

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	15/01/2018 10:56
Date Of Accident	12/01/2018 19:00
Exact Location Of Accident	QUEENSWAY BETWEEN COMMONWEALTH AVE & FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU7510P
Insured/Policyholder	
Name Of Registered Owner	RAUFF HOW JING MARY NEE TING
NRIC No	S0165233H
Email Address	OBGMR@NUS.EDU.SG
Mobile Phone No	(LOCAL) +65-97952866
Alternative Phone No	Others-97952866

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 2.0L SDN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100492373
Cover Note Number	

Driver

Name of Driver	RAUFF HOW JING MARY NEE TING
NRIC No	S0165233H
Date Of Birth	22/01/1949
Occupation	INDOOR
Date Of Driving Pass	02/05/1967
Driving Experience	50 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97952866
Fax Number	
Contact Number	OTHERS-97952866
EMail Address	OBGMR@NUS.EDU.SG
Address	13 - 15 LERMIT ROAD

Postcode	258646
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO THE ATTACHED SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ579C
Vehicle Make/Model/Colour	OPEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VINCENT SIM
NRIC/Passport Number	
Contact Number	91872866
Address	
Postcode	
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


SKETCH PLAN


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 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. 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.
7. By the lodgment 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.
- (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: 13/1/18 11:00 hrs


Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/1/18 11:00 hrs


Reporting Centre Personnel's Signature
Name: Catharina Chua
NRIC/FIN No.: S14492514

Refer to the attached hand written statement.

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

Date & Time: 13/1/18 11:00 hrs

Reporting Centre Personnel's Signature
Name: Catharine Chung
NRIC/FIN No.: S1149251H

12 January 2018

AIG Policy No : 2100492373 - 01

Vehicle No : SBU 7510 P

Period of Insurance : 30 Nov 2017 to 29 Nov 2018

Accident involving SBU 7510 and SLJ 579 C.

Time and date of accident : about 1900 hrs on 12 January 2018.

Place of accident : Queensway between Commonwealth Avenue and Farrer Road

Report of the accident

I was driving SBU 7510 P along Queensway towards Farrer Road at about 7pm. The traffic was heavy but moving. I had emerged from the tunnel and was travelling in the middle lane of a 3 lane road at approximately 20-35 km/hour. There were cars in front and behind me. There was no rain but the road was wet. Visibility was fair and I had my lights on.

A white car in the lane to my right was signalling that he wanted to come into my lane but I could not stop or slow down to allow him to do so. As I continued going straight in my lane, I heard a sound of something scraping ~~my~~ side of the car.

I then indicated that I was going left and pulled up on the left side of the road, stopping 20 m from the entrance/exit to Commonwealth Drive. The driver of SLJ 579 C, Mr Vincent Sim (S17958850) followed me and parked behind my car.

We took pictures of the damage and exchanged phone and NRIC Numbers.

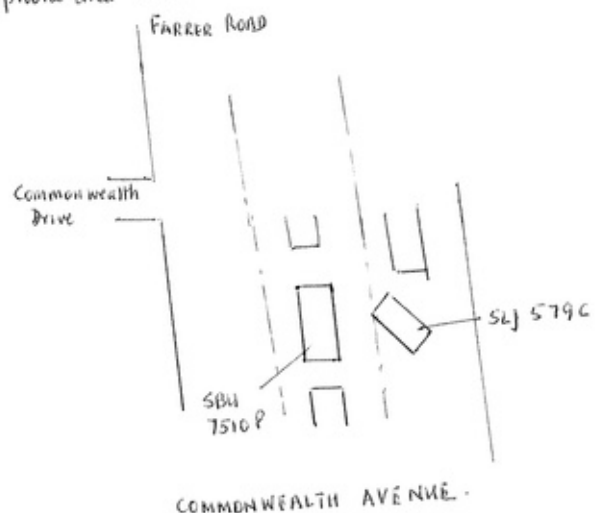
Mr. Vincent Sim's contact 91872366.

My contact number : 97953779



RAUFF HOW JING MARY

S 01652334



SBU7510P



SBU7510P



SBU7510P



SBU7510P



SBU7510P

