

## 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 .....	24/04/2023 11:36 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/04/2023 09:00 (SGT)
Exact Location of Accident .....	Airport Blvd., Singapore
Additional Location Information .....	CHANGI AIRPORT-AIRPORT BOULEVARD TOWARDS T1
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML7606P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	POON CHOI PENG
NRIC No .....	S0011375A
Email Address .....	strawberrydurians@yahoo.com
Mobile Phone No .....	(Phone) +65-82188574
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
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 .....	Private car
Transmission .....	Auto
CC .....	1193

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1900094351-03

#### DRIVER

Name of Driver .....	POON CHOI PENG
NRIC No .....	S0011375A
Date Of Birth .....	12/09/1943
Occupation .....	Indoor

Date Of Driving Pass .....	22/04/1966
Driving experience .....	57 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-82188574
Alt. Phone Number .....	-
Email Address .....	strawberrydurians@yahoo.com
Address .....	27 JALAN SEDAP
Address complement .....	-
Postcode .....	438283
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	CHOO SI SEN
Gender .....	Male

#### 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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMA5118C
Vehicle Manufacturer .....	Audi
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	CHEONG TING FONG
Contact Number .....	(Phone) +65-92276150
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**

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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:

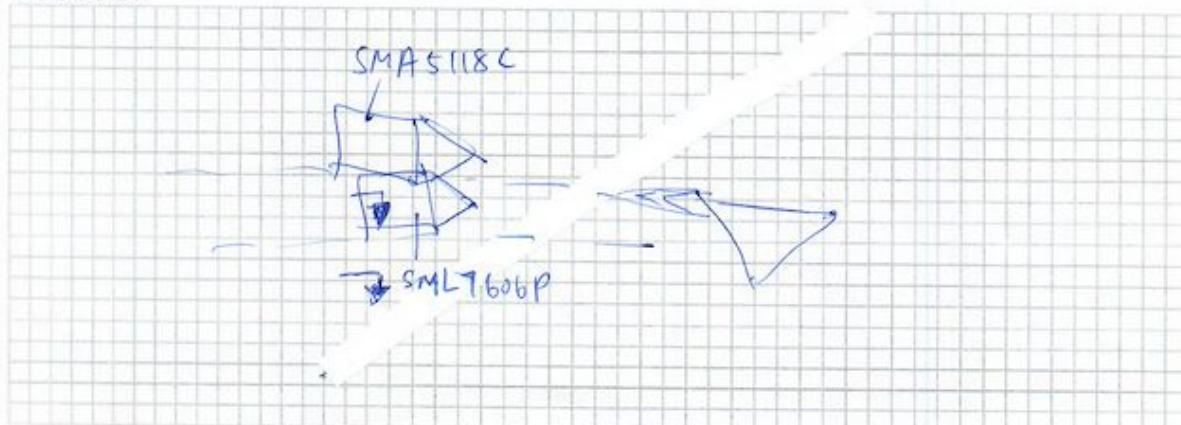
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

I was driving my Honda to the airport to catch a flight at Changi Airport Terminal 1. It was drizzling slightly on Friday morning at about 9 am. I was going straight when I heard a loud sound & then I felt an impact on the left side of my car, towards the back of my car.

I stopped the car and went down to check. The other car involved was a black Audi. The driver ~~was~~ (male) & a passenger (female) came out from the car to check the damage. I do not remember if there are other passengers on the black Audi. We exchanged particulars.

Shortly after, police that came. ~~There~~ in 2 motorcycles 2 police officers were at the scene. They asked for our driving licence & myself & the driver of the black Audi gave our respective licences to the police officer.

Shortly after an ambulance arrived & asked if we were injured & required the ambulance. I was feeling fine, & thus ~~refuse~~ did not require the assistance of the ambulance. I am not sure if the driver and/or passenger of the black Audi were injured. The ambulance left thereafter without conveying any patients.

Then, we left the accident scene.

## Declaration

We declare the foregoing particulars are true in every respect.

*Boochit*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel











