

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 | 29/05/2023 16:08 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 28/05/2023 15:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BLK 371A MSCP |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMS6238M |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | NG CHEE SENG |
| NRIC No | S7247370A |
| Email Address | ERICNGCS@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-83287778 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|---|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 2070034548-03 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | NG CHEE SENG |
| NRIC No | S7247370A |
| Date Of Birth | 15/12/1972 |
| Occupation | Indoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 10/03/1999 |
| Driving experience | 24 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83287778 |
| Alt. Phone Number | - |
| Email Address | ERICNGCS@YAHOO.COM.SG |
| Address | BLK 753 WOODLANDS CIRCLE #03-554 |
| Address complement | - |
| Postcode | 730753 |
| 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) | 4 |
| 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 | LIM PHIK CHOON |
| Gender | Female |

PASSENGER 2

| | |
|--------------|-----------------|
| Name | ETHAN NG SI WEI |
| Gender | Male |

PASSENGER 3

| | |
|--------------|-------------------|
| Name | ESTEE NG SHI YING |
| 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 ATTACH

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 | SKR2769C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE HAO JUN |
| NRIC No | S9403798J |
| Contact Number | (Phone) +65-81399742 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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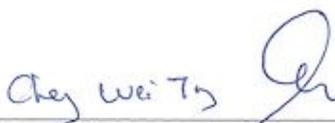
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

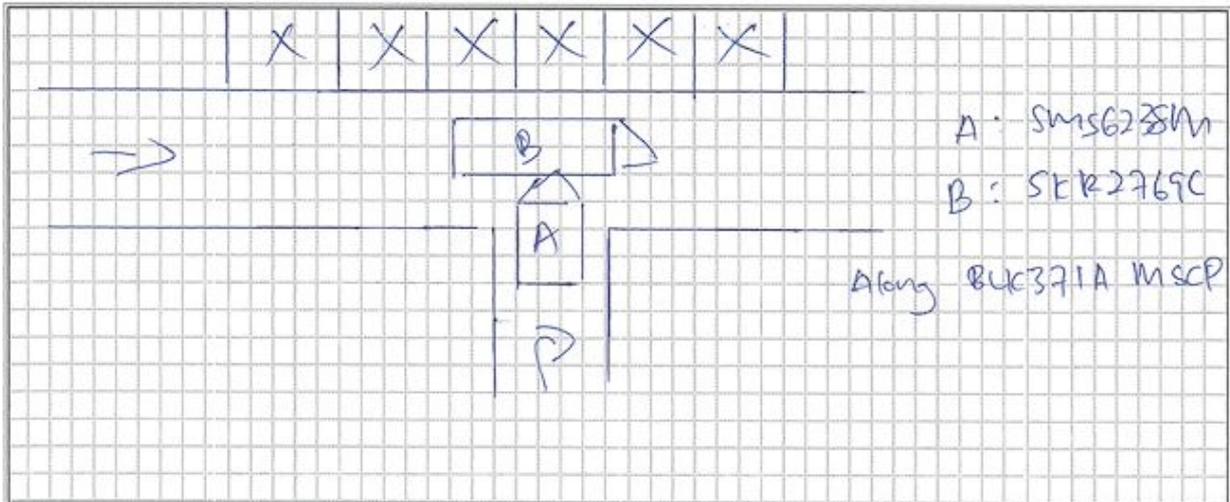
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


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

Sketch Plan



Describe Circumstance of the Accident

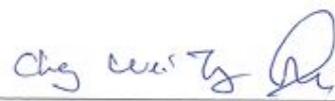
At 28/5/23 @ 1540HRS, I driving along BLK 271A MSCP. I wish to find a car park and turning up to the car park. while turning up and wish to have a right turn from minor road to a major one way lane. Suddenly a vehicle coming out in a fast speed. I noticed it and I stop, but the vehicle still hit onto my vehicle. Nobody is injured in this accident.

Declaration

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


 Policyholder's Signature / Date & Time


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


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













































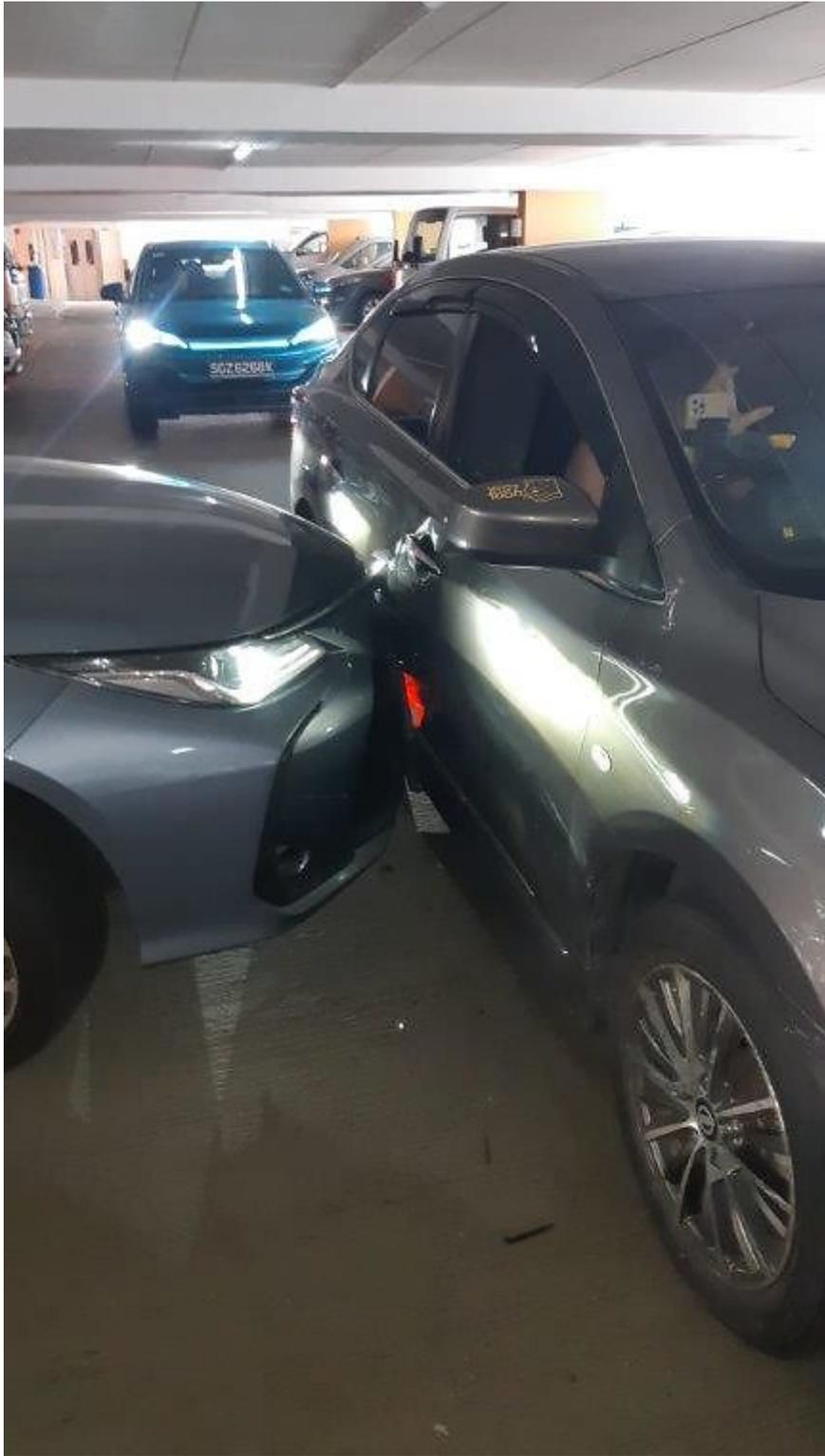














MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ng Chee Seng
 VEHICLE NUMBER : Sms 6238 M
 DATE/TIME OF ACCIDENT : 28-05-2023 1540
 PLACE OF ACCIDENT : Woodlands Ave 1 Blk 371A mscp
 THIRD PARTY VEHICLE (IF ANY) : SKR 2769C

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From Home to Blk 371A mscp.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

- Minor To Major
- Front of my vehicle dentid & Damage
- TP vehicle side KHI area dentid & Damage

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No injuries


 Name: Ng Chee Seng

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building 78 Shenton Way #07-16 Singapore 079120
 Tel: 6419 3000

