

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	21/05/2018 14:40
Date Of Accident	20/05/2018 00:45
Exact Location Of Accident	DROP OFF/TAXI BAY AT YISHUN MRT ALONG YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ9699L
Insured/Policyholder	
Name Of Registered Owner	NG YOKE CHUN IRENE
NRIC No	S0085036E
Email Address	IRENE.YCTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96421513
Alternative Phone No	OTHERS-64683337

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI
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?	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	2100393126-03
Cover Note Number	

Driver

Name of Driver	TAN WEI WEN, JONATHAN
NRIC No	S8237727A
Date Of Birth	28/11/1982
Occupation	INDOOR
Date Of Driving Pass	22/11/2005
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92959462
Fax Number	
Contact Number	OFFICE-66881208
E-Mail Address	JTWW01@HOTMAIL.COM

Address	BLK 6 TOH YI DRIVE #12-243
Postcode	590006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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: : CHRISTINE GENDER: : FEMALE

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

I WAS DRIVING A SILVER AUDI A3 LICENCE PLATE NO SCJ9699L, AND WAS DROPPING OFF A FRIEND AT YISHUN MRT DROP OFF /TAXI BAY. I STOPPED BEHIND A SILVER HONDA VEZEL LICENCE PLATE NO: SLE4060G. THE SILVER HONDA VEZEL, WAS DRIVEN BY LIN GUO LIANG (S8109952I). SUDDENLY, THE HONDA VEZEL REVERSED INTO MY VEHICLE, (SILVER AUDI A3 SCJ9699L), AND HIT THE FRONT OF MY VEHICLE. THE ABOVE INCIDENT OCCURED ON THE 20TH OF MAY 2018 AT OR ABOUT 0045 HOURS

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	SLE4060G
Vehicle Make/Model/Colour	HONDA VEZEL / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN GUO LIANG
NRIC/Passport Number	S8109952I
Contact Number	97661020
Address	
Postcode	

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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: 21 May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



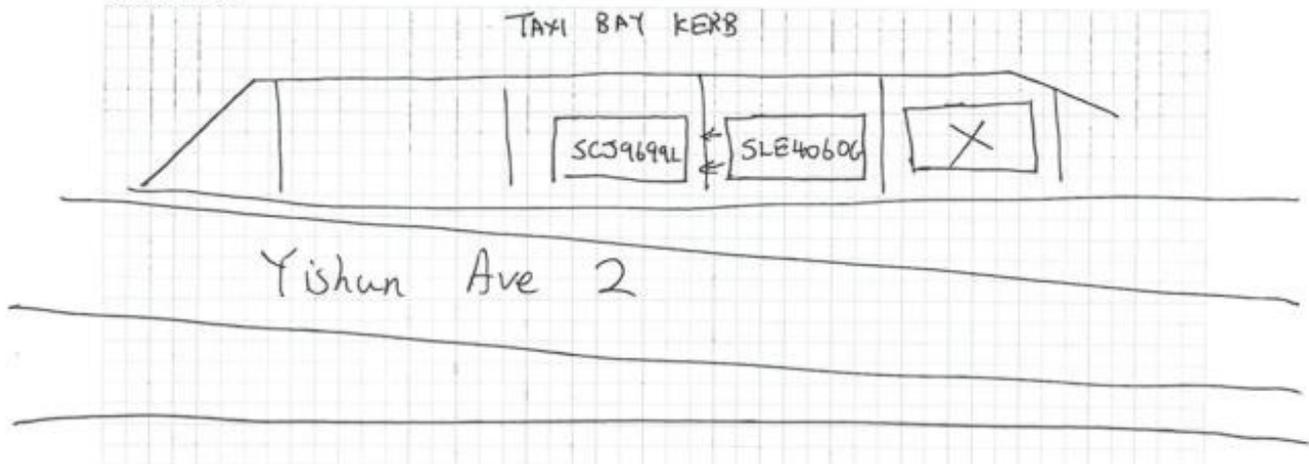
Reporting Centre Personnel's Signature

Name: LIM Kee Seng

NRIC/FIN No.: G682269M

Sketch Plan #2

SKETCH PLAN



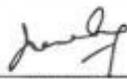
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving a Silver Audi A3 LICENCE PLATE NO. SCJ9699L and was dropping off a friend at Yishun MRT Drop off / taxi bay. I stopped behind a Silver Honda Vezel Licence Plate No. SLE4060G. The silver Honda Vezel was driven by Lin Guo Linag (S81099521). Suddenly the Honda Vezel reversed into ~~me~~ my vehicle, (silver Audi A3 SCJ9699L), and hit ^{the} front of my vehicle.

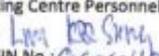
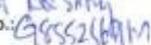
The ~~of~~ above incident occurred on the 20th of May 2018 at or about 0045 hours.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 21 May 2018


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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA118065934-01 Vehicle Registration No: SCJ9699L
Name(as shown in NRIC) : NG YOKE CHUN IRENE NRIC/FIN/Passport No : S0085036E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. : 96421513
Email Address :
Date of Accident : 20/05/2018 Time of Accident : 00:45
Place of Accident : DROPOFF / TAXI BAY AT YISHUN MRT ALONG YISHUN AVE 2
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To submit video

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: MASTURA BTE OSMAN
Date: S86036254 21/5/18

