

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 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	26/01/2018 23:31
Date Of Accident	26/01/2018 14:20
Exact Location Of Accident	JUNC OF CHOA CHU KAND RD & WOODLANDS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN7518G
Insured/Policyholder	
Name Of Registered Owner	GAN FONG YIN
NRIC No	S6977101G
Email Address	GFONGYIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97459128
Alternative Phone No	Office-62191526

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0T FSI 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 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	1700056950
Cover Note Number	

Driver

Name of Driver	GAN FONG YIN
NRIC No	S6977101G
Date Of Birth	14/02/1969
Occupation	INDOOR
Date Of Driving Pass	11/07/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97459128

Fax Number	
Contact Number	OFFICE-62191526
EEmail Address	GFONGYIN@GMAIL.COM
Address	97 HAZEL PARK TERRACE
Postcode	678930
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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)	2
Passenger 1	Name: : ETHAN GAN Gender: : Male

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 26 JAN 2018 2:50PM, I WAS DRIVING TOWARDS CHOA CHU KANG RD FROM WOODLANDS (UPPER BUKIT TIMAH).THE WEATHER CONDITIONS WAS CLEAR AND THE TRAFFIC WAS LIGHT. AS I WAS MAKING A LEFT TURN, THEN THERE WAS A CAR IN FRONT (SKF 618 G) WHICH WAS TURNING TOWARDS CCK. BOTH OF US STOPPED AT THE TURN TO WATCH OUT FOR THE MOVING TRAFFIC ON THE RIGHT SIDE. BEFORE MOVING /FILTER RIGHT. I NOTICED THAT THE CAR IN THE FRONT MOVED ON AND THE SAME TIME , I TURN TO LOOK ON THE RIGHT SIDE. HOWEVER THE CAR STOPPED IN FRONT AND I DID NOT HAVE ENOUGH TIME TO STOP MY CAR IN TIME. THEN RESULTED MY CAR REAR-ENDED THE CAR IN FRONT.

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	SKF618G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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: 26 JAN 2018
4:15 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

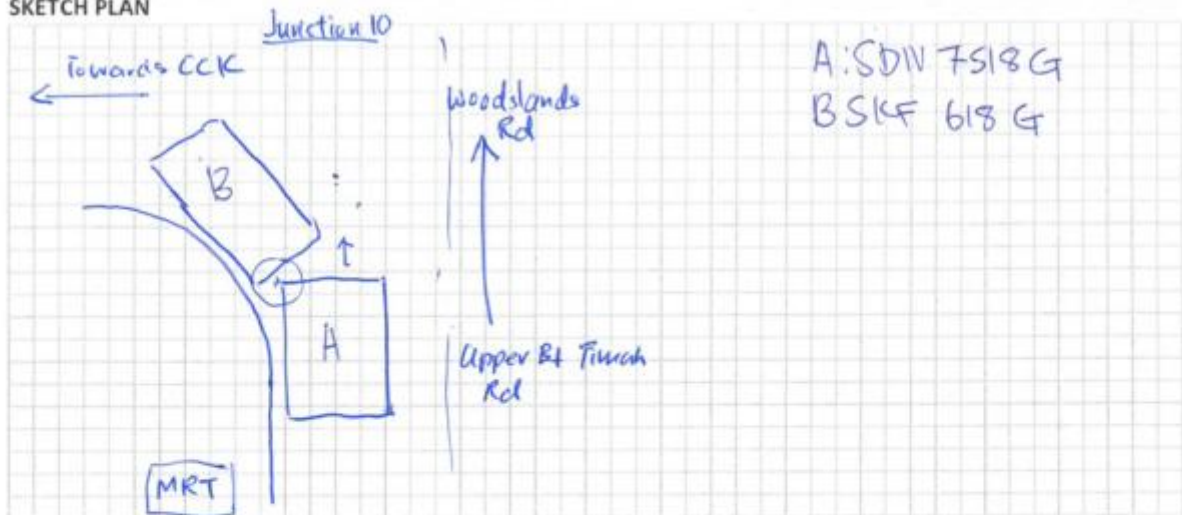


Reporting Centre Personnel's Signature

Name: LIM KEE SIONG
NRIC/FIN No.: G8552589M

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Jan 2018 at around 2:50 pm, I was driving towards Choa Chul Kang Rd from Woodlands (Upper Bukit Timah). The weather condition was clear and the traffic was light. As I was making a left turn, there was a car in front (SKF 618 G) which was turning towards CCK. Both of us stopped at the turn to watch out for the moving traffic on the right side. Before moving / filter to the right, I noticed that the car in front has moved on and at the same time, I turn to look on the right side. However, the car ~~stop~~ stopped in front and I did not have enough time to stop my car in time. This resulted in my car rear-ended the car in front.

DECLARATION

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

Policyholder's Signature
 Date & Time: 26 Jan 2018
 4:15 pm

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

Reporting Centre Personnel's Signature
 Name: Lim Koo Siong
 NRIC/FIN No.: 94552569M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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