Audi (SMP969S) failed to stop in time and ~~knit~~ bang into my bike and causes my number plate to bang bent. No injury on both party. No government property was damaged. Particulars was exchanged. That's all. The purpose of this report is for record purpose only.

Declaration

We declare the foregoing particulars are true in every respect.


8/3/23
Policyholder's Signature / Date & Time

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

 9/3/23
Witnessed by Reporting Centre Personnel
(Name and NRIC no.)







Galaxy Z Fold4
March 8, 2023 09:22



















