

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	30/06/2023 18:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 6 TOA PAYOH EXIT PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4191B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PWEE THIAM HOCK , EDISON (FANG TIANFU)
NRIC No	SXXXX932F
Email Address	EDISONPWEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97430508
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220107774

DRIVER

Name of Driver	PWEE THIAM HOCK , EDISON (FANG TIANFU)
NRIC No	SXXXX932F
Date Of Birth	21/02/1985
Occupation	Indoor

Date Of Driving Pass	20/04/2009
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97430508
Alt. Phone Number	-
Email Address	EDISONPWEE@GMAIL.COM
Address	APT BLK 684B EDGEDALE PLAINS
Address complement	# 05-639
Postcode	822684
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	SAINT LAWRENCE WIDJAJA
Gender	Female

PASSENGER 2

Name	JASPER EVAN PWEE
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	GBH4199T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PWEE THIAM HOCK , EDISON (FANG TIANFU)
Gender	Male
Phone No	(Phone) +65-97430508
Address	APT BLK 684B EDGEDALE PLAINS
Address Complement	# 05-639
Post Code	822684
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLG4191B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SAINT LAWRENCE WIDJAJA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN - GIVEN 2 DAYS OF MC
Injured person in which vehicle?	SLG4191B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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:

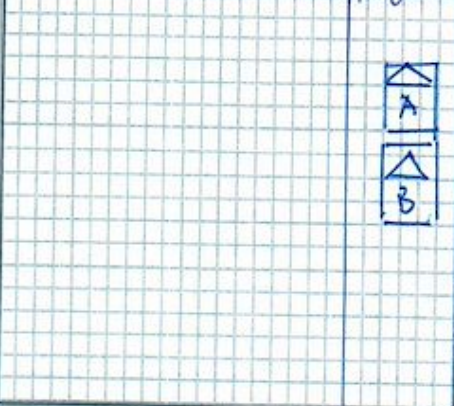
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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 card):  30/6/2023
 Sketch Plan: Lor 6 Toa Payoh Exit PIE Chong

	Veh A : SLG 4191 B Veh B : GBH 4199 T
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Describe Circumstance of the Accident

On the stated time and date

I was Stationary my vehicle bearing car plate (Veh A: SLG 4191B) at Cor 6 Toa payoh Slip Road exit of pze changi. out of the sudden, I felt a great impact from my Rear. I aghen and realise that a Van bearing car plate (Veh B: G13H 419AT) was collided onto my Rear.

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

 30/6/2023

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





























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09236U000D Vehicle Registration No: SLG4191B
 Name (as shown in NRIC): PWEE THIAM HOCK NRIC/FIN/Passport No: S8503932F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Apt B1K 684B Edgecliff Plains #05-639 Singapore (822684)
 Contact (Tel): _____ Mobile No.: 9743 0508
 Email Address: Gdisonpwee@gmail.com
 Date of Accident: 28/6/2023 Time of Accident: 18:25
 Place of Accident: Jor 6 Toa Payoh G07 PIS Cherys
 Insurance Company: AIIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

There are 2 Passengers - Saint Lawrence Widjaja
Amend No. of passengers: - (Female) (2 Days MC)
add injured person
- Jasper Evan Pwee
(Male)

x

 Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: