

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 Authorised 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 ability.
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 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 Report	15/08/2017 17:13
Date Of Accident	15/08/2017 06:45
Exact Location Of Accident	BT TIMAH RD (OUTSIDE ROYALVILLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4736D
Insured/Policyholder	
Name Of Registered Owner	KENNETH JOHN BRIER
NRIC No	S6967803C
Email Address	ICEBERG005@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92994305
Alternative Phone No	OTHERS-92994305

Vehicle Particulars

Manufacturer	AUDI
Model	Q3 1.4 TFSI S TRONIC
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100502215-00000
Cover Note Number	

Driver

Name of Driver	HENG MUI CHENG
NRIC No	S7532290I
Date Of Birth	25/10/1975
Occupation	INDOOR
Date Of Driving Pass	11/07/1997
Driving Experience	20 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92994305
Fax Number	
Contact Number	OTHERS-92994305
EMail Address	ICEBERG005@HOTMAIL.COM

Address	169 DUCHESS AVENUE
Postcode	266345
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING IN THE CENTRE/ MIDDLE LANE ON BUKIT TIMAH ROAD HEADING TOWARDS CLEMENTI, JUST PASSED SIXTH AVENUE. A WHITE CAR MADE A U-TURN AND CRASHED INTO MY CAR WHILE TRYING TO CROSS OVER TO THE LEFT LANE. THE DRIVER OF THE WHITE CAR, CLAIMED THAT SHE DID NOT SEE MY CAR AND RECOGNISED THAT IT WAS HER FAULT. SHE COLLIDED WITH MY CAR, HITTING THE RIGHT PASSENGER SIDE DOOR IN THE REAR. SHE ACCELERATED AS SHE WAS CROSSING OR FILTERING TO THE LEFT LANE. ONCE SHE HIT ME FROM THE SIDE, I BRAKED AND SLOWED DOWN THE CAR TO PULL OVER TO THE LEFT SIDE OF THE ROAD (NEAR ROYALVILLE). SHE APOLOGISED AND AGREED TO TAKE FULL RESPONSIBILITY VIA HER INSURANCE COMPANY. NAME OF DRIVER IN WHITE CAR: JULIANA BINTE ABU NRIC: S1742842Z CAR PLATE OF WHITE CAR: SGS4006A PLEASE NOTE HER FRONT LEFT BUMPER STRUCK MY REAR PASSENGER DOOR (IE SHE DROVE INTO ME). REPORTED BY: TF, SUBMITTED BY: MAS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS4006A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JULIANA BINTE ABU
NRIC/Passport Number	S1742842Z
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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

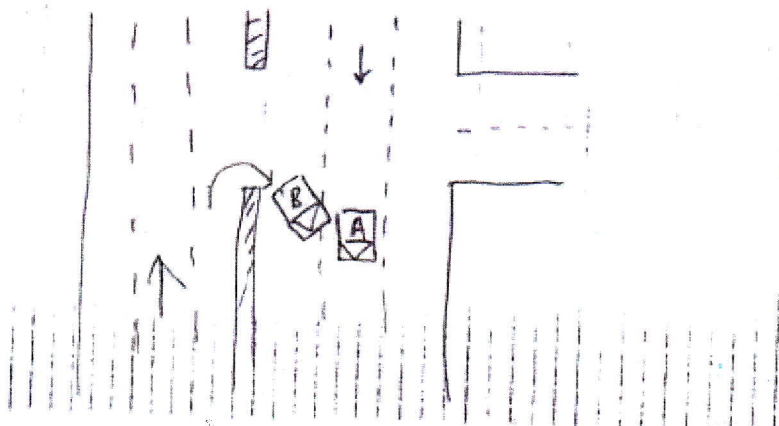
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A= SLL 47360

B= SGS 4006A

Sketch Plan #2

Describe Circumstances of the Accident

I was driving in the centre/middle lane on Bukit Timah Road heading toward Clementi, just passed Sixth Avenue. A white ~~later~~ car made a U turn and crashed into my car while trying to cross over to the left lane. The driver of the white car claimed that she did not see my car and recognised that it was her fault. She ~~collided~~ collided with my car, hitting the right passenger side door in the rear. She accelerated as she was crossing/filtering to the left lane ~~and~~. Once she hit me from the side, I braked and slowed down the car to pull over to the left side of the road (near Royalville). She apologised and agreed to take full responsibility via her insurance company.

Name of driver in white car: Julianah Binte Abu
NRIC #: S17428422
Car plate # of white car: SG54006A

Please note her front left bumper ^{struck} ~~struck~~ my rear passenger door (ie she drove into 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