

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	11/10/2024 17:34 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 11:30 (SGT)
Exact Location of Accident	Upper Thomson Rd & Ang Mo Kio Ave 1, Singapore
Additional Location Information	RIGHT BEFORE YELLOW BOX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1999B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIAW TUNG YENG
NRIC No	SXXXX468I
Email Address	tysiaaw@gmail.com
Mobile Phone No	(Phone) +65-98325332
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Tt
Variant	TT COUPE 1.8 TFSI
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	1798
Vehicle Fuel	-
First Registration Date	-
Chassis no	TRUZZZFV8J1017182
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800111858-06

DRIVER

Name of Driver	SIAW SHUN TAAT, GABRIEL
NRIC No	SXXXX060Z
Date Of Birth	29/12/1999
Occupation	Indoor
Driving Pass Date	26/03/2018
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91816538
Alt. Phone Number	-
Email Address	gabrielsiaw@gmail.com
Address	210 TAGORE AVENUE
Address complement	-
Postcode	786225
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD PASSED TO TP

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIAW SHUN TAAT, GABRIEL
Gender	-
Phone No	(Phone) +65-91816538
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF1999B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	-

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.



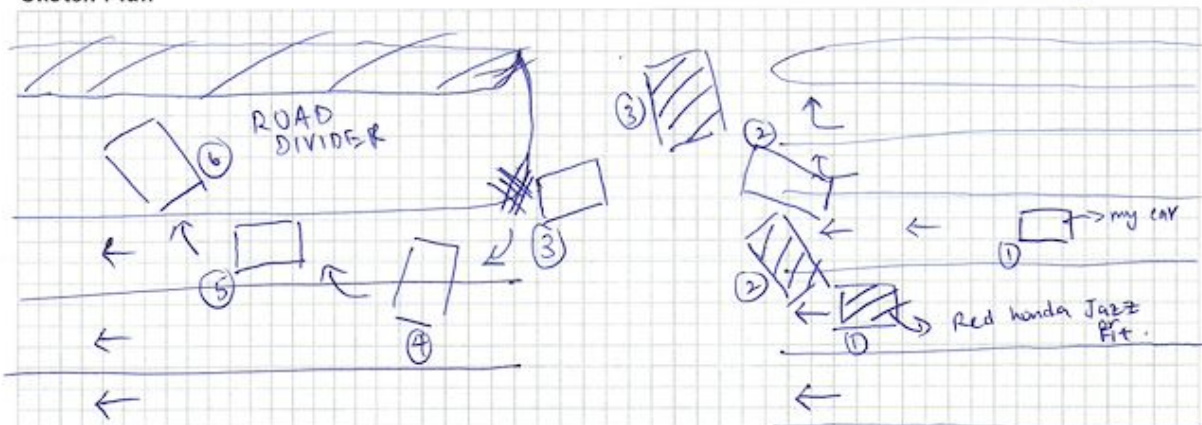
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Tony Fong

Sketch Plan



Describe Circumstances of the Accident

In Approaching Traffic junction. Red Honda Jazz nears stop / slowed down on 4th lane. Light turns amber as I'm about 2 white arrows away → I proceed to go.

As I'm coming down 3rd lane. Red Honda suddenly flickers turn right signal & proceeds to cut into my lane in an attempt to make the right turn. → Red Honda occupies ~50% of my lane. I start honking but ~~to~~ cannot slow down in time. Red Honda stops in my lane. To avoid him I swerve right, end up striking curb in front with my front right wheel. I spin + skid, down a few meters ^{on the road}, end up mounting the curb + road divider. Did not hit any trees.

Red Honda drove off.. Passingby motorcyclist stopped to check on me.

Declaration

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



Tony Fong





























































































