### 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 witholding 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	08/01/2019 16:51			
Date Of Accident	07/01/2019 18:15			
Exact Location Of Accident	LANE MERGING INTO AYE TOWARDS ALEXANDRA HOSP			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SCX8998G			
Insured/Policyholder				
Name Of Registered Owner	LIANG WEE SEAH			
NRIC No	S7328348E			
Email Address	WEESEAH@HOTMAIL.COM			
Mobile Phone No	(LOCAL) +65-97389191			
Alternative Phone No	OTHERS-97389191			
Vehicle Particulars				
Manufacturer	AUDI			
Model	A4 SEDAN 2.0 TFSI 8W			
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**

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 1800051353

Cover Note Number

### **Driver**

Name of Driver TEO CHING LING

NRIC No S6900386I Date Of Birth 01/01/1969 Occupation **INDOOR Date Of Driving Pass** 27/09/1994

**Driving Experience** 24 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-97821487

Fax Number

OTHERS-97389191 Contact Number

**EMail Address** TEOCHINGLING@HOTMAIL.COM

101 PRINCE CHARLES CRESCENT Address

#13-02 159017

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** 

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

### **Circumstances of Accident**

REFER TO ATTACHMENT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number WC4947D Vehicle Make/Model/Colour **TRUCK** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver **ELANGAVAN KATHIRAVAN** 

G6611036U NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- The 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.
- 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:
  - 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: & JAN (9)

Reporting Centre Personnel's Signature

Name: 5-0: C

# Sketch Plan #2

SKETCH PLAN			
	Along Stip Bod merging into AME	A/E	A: SCX 89986 B: WC 4947D
Describe circumstance			
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1			
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DECLARATION /We declare the foregoing par	ticulars are true in every respect.	į.	150 ¥ 02E
	Du		The state of the s
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy Date & Time: & JAA 12 - 2	rholder)	Reporting Centre Personnel's Signature Name: Jastin E
	12.2	opin.	

### **DESCRIPTION OF ACCIDENT**

# Traffic Incident along slip road merging into AYE heading towards Alexandra Hospital

On Mon 7 Jan 2019, at around 6 15pm, I was travelling along a slip road merging into AYE heading towards Alexandra Hospital. Traffic in the merging lane was slow as it was during peak hours and vehicles took turns to merge into AYE. As evidenced in the video from the rear in-car camera, my vehicle, SCX8998G, had already moved forward and was more than half a car length shead when the truck on my right hit my vehicle on the right (after the rear door). To ensure safety and avoid causing a traffic jam, I moved my vehicle forward to the road shoulder before I alighted to assess the damage. The driver of the truck, WC4947D, Mr Elangovan Kathiravan, of Woodlands Transport, stopped his vehicle and alighted to assess the damage to my vehicle. There was a 50cm long dent above the right back wheel arch of my vehicle and deep scratches on the back bumper and right tail-right. I noticed that his truck had already crossed into the lane on the right in his attempt to squeeze into the merging lane. I asked Mr Elangovan Kathiravan if there was any damage to his vehicle and he said there was none. I assessed it to be so too and took a photo of the front left of his truck which is likely to have caused the damage in my vehicle.

Driver of car SCX8998G: Too Ching Ling (NRIC: S6900386I)

Driver of truck WC4947D; Elangovan Kathiravan (Driving licence number: G5611036U)

Report submitted by: Teo Ching Ling.

Date: Tue 8 Jan 2019

















