

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 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. 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	13/10/2018 13:58
Date Of Accident	13/10/2018 10:15
Exact Location Of Accident	TRAFFIC LIGHT U-TURN ALONG CLEMENTI RD OPP CLEMENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA178K
Insured/Policyholder	
Name Of Registered Owner	LOW WEE SIONG
NRIC No	S7723288E
Email Address	SUNSHINE.HEAVEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98457238
Alternative Phone No	OTHERS-98457238

Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI S-TRONIC
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	1800110324
Cover Note Number	

Driver

Name of Driver	DU YUKAI @TOH YUKAI
NRIC No	S8223263Z
Date Of Birth	17/08/1982
Occupation	INDOOR
Date Of Driving Pass	14/06/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98159876
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	19 MOUNT SINAI VIEW
Postcode	276812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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

THERE IS A TRAFFIC LIGHT U-TURN ALONG CLEMENTI ROAD OPPOSITE CLEMENTI CRESCENT. THIS IS NOT A JUNCTION. I WAS THE FIRST CAR WAITING AT THE U-TURN TRAFFIC LIGHT. WHEN MY LIGHT TURNED GREEN, I WAITED FOR THE ONCOMING CARS TO SLOW DOWN. I DID NOT U-TURN IMMEDIATELY AS THIS IS A BUSY ROAD. WHEN THE ONCOMING CARS SLOWED DOWN DUE TO THEIR OWN LIGHT, I MADE THE TURN. I WAS ABOUT TO COMPLETE THE TURN, WHEN I HEARD TYRES SCREECHING AND MY CAR WAS HIT FROM THE BACK (LEFT REAR END CORNER). I FELT MY CAR JERK OFF THE GROUND. IN THE VOICE RECORDING, THE DRIVER ADMITTED THAT HE WENT AGAINST MY GREEN LIGHT AND THAT HE WAS LOOKING AT HIS MAP. VOICE RECORDING WILL UPLOAD TO THE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW7975P
Vehicle Make/Model/Colour	HONDA STREAM / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD KHAIRUDDIN BIN ALIAS
NRIC/Passport Number	S8720170H
Contact Number	90089926
Address	BLK 890A TAMPINES AVE 1 #11-309
Postcode	521890
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

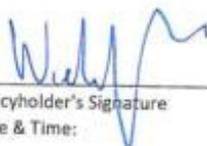
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:



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

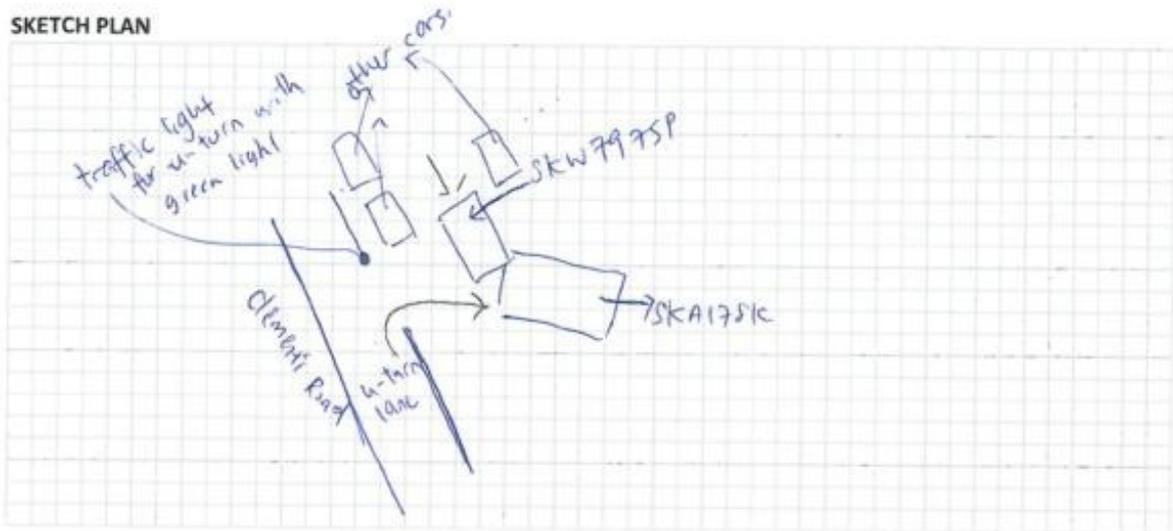


Reporting Centre Personnel's Signature
Name: Tom Fung
NRIC/FIN No.: 62040197X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

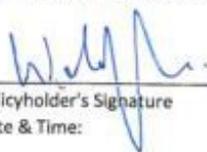
There is a traffic light u-turn along Clementi Road opposite Clementi (rescent). This is not a junction. I was the first car waiting at the u-turn traffic light. When my light turned green, I waited for the oncoming cars to slow down. I did not u-turn immediately as this is a busy road. When the oncoming cars slowed down due to their own red light, I made my turn. I was about to complete my turn when I heard tyres screeching and my car was hit from the back (left ~~rear~~ rear end corner). I felt my car jerk off the ground.

In the voice recording, the driver admitted that he went against my green light and that he was looking at his map.

Voice recording will upload to the report.

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:



Reporting Centre Personnel's Signature
 Name: Tony Poong
 NRIC/FIN No: 62041197X

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



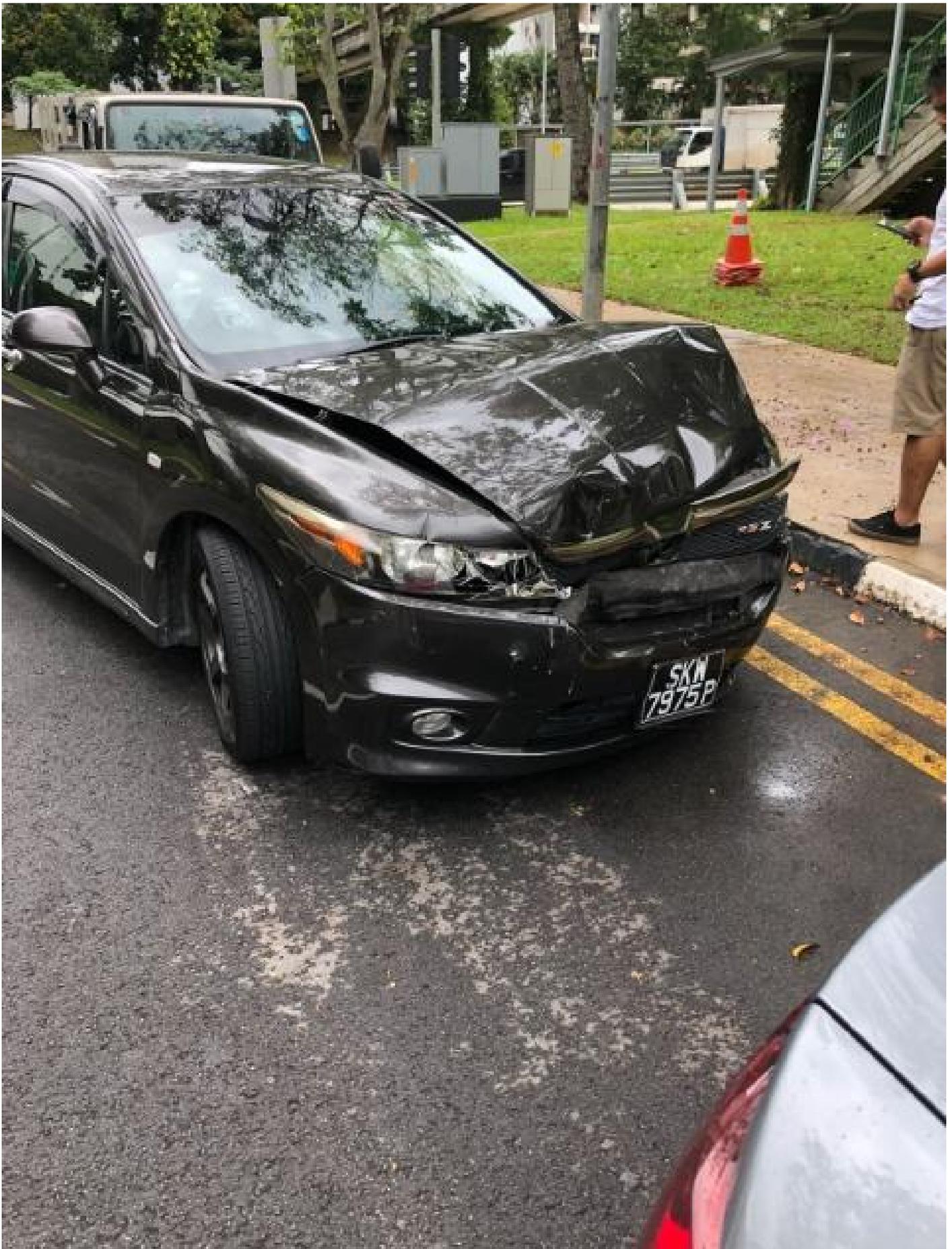
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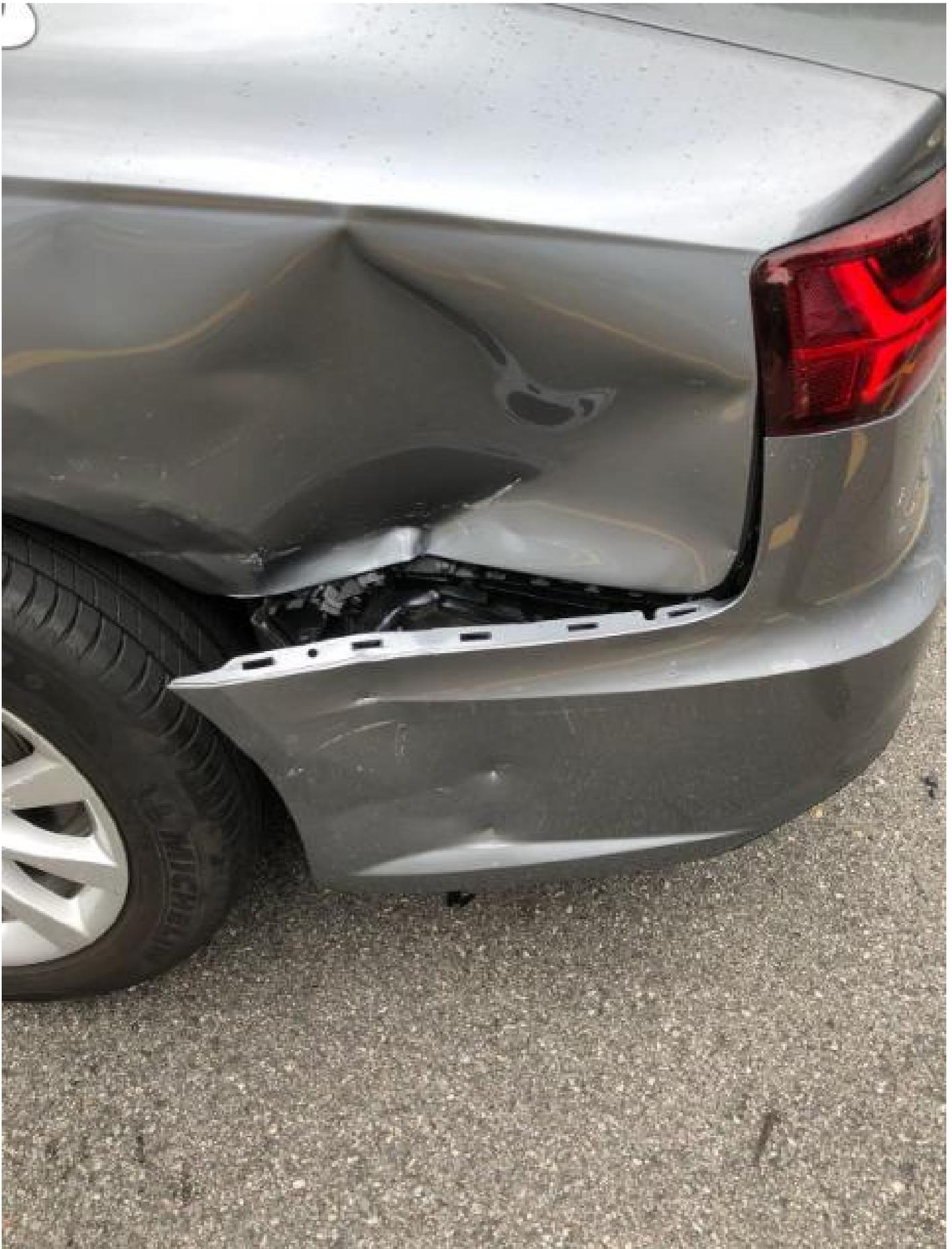
Accident Photo



ACCIDENT SCENE PHOTOS



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ACCIDENT SCENE PHOTOS

