

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	05/11/2018 18:46
Date Of Accident	04/11/2018 21:50
Exact Location Of Accident	JUNCTION OF BISHAN ST 14 AND BISHAN ST 15
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU887A
Insured/Policyholder	
Name Of Registered Owner	LOH BOON YIONG
NRIC No	S7206237Z
Email Address	BOONYIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96962615
Alternative Phone No	OFFICE-63160640

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	2100507389-01
Cover Note Number	

Driver

Name of Driver	LOH BOON YIONG
NRIC No	S7206237Z
Date Of Birth	18/02/1972
Occupation	INDOOR
Date Of Driving Pass	17/06/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96962615
Fax Number	
Contact Number	OFFICE-63160640
Email Address	BOONYIONG@GMAIL.COM

Address	87 JURONG WEST CENTRAL 3 #11-48
Postcode	648343
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 - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	5
Passenger 1	NAME: : WONG SIEW LING GENDER: : FEMALE
Passenger 2	NAME: : LOH YIK HWAN GENDER: : MALE
Passenger 3	NAME: : LOH YIK HSUEN GENDER: : FEMALE
Passenger 4	NAME: : LOH YIK HSIN 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

ON 4 NOVEMBER 18 AT 950 PM, I WAS TRAVELLING ALONG BISHAN ST 14 HEADING TOWARDS BISHAN ROAD. THE TRAFFIC LIGHT AT THE JUNCTION OF BISHAN ST 14 AND BISHAN ST 15, JUST TURNED YELLOW AND I CONTINUED CROSSING THE JUNCTION. THE AMBER LIGHT WAS IN MY FAVOUR AND I'M CROSSING THE JUNCTION. SUDDENLY, SLT8274B, TURNED RIGHT FROM THE OTHER SIDE OF THE JUNCTION AND COLLIDED HEAD ON TO THE RIGHT SIDE OF MY VEHICLE. THE ROAD IS DRY AND THE VISIBILITY WAS GOOD AT THE TIME OF THE ACCIDENT.

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	SLT8274B
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Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG CHEE KIN
NRIC/Passport Number	S8413306Z
Contact Number	93271015
Address	BLK 527 JELAPANG ROAD #05-109
Postcode	670527
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDU887A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.


05 NOV 18 1525.

Policyholder's Signature
Date & Time:

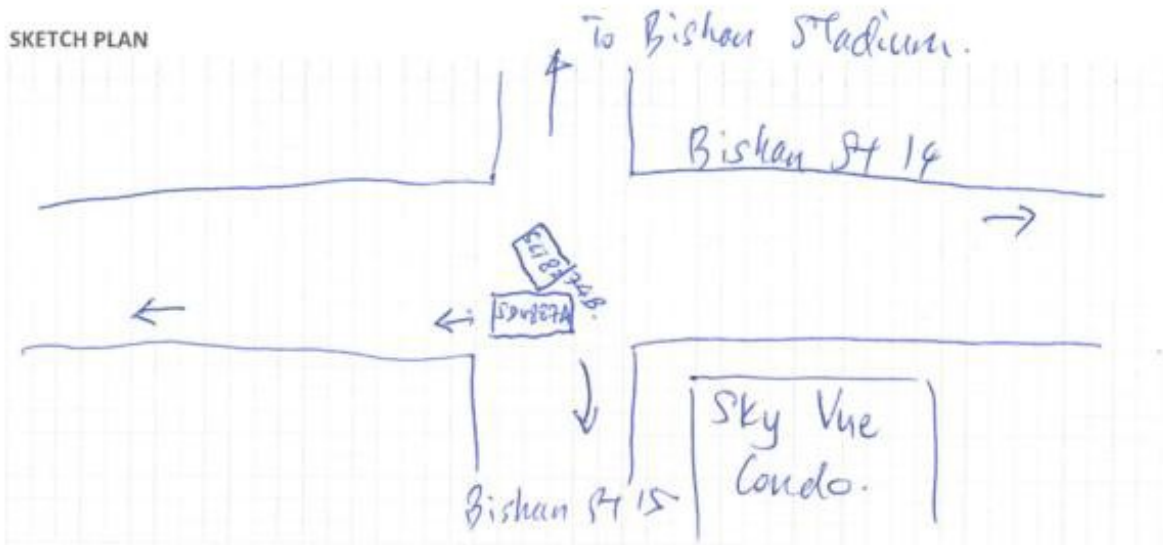
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 Nov 18 at 9:50 pm, I was travelling along Bishan St 14 heading towards Bishan Road. The traffic light at the junction of Bishan St 14 and Bishan St 15 just turned yellow and I continued crossing the junction. The amber light was in my favour and I'm crossing the junction. Suddenly PLT 8274B turned right from the other side of the junction and collided head-on to the right side of my vehicle.

The road is dry and the visibility was good at the time of the accident.

DECLARATION

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

[Signature]
05 Nov 18 1525

Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name: JAMES TAN
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



Accident Photo

