

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	01/07/2024 17:44 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2024 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MERGING LANE FROM MACKENZIE ROAD TO BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCF1777T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHWEE GEOK, JENNIFER
NRIC No	SXXXXX428I
Email Address	jennifer.ocgg@gmail.com
Mobile Phone No	(Phone) +65-96356187
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
Variant	Q5 SPORT 2.0 TFSI QU
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100510083-07

DRIVER

Name of Driver	HENG LI-LING, SHERMAINE (WANG LILING)
NRIC No	SXXXXX357E
Date Of Birth	30/10/1990

Occupation	Indoor
Driving Pass Date	02/06/2017
Driving experience	7 YEARS
Gender	Female
Mobile Number	(Phone) +65-96900248
Alt. Phone Number	-
Email Address	heng.sher@gmail.com
Address	19 CAIRNHILL CIRCLE
Address complement	#03-05
Postcode	229768
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 - 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?	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

I WAS BEHIND CAR ON MACKENZIE ROAD THAT HAD BEGUN DRIVING ONTO MAINRAOD (BUKIT TIMAH ROAD), AND HIT CAR AS I BEGAN DRIVING OUT ONTO THE MAIN ROAD MYSELF. DRIVER WAS EITHER DRIVING VERY SLOWLY OR STATIONARY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

IMPORTANT NOTICE

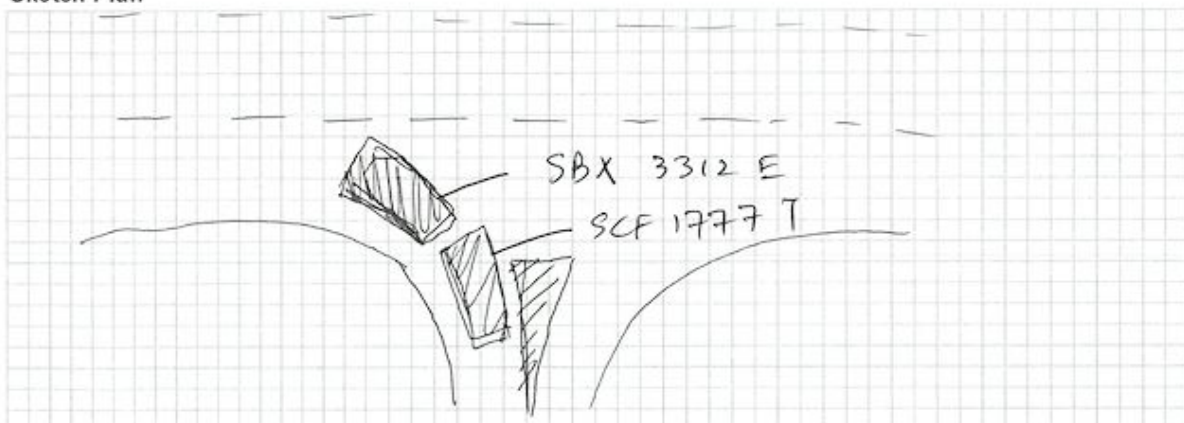
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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

Sketch Plan



Describe Circumstances of the Accident

I WAS BEHIND CAR ~~THAT HAD BE~~ ON MACKENZIE ROAD
 THAT HAD BEGUN DRIVING ONTO MAIN ROAD (BUKIT TIMAH
 ROAD), AND HIT CAR AS I BEGAN DRIVING OUT ONTO
 THE MAIN ROAD MYSELF. DRIVER WAS EITHER DRIVING
 VERY SLOWLY OR STATIONARY

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Sumia 01/07/24
3:13pm
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel



























































