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 witholding 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 30/12/2024 17:28 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/12/2024 17:15 (SGT) Exact Location of Accident 89 Duchess Rd, Singapore 269014 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SLG4090J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FU WAN PEI, CHERYLIN (HU WANPEI, CHERYLIN) NRIC No SXXXX771B Email Address CHERYLINFU@GMAIL.COM Mobile Phone No (Phone) +65-96191025 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant COUPE 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1984 Vehicle Fuel First Regisration 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 2100485002-08

DRIVER

Name of Driver NRIC No Date Of Birth	FU WAN PEI, CHERYLIN (HU WANPEI, CHERYLIN) SXXXX771B 22/12/1980
Occupation Driving Pass Date Driving License Pass Class	Indoor 14/03/2007 3
Driving License Validity Driving experience Gender	Valid 17 YEARS AND 9 MONTHS Female
Mobile Number Alt. Phone Number Email Address	(Phone) +65-96191025 - CHERYLINFU@GMAIL.COM
Address Address complement Postcode	16B SHELFORD ROAD #05-14 SHELFORD SUITES 286653
Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	Yes - 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 Weather Conditions Road Surface	Flood Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	-
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I WAS DRIVING ALONG BUKIT TIMAH ROAD AND TURNED INT FLOODED DUE TO HEAVY RAIN AND TRIED TO AVOID DRIVIN DIRECTIONS.	
CAR STALLED WHILE DRIVING FORWARD AS FLOOD LEVEL OUT THROUGH CAR WINDOW TO GET OUT OF CAR TO NEAF IMMEDIATELY. AUDI 24H ASSISTANCE WAS CALLED AND TO	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment?
Was there any video captured by Car Camera?

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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.

Chenti 30/12/2014

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

Witnessed by Reporting Centre Personnel Tony Poory

Sketch Plan

No sketch available

Describe Circumstances of the Accident

I was driving along Brikst Timoh Road and furned into Dichess Road,
7 street of B Las Palas Called of the breaks Rosol,
I noticed that brekes food was flooded due to heavy vain and tried to avoid driving through but not possible as was flooded in all directions.
Theat to avoid about through but not possible as has flooded
in all directions.
Car stoiled while diving formed as flood level rose rapidly. I stopped the angine and had to climb put through our undow to get out of car: to nearly house. When vain slowed, I informed finds immediately.
I stopped the angive and had to climb out through
a stagged the angine and had to climb out through our mindow to get out of cours to nearly house.
When vais clowed I intorned And manadralely
Fords 24h alastan uns collect and to in marche to all
Found 24h assistance was called and towing connect formed
Car back to than service centre
Declaration
We declare the foregoing particulars are true in every respect.
CODE CONTRACTOR CONTRA
1. 30/12/2024 EX
Menti 30/12/2024

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre
Personnel Tony Foon















































