

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	08/03/2023 15:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 08:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE(CHANGI AIRPORT)BEFORE EXIT TO WHITLEY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4470A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ER SHIUAN PEY
NRIC No	S7333701A
Email Address	CHERYL.ER@GMAIL.COM
Mobile Phone No	(Phone) +65-97396860
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220095102

DRIVER

Name of Driver	ER SHIUAN PEY
NRIC No	S7333701A
Date Of Birth	19/09/1973
Occupation	Indoor

Date Of Driving Pass	01/08/1992
Driving experience	30 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97396860
Alt. Phone Number	-
Email Address	CHERYL.ER@GMAIL.COM
Address	221 QUEENSWAY #10-10
Address complement	-
Postcode	276750
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)	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	CHLOE CHONG
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	SLU1618J
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOO BOON SIONG
Contact Number	(Phone) +65-96727167
Address	-
Address complement	-
Postcode	-
Insurance Company Name	QBE Insurance (Singapore) Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I was travelling on PIE, towards Changi Airport, on the first left lane.
~~the~~ The traffic was quite heavy and slow. But I did not brake on time
 and ended up lightly hitting the back of another vehicle. The
 vehicle that was hit was a Toyota Hamier, Silver Colour,
 vehicle number: SLU 1618J.

The driver is: Mr Choo Boon Siong (Licence No.: S1700553G).


The other car's (SLU 1618J) damage was quite barely visible.
~~undamaged~~

Declaration

We declare the foregoing particulars are true in every respect.


 08/03/23 2.55pm
 Policyholder's Signature / Date &
 Time

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



 Witnessed by Reporting Centre
 Personnel


SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 8/3/23 2:50pm

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan