

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 First Submission	12/07/2023 12:04 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 07:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Mc Nair Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3166P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHOON PENG ADRIAN
NRIC No	S7403907C
Email Address	ONGCHOONPENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96861734
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1800

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	03G-1191595865-000-00

DRIVER

Name of Driver	YEO LILING
NRIC No	S7716103A
Date Of Birth	17/06/1977
Occupation	Indoor

Date Of Driving Pass	26/12/2001
Driving experience	21 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96861754
Alt. Phone Number	-
Email Address	LILINGYEO@HOTMAIL.COM
Address	28 WOODSVILLE CLOSE #17-07
Address complement	-
Postcode	357776
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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

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	SKX6199P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

1. THIS FORM is only to be used if the accident is reported to the police.
2. This Form must be completed by the Driver(s) involved in the accident.
3. Information provided must be true and correct to the best of your knowledge. Any false information or withholding of material facts may constitute an offence under the Insurance Act.
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 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 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.

5. 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 be 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 (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' Insuranceman, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
- (i) processing, handling and/or using my data including but not limited to the claims and/or a court case in connection with the accident;

and to use the data for any other purpose.

(b) My insurer and the Insurers may be permitted to use, disclose and/or process my Personal Information for the purposes of:

(i) processing, handling and/or using my data including but not limited to the claims and/or a court case in connection with the accident;

(ii) processing, handling and/or using my data including but not limited to the claims and/or a court case in connection with the accident;

(c) My insurer and the Insurers may be permitted to use, disclose and/or process my Personal Information for the purposes of:

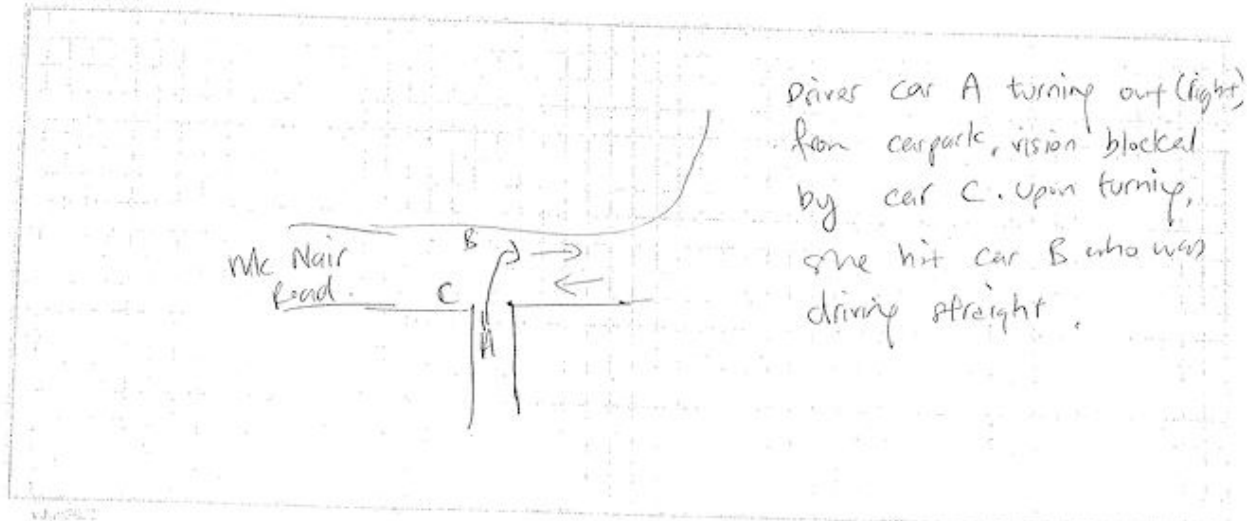
(i) processing, handling and/or using my data including but not limited to the claims and/or a court case in connection with the accident;

Policyholder's Signature / Date & Time

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

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

Sketch Plan











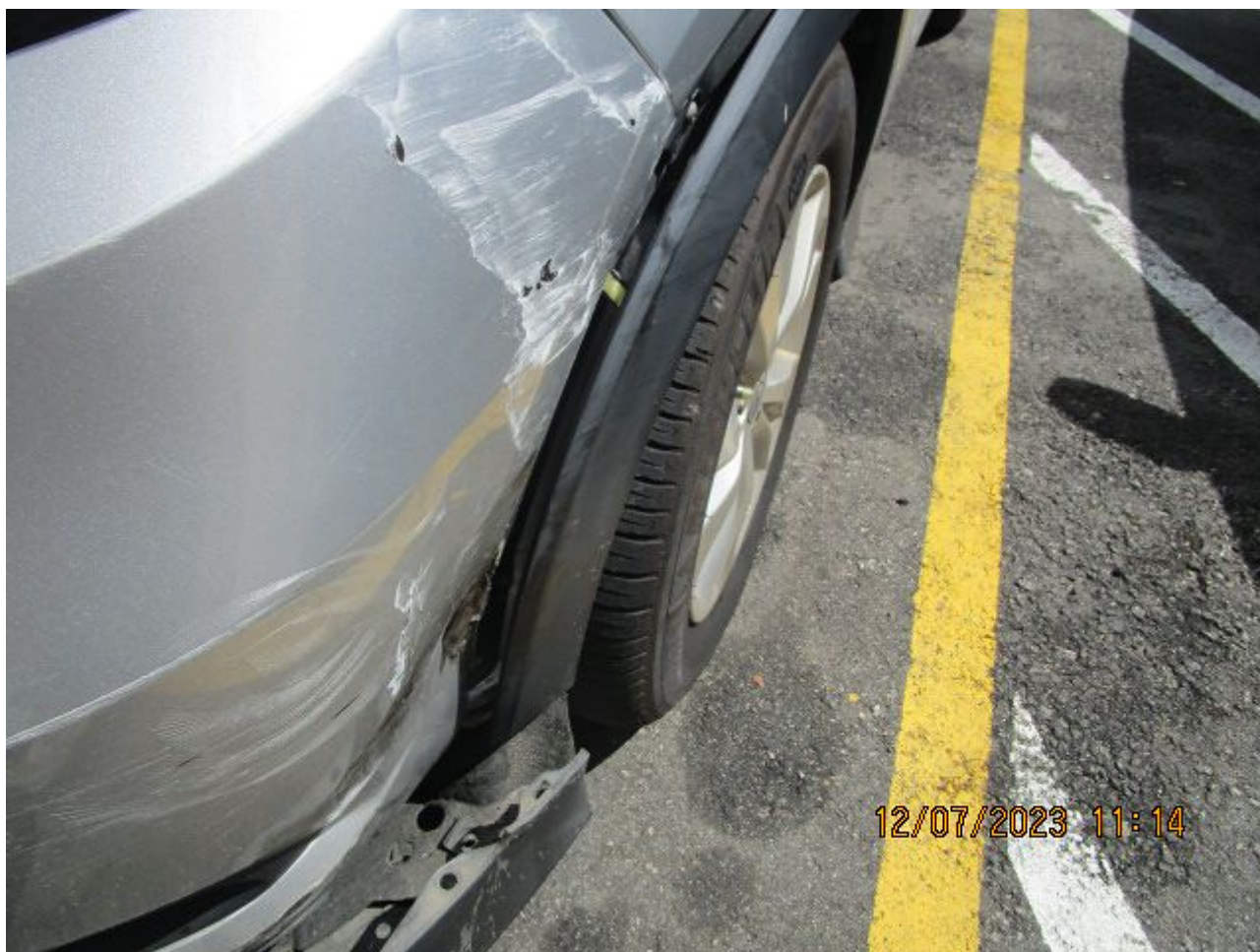


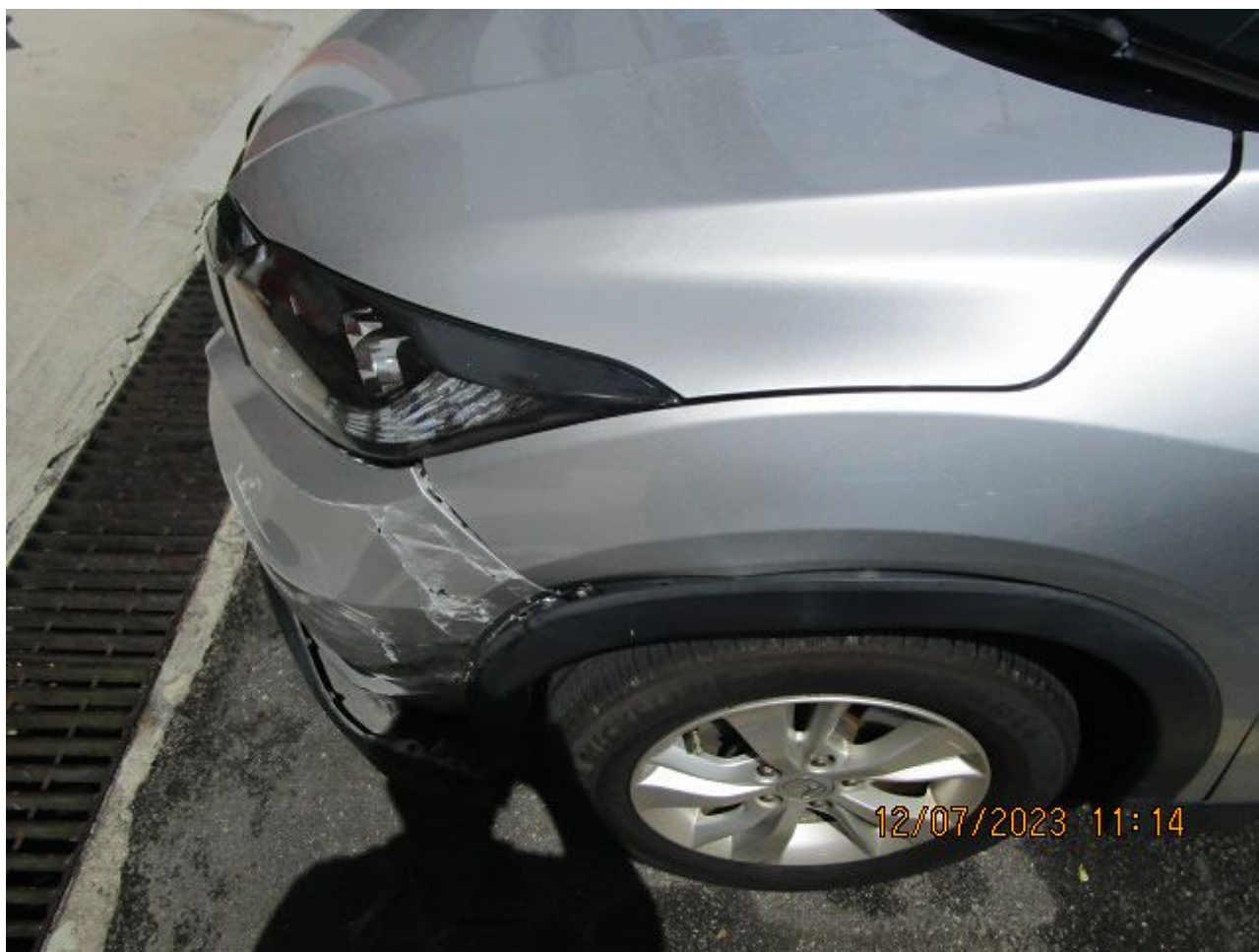






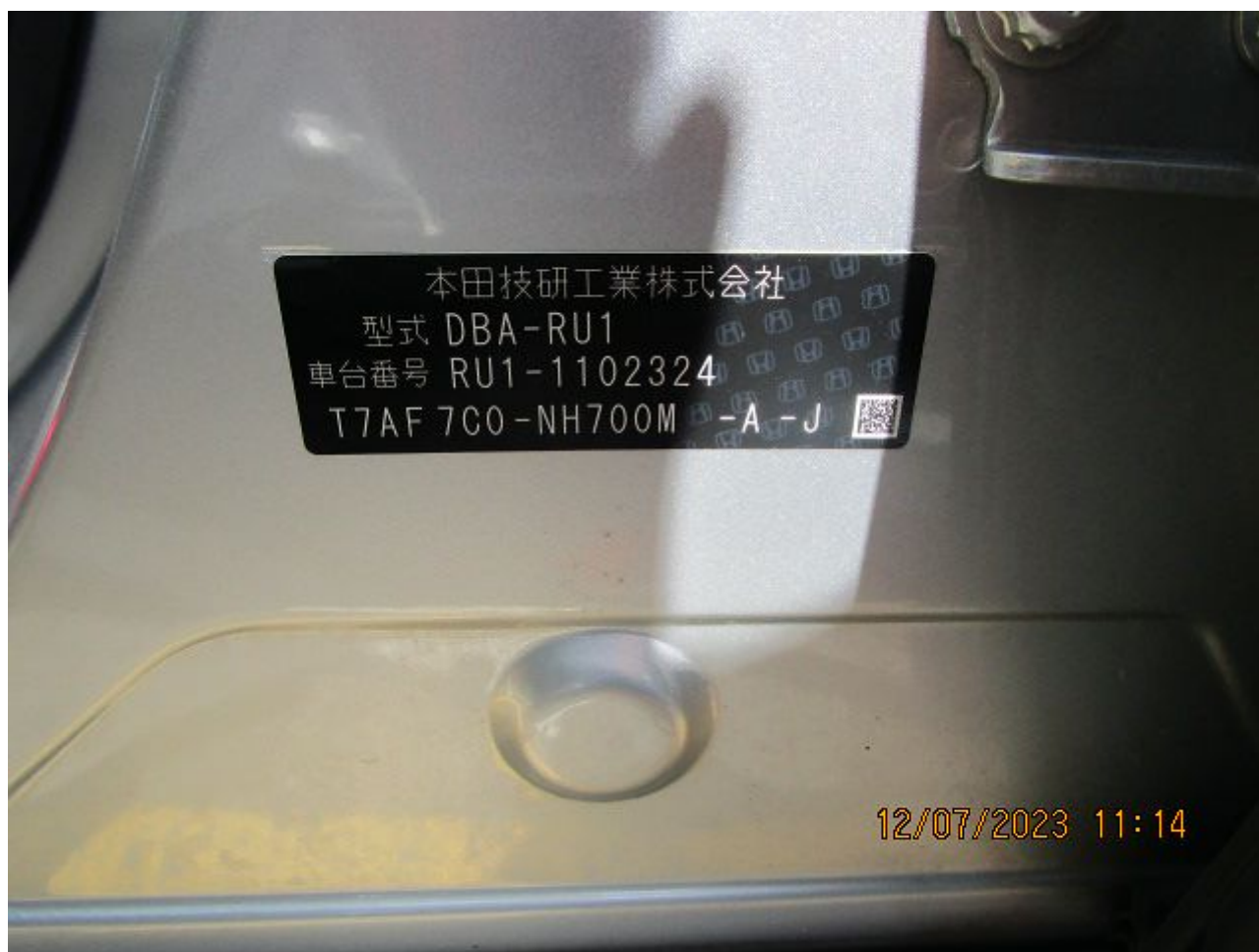
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1R237C0004 Vehicle Registration No: SKV3166P
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: _____
 Insurance Company: _____


(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:

SKV3116P TO SKV3166P

- CLAIM INSURANCE

 Policyholder / Actual Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: