

## 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	21/12/2018 17:10
Date Of Accident	21/12/2018 13:20
Exact Location Of Accident	ALONG TAMPINES CENTRAL 1 & TAMPINES AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV1228C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH HWEE KENG
NRIC No	S6920788Z
Email Address	ANGELIAOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97303076
Alternative Phone No	OTHERS-97303076

### 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	2100396798-04
Cover Note Number	

### Driver

Name of Driver	OH HWEE KENG
NRIC No	S6920788Z
Date Of Birth	07/06/1969
Occupation	INDOOR
Date Of Driving Pass	13/12/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97303076
Fax Number	
Contact Number	OTHERS-97303076
EEmail Address	ANGELIAOH@GMAIL.COM

Address	3 FLORA DRIVE #08-14
Postcode	507010
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 (including own vehicle) involved in the accident	2
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)	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

ON 21/12/2018, I WAS DRIVING ALONG TAMPINES CENTRAL 1 & TAMPINES AVE 4. STOPPED STATIONARY AT RED LIGHT TRAFFIC JUNCTION. SUDDENLY, THERE WAS A VERY HARD BANG AT THE BACK OF MY CAR. JERK FORWARD. IMPACT WAS GREAT THAT I FELT A THROWN FORWARD AND SCREAMED OUT. THIRD PARTY: LEM KAI WEI, SLM2323U. WE EXCHANGED PARTICULARS TOOK PHOTOS AND DROVE TO NEAR BY TAMPINES MALL BASEMENT CARPARK.

#### 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	SLM2323U
Vehicle Make/Model/Colour	AUDI Q7
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEU KAI WEI
NRIC/Passport Number	S9775034C
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name

Approximate Age

## Injuries Sustain

NECK SPRAIN &amp; BACK AREA

Injured person in which vehicle?

SCV1228C

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.

Policyholder's Signature

Date & Time: 21/12/2018 @ 4:00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



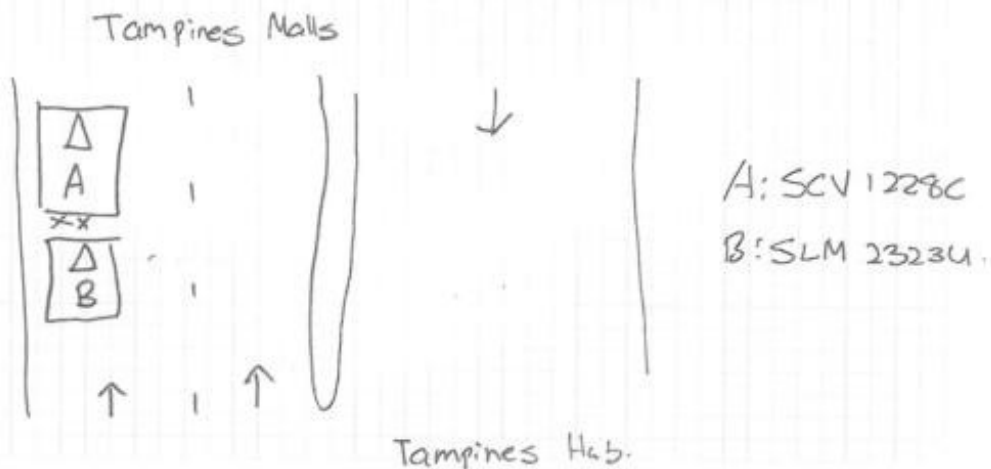
Reporting Centre Personnel's Signature

Name: Jatin K

NRIC/FIN No.: F2700107

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/12/2018, I WAS DRIVING ALONG TAMPINES CENTRAL 1  
 & TAMPINES AVE 4, STOPPED STATIONARY AT ~~RIGHT~~ LIGHT  
 RED  
 TRAFFIC JUNCTION. SUDDENLY THERE WAS A VERY HARD  
 BANG AT THE BACK OF MY CAR, JERK FORWARD, IMPACT  
 WAS GREAT THAT I FELT A THROWN FORWARD AND SCREAMED OUT.  
 THIRD PARTY: LEM KAI WEI SLM 2323 U.  
 WE EXAMINED PARTICULARS TOOK PHOTOS AND ~~DRIVE~~ DROVE TO  
 NEAR BY TAMPINES MAIN BASEMENT CARPARK.

## 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: Justin Ee  
NRIC/FIN No.: F28012101

Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



AUDI AG  
WAUZZZ8V2F1031204  
1785 kg  
3235 kg  
1 - 0955 kg  
2 - 0935 kg  
T<sub>tot</sub> 8V

01  
CZCA 5392  
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Audi

