

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	23/11/2017 13:52
Date Of Accident	22/11/2017 19:10
Exact Location Of Accident	JUNCTION OF BUYONG RD & CAVENAGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT338D
Insured/Policyholder	
Name Of Registered Owner	TAY HWEE PENG JACQUELINE
NRIC No	S1819940H
Email Address	JACQUELINETAYHP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81811300
Alternative Phone No	Others-81811300

Vehicle Particulars

Manufacturer	AUDI
Model	A5 CAB 2.0 TFS
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	1700063410
Cover Note Number	

Driver

Name of Driver	TAY HWEE PENG JACQUELINE
NRIC No	S1819940H
Date Of Birth	04/02/1967
Occupation	INDOOR
Date Of Driving Pass	30/08/2005
Driving Experience	12 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81811300
Fax Number	
Contact Number	OTHERS-81811300
Email Address	JACQUELINETAYHP@GMAIL.COM
Address	6 CASSIA DRIVE

Postcode	289700
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	1

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

ON THE EVENING OF NOV 22ND, I WAS QUEING ON BUYONG ROAD (A1) TO MAKE A RIGHT TURN ONTO CAVANAGH ROAD. WHEN THE GREEN ARROW LIGHT CAME ON, I FOLLOWED THE OTHER CARS AND PROCEEDED TO MAKE THE TURN. SUDDENLY, CAR SBP821P, APPEARED IN THE MIDDLE OF THE LANE (B1) AND CRASHED INTO THE PASSENGER SIDE OF MY CAR. MY CAR SPUR AROUND TO FACE THE ORCHARD ROAD GANTRY ON BUYONG ROAD (A2). THE DRIVER STOPPED HIS CAR ON THE EXTREME LEFT LANE OF BUYONG ROAD (B2) AND CAME OVER TO CHECK ON ME.

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	SBP821P
Vehicle Make/Model/Colour	TOYOTA PRADO / CAMOUFLAGE
Details Of Properties	
Name of Driver	PAULO PATRICK ADRIAN
NRIC/Passport Number	S1811817C
Contact Number	92385198 / 62889085
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan


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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 23/11/17
12:10 pm

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



Reporting Centre Personnel's Signature

Name: Tony Fanny
NRIC/FIN No.: 67040197X

$$B = SBP821P$$

On the evening of Nov 22nd, I was queuing on Buiyung Road ^(A1) to make a right turn onto Cavanagh Road. When the green arrow light came on, I followed the other cars and proceeded to make the turn. Suddenly, car SRP821P appeared in the middle lane ^(B1) and crashed into the passenger side of my car. My car spun around to face the Orchard Road gantry on Buiyung Road ^(A2). The driver stopped his car on the extreme left lane of Buiyung Road (B2) and came over to check on me.

I/We declare the foregoing particulars are true in every respect.

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



Reporting Centre Personnel's Signature
Name: Tim Fong
NRIC/FIN No.: G20401978

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

