

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	11/04/2023 15:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2023 15:18 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ8860T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEUNG TAK MEI HELEN
NRIC No	S2591950E
Email Address	helkhoo@gmail.com
Mobile Phone No	(Phone) +65-96364729
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800031424-05

DRIVER

Name of Driver	CHEUNG TAK MEI HELEN
NRIC No	S2591950E
Date Of Birth	05/07/1953
Occupation	Indoor

Date Of Driving Pass	24/11/1990
Driving experience	32 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96364729
Alt. Phone Number	-
Email Address	helkhoo@gmail.com
Address	58 HUA GUAN AVENUE
Address complement	-
Postcode	589154
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 sketch plan.

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	SLQ6200T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YOON WAI LAM
NRIC No	S7778943Z

Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
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-
-
-

SKETCH PLAN

IMPORTANT NOTICE

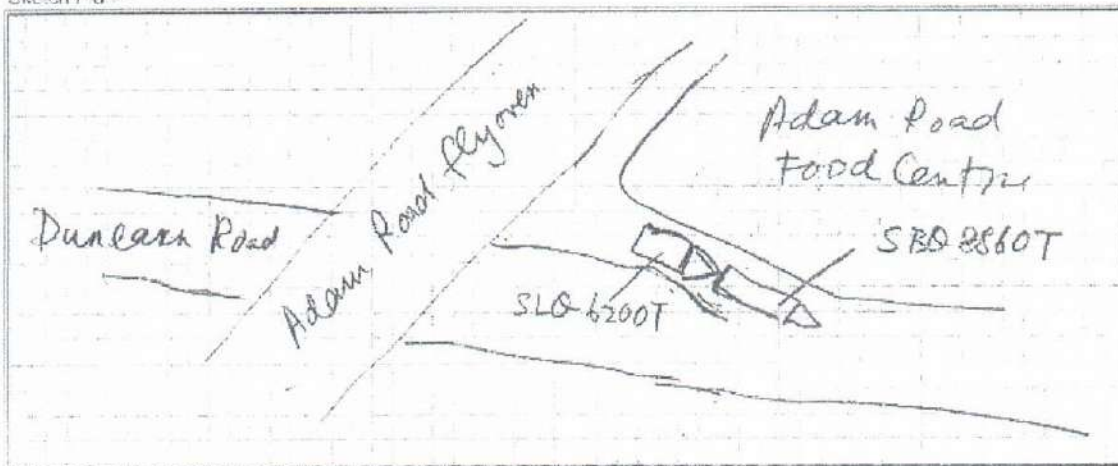
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy and to stop the policy.
4. The issue and completion 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 in this insurance, 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 insurers who have insured vehicle(s) involved in this accident (an insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" or the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 insurers 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/are 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 seated outside of Singapore, for one or more of the above Purposes.

Handwritten Signature
Policyholder's Signature / Date & Time

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

Handwritten Signature
Witnessed by Reporting Centre Personnel
Name as in NRIC/Driver's License: **SOH JIT HOON**

Sketch Plan (10:30am)



Describe Circumstance of the Accident

On April 10, 2023 around 3:18 pm. When I was driving along Adam road (off Adam Road Food Centre) towards the fork onto Dunearn main road that I need to stop to ensure passing on traffic from Dunearn main road was clear.

A sudden hard hit ^{came} from car behind onto my back of the car.

This car is Toyota SL06200T and driven by driver Yoon Wei Lam, driving license # S7778943Z

Mr Yoon came out of the car & apologised & admitted that it was his fault by not waiting to stop.

The hard hit into back of my car caused concussion of my head (right & left forehead) onto wind screen.

Mr Yoon suggested he will settle privately but I suggested claim under his insurance if damage & repair costs is high.

Declaration

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


Police Officer's Signature (Print Name)

11/4/2023

Driver's Signature (if driver is not the policyholder) / Date
S 7788


Witnessed by Reporting Constable Person
(Name as in NR CID card) SOH JIT HOON
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