

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	11/02/2019 19:32
Date Of Accident	09/02/2019 10:35
Exact Location Of Accident	SPRINGLEAF GARDEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY3636S
Insured/Policyholder	
Name Of Registered Owner	OOI MAY LING ANGELINE
NRIC No	S1584301B
Email Address	ANGELINEOOI27@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97872341
Alternative Phone No	OFFICE-64553636

Vehicle Particulars

Manufacturer	AUDI
Model	A8L 3.0 TFSI QU
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	
Cover Note Number	

Driver

Name of Driver	LIM CHEE PING VICTOR
NRIC No	S1469733J
Date Of Birth	02/01/1961
Occupation	INDOOR
Date Of Driving Pass	16/05/1979
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97872341
Fax Number	
Contact Number	OFFICE-64553636
E-Mail Address	ANGELINEOOI27@GMAIL.COM

Address	27 SPRINGLEAF GARDEN
Postcode	788187
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 - MAJOR/MINOR RD
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?	NO
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)	2
Passenger 1	NAME: : ANGELINE OOI 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 TRAVELLING ALONG SPRING LEAF GARDEN TOWARDS THE DIRECTION OF SPRING LEAF ROAD. AT THE CROSS JUNCTION INDICATED ABOVE, I SAW SCU 6655 A COMING AT MY CAR EVEN THOUGH I HAVE THE RIGHT OF WAY & HE IS SUPPOSE TO STOP AT HIS JUNCTION (HE WAS TRAVELLING TOWARDS NEE SOON ROAD) . I STEPPED ON MY BRAKE & SOUND MY HORN BEFORE HIS CAR HIT MINE . HE WAS OBVIOUSLY NOT CONCENTRATING AS HE DID NOT STOP HIS CAR & HIS LEFT FRONT OF CAR HIT ONTO MY FRONT (TOWARDS THE RIGHT SIDE). THE ACCIDENT LEFT A PART OF HIS BUMPER IN THE MIDDLE OF THE ROAD WHERE WE COLLIDED. HE BACKED (REVERSED) HIS CAR.WHEN WE CAME FROM THE CAR, THE DRIVEN (HONG LIMKAI) ADMITTED THAT HE WAS NOT CONCENTRATING AND APOLOGIZED.

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	SCU6655A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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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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/mall 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.

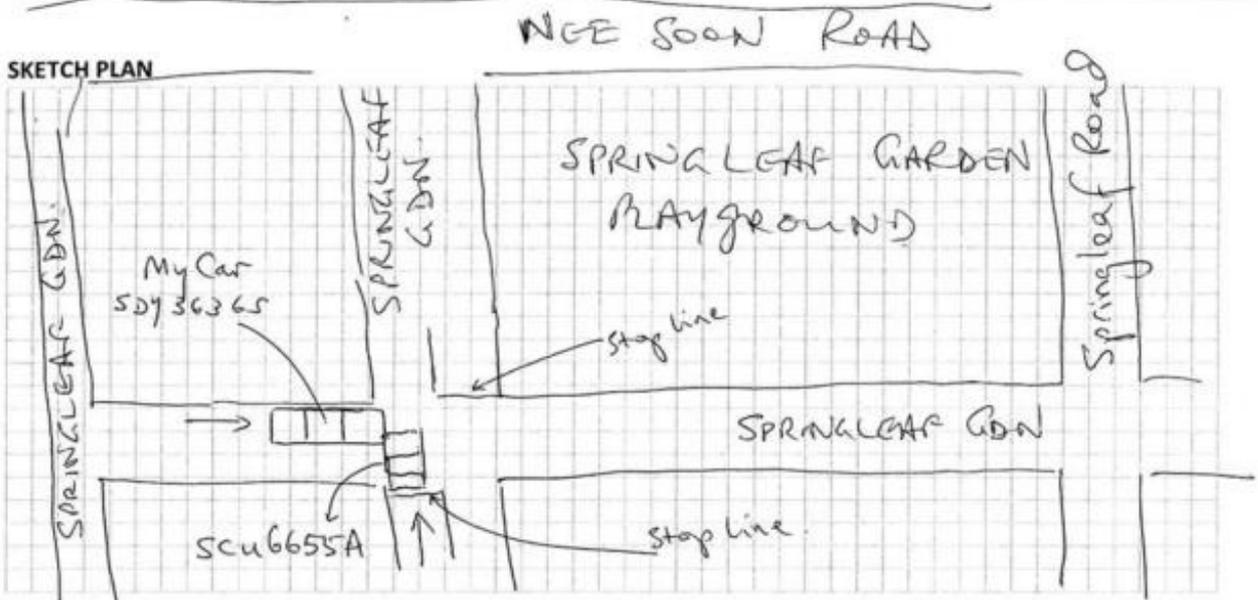

Policyholder's Signature
Date & Time: 11/2/19 3pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/2/19 3pm


Reporting Centre Personnel's Signature
Name: Wai Hui Kwan 35265999
NRIC/FIN No.: G 29871432



Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Springleaf Garden towards the direction of Springleaf Road. At the cross junction indicated above, I saw SCU6655A coming at my car even though I have the right of way & he is supposed to stop at his junction (he was traveling towards Nee Soon Road). I stepped on my brake & sound my horn BEFORE his car hit mine. He was obviously not concentrating as he did not stop his car & his left front of car hit into my front (towards the right side). The accident left a part of his bumper in the middle of the road where we collided. He backed (reversed) his car.

When we came down the car, the driver (Hong Lim Kai) admitted that he was not concentrating and apologised.

DECLARATION

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

At
 Policyholder's Signature
 Date & Time: 11/2/19 3pm

Signature
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11/2/19 3pm

Signature
 Reporting Centre Personnel's Signature
 Name: Wong Enoch Seah, Guy
 NRIC/FIN No.: G 218714X



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

