

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	11/12/2017 09:14
Date Of Accident	08/12/2017 11:10
Exact Location Of Accident	FARRER FLYOVER (BASE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP2608D
Insured/Policyholder	
Name Of Registered Owner	LIANG HSUEH LIN
NRIC No	S1175117B
Email Address	JIANPINGANDMELANIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98286541
Alternative Phone No	OTHERS-97304156

Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100287626-05000
Cover Note Number	

Driver

Name of Driver	TAN MEI YING MELANIE
NRIC No	S8631646C
Date Of Birth	03/11/1986
Occupation	INDOOR
Date Of Driving Pass	20/09/2005
Driving Experience	12 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98286541
Fax Number	
Contact Number	OTHERS-97304156
Email Address	JIANPINGANDMELANIE@GMAIL.COM

Address	3 CAMDEN PARK
Postcode	299793
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	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

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	SJQ1746S
Vehicle Make/Model/Colour	WHITE VOLKSWAGEN GOLF
Details Of Properties	
Name of Driver	MRS KANG MIAUREEN VALERIE NEE PAWLE MAUREEN VALERIE
NRIC/Passport Number	S0878773E
Contact Number	97108876
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	LIANG HSUEH LIN
Phone Number	97304156
Email Address	LIANGHLIN@GMAIL.COM

Sketch Plan


SKETCH PLAN

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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' 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.

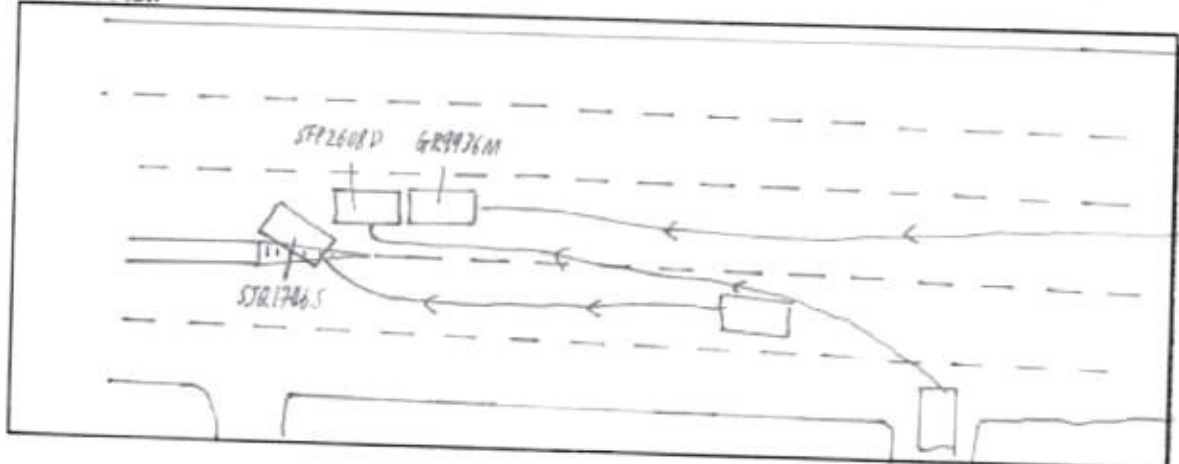

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Personnel



Sketch Plan



Sketch Plan #2

Describe Circumstances Of the Accident (Continue)

AT 1100HRS, I EXITED FROM CAMDEN PARK (WHERE NO. 3 CAMDEN PARK IS LOCATED) AND TURNED ONTO ADAM ROAD. I FILTERED ONTO THE THIRD LANE TO GO OVER UP THE BASE OF PARKER FLYOVER.

THERE WAS A WHITE VOLKSWAGEN BEETLE MAKING AN ILLEGAL LANE CHANGE
ACROSS THE WHITE CHEVRON IN FRONT OF ME AS I NOTED THE DRIVER HAD NO
INTENTION TO GIVE WAY TO ONCOMING TRAFFIC, I SLOWED TO ALLOW HER TO
COME OUT.

UNFORTUNATELY I WAS REAR-ENDED BY A WHITE VAN GR936M WHO COULD NOT
STOP IN TIME TO ACCOMMODATE OUR SLOWED SPEED, RESULTING IN MY VEHICLE
BEING PROPELLED FORWARD AND INTO THE WHITE VOLKSWAGON.

Declaration

I/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 Officer
Personnel