

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	09/03/2018 10:20
Date Of Accident	04/03/2018 21:30
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5160B
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Insured/Policyholder

Name Of Registered Owner	CHONG MEI LING CYNTHIA
NRIC No	S7736110C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88098076
Alternative Phone No	Office-88098076

Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (A)
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	REPORTING ONLY
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	1700041423
Cover Note Number	

Driver

Name of Driver	CHONG MEI LING CYNTHIA
NRIC No	S7736110C
Date Of Birth	01/12/1977
Occupation	INDOOR
Date Of Driving Pass	23/09/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88098076
Fax Number	
Contact Number	OFFICE-88098076
EMail Address	NOEMAIL

Address	33 ELLIOT ROAD
Postcode	#03-20 458709
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	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)	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 attached

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	FBH8127J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:
5 MAR 2018

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

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

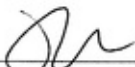
SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date/Time: 4 May 2018 @ 2130pm
<p>now to turning right onto Upp East Coast Road from a SPC Petrol Station, I looked right, left and right; and did not see any usual representation of any oncoming vehicle in both traffic directions before I make the turn.</p> <p>After I turned onto the outer lane of Upp East Coast Road and I was straightening the vehicle, I felt and saw a motorcycle slipping into the front left of my vehicle. The sudden impact caught me by surprise and I drove onto the inner lane of the road and pull to a stop into a small road, Palm Road - so as not to obstruct moving traffic.</p> <p>I scanned over to the accident site and passerbys have already helped the rider and pillow rider to the side of the road. They had minor abrasions and the rider was able to talk to me taking down particulars while some passerbys tended to the pillow rider on her abrasions. The TP was contacted and they came with an ambulance. Both the riders decided to be conveyed by the ambulance. I spoke to passerbys who stood around, and one of them also witnessed the impact and he can be contacted at 99426508.</p> <p>The TP concluded the account by about 2230pm and collected the in-vehicle memory card for further investigations.</p>

DECLARATION

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


 Policyholder's Signature
 Date & Time: 5 May 2018

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

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



SINGAPORE POLICE
ACKNOWLEDGEMENT

Ref: Report No: G/20180304/0221

I, SS THIC196 SUHAIRIN
(Recipient's Name, NRIC or Passport No. / Rank and No.)
of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 Road Motosd 16GB black/black
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Chong Mei Ling Cynthia S7736110C
(Name, NRIC or Passport No. / Rank and No.)
of 33 Elliot road #03-20 S458709
(Address / Police Station / NPC / NPP)
on 04/03/2018 at 10:24pm
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
7736110C
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
SS THIC196 SUHAIRIN
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE DEPARTMENT
10 UBI AVE 3
SINGAPORE 408865
Fax: 65476259

REPT/IP/PV NO.: G/20180304/0221 CASE CARD
Traffic Accident along UPP EAST ROAD rd 1P31
involving vehicles: car and motorcycle

on 4/3/18 at about _____ am/pm
With reference to the above, you are advised to lodge an
accident report at the nearest Police Stations/Neighbourhood
Police Centres/Posts within 24 hours if you have not done so.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

