

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	28/09/2024 12:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/09/2024 20:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALJUNIED ROAD HEADING NORTH TURNING INTO SIMS DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SQ3345X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA NAN SZE MARIE-ANTONIE
NRIC No	SXXXX652A
Email Address	NANSZE@GMAIL.COM
Mobile Phone No	(Phone) +65-97979760
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHUA NAN SZE MARIE-ANTONIE
NRIC No	SXXXX652A
Date Of Birth	22/01/1976
Occupation	Indoor
Driving Pass Date	08/05/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97979760
Alt. Phone Number	-
Email Address	NANSZE@GMAIL.COM
Address	51 MAYER ROAD
Address complement	-
Postcode	-
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)	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	LEE MEI FOONG WENDY
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 TO 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	SDJ2287B
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)	-

WITNESS DETAILS

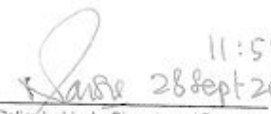


WITNESS 1

Name	LEE MEI FOONG WENDY
Phone	(Phone) +65-96826287
Email	-

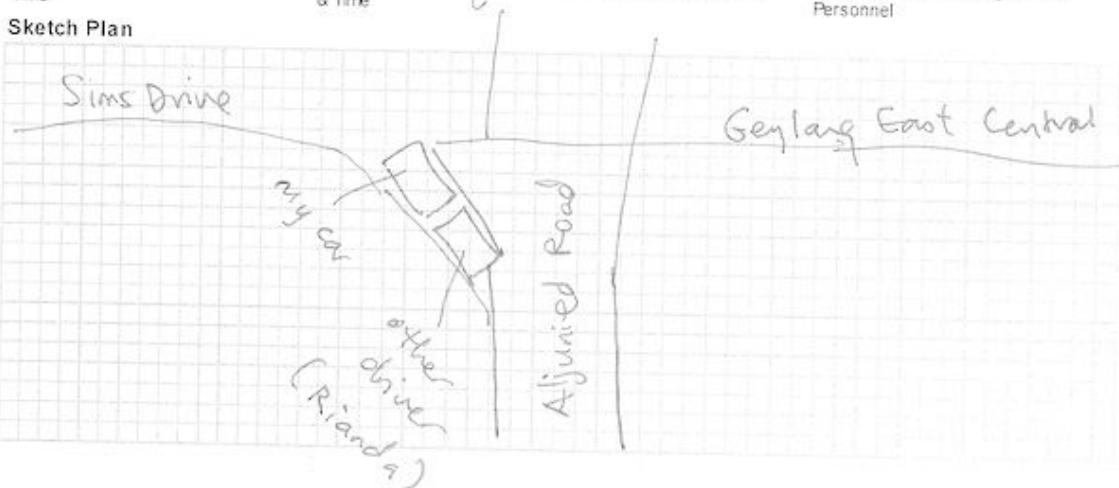
SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 11:51 am 28 Sept 2024 Policyholder's Signature / Date & Time	 11:51 am 28 Sept 2024 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

I was travelling along Aljunied Road on 26 Sept 2024 at around 8:38 pm, turning into Sims Drive. While waiting at the exit for the road to be cleared of vehicles ~~and~~ my car was bumped from behind and lurched forth. My friend (passenger) and I were jolted forward. We got down the vehicle after exiting the side road, parked along Sims Drive in front of Sims Urban Oasis condominium to check on ourselves and our vehicles.


Rianda apologised and said that he was checking his mobile phone momentarily and thinking that I had moved on, accelerated ~~and~~ to move and hit my car.


We took photos of each other's cars & damage. I also took his particulars (Employment Pass and Driver's License) and he told me the vehicle belonged to his boss, Zuraini. He called a friend who arrived 5 mins to the scene. His friend (I don't know his name) drove in another car, asked if we are alright and made sure we exchanged numbers.

I have correspondences via Whatsapp with both Rianda and Zuraini.

Declaration

We declare the foregoing particulars are true in every respect.

 28 Sept 2024
11:54 am
Policyholder's Signature / Date & Time

 28 Sept 2024
11:54 am
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel











