

## 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	08/03/2019 14:07
Date Of Accident	07/03/2019 15:55
Exact Location Of Accident	ROCHOR RD (NEAR ROCHOR FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9929B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SI FENG, CHESTER
NRIC No	S8723222J
Email Address	CHESTERGOH87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97548907
Alternative Phone No	HOME-63772408

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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	2100507390-01
Cover Note Number	

### Driver

Name of Driver	GOH SI FENG, CHESTER
NRIC No	S8723222J
Date Of Birth	31/07/1987
Occupation	INDOOR
Date Of Driving Pass	12/09/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97548907
Fax Number	
Contact Number	HOME-63772408
Email Address	CHESTERGOH87@GMAIL.COM

Address	BLK 102 BUKIT PURMEI ROAD #03-84
Postcode	090102
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 (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: : ANDREW CHWEE GENDER: : MALE

#### 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

AFTER EXITING TEMASEK BLVD, I WAS SWITCHING LANE IN ORDER TO MAKE A RIGHT TURN AT BEACH ROAD. AFTER REACHING THE 2ND LANE AS ALL OTHER CAR ARE AT A STOP. I ATTEMPTED TO FILTER OUT SLOWLY AS MY CAR WAS ALREADY OUT WITH THE HEAD. I CHECKED TWICE AND IT WAS CLEAR HENCE, I WENT FORWARD. (AS THIS PART WAS A SLOPE, MY VIEW WAS LIMITED, HENCE, I ALREADY TOOK THE EXTRA PRECAUTION TO CHECK AND GO OUT SLOWER) THIS WAS WHEN THE OTHER VEHICLE SUDDENLY APPEARED CAUSING MY FRONT RIGHT BUMPER TO COLLIDE INTO HIS FRONT LEFT SIDE DOOR. I WASN'T SURE IF HE WAS TRAVELLING OR SPEED UP TO PREVENT AN OVERTAKE BUT IF HE WASN'T SO FAST THE SCRATCHES ON HIS CAR SHOULDN'T BEEN SO LONG. AFTER WHICH I MOVED MY VEHICLE BEHIND HIM AS I WAS BLOCKING TRAFFIC AND STARTED EXCHANGING DETAILS.

#### 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	SMD8352G
Vehicle Make/Model/Colour	KIA / CERATO / NAVYBLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SOO HUAT
NRIC/Passport Number	S1782467H

Contact Number	90477621
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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6. 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.
7. 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:
  - (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: 08/03/19  
1130

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

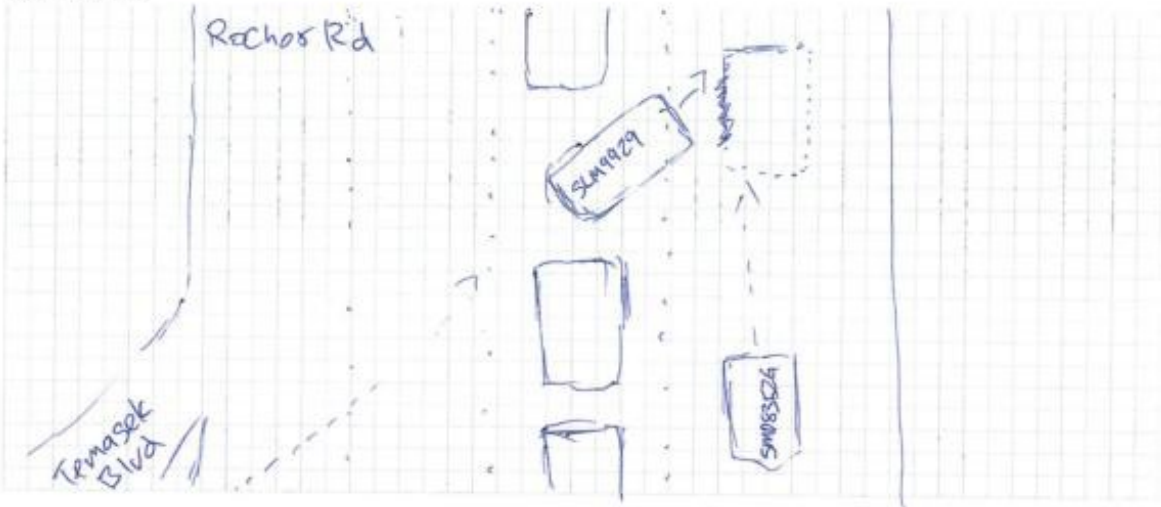
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After Exiting Temasek Blvd, I was switching lane in order to make a right turn at beach Road. After reaching the 2nd lane as all other cars are at a stop. I attempted to filter out slowly as my car was already out with the head. I checked twice and it was clear hence I went forward. (As this part was a slope my view was limited hence I already took the extra precaution to check and go out slower) this was when the other vehicle suddenly appeared causing my front right bumper to collide into his front left side door. ~~Should~~ I wasn't sure if he was travelling or sped up to prevent an overtake but if he wasn't so fast the scratches on his car shouldn't been so long. After which i ~~parted~~ moved my vehicle behind him as I was blocking traffic and started exchanging details.

### DECLARATION

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

Policyholder's Signature

Date & Time: 8/3/19

11.35

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

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







## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA119031446 -01 Vehicle Registration No: SLM9929B  
Name(as shown in NRIC) : GOH SI PENG, CHESTER NRIC/FIN/Passport No : S8723222J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9754 8907  
Email Address : \_\_\_\_\_  
Date of Accident : 7/03/2019 Time of Accident : 15:55  
Place of Accident : BOCHOR RD (NEAR BOCHOR FLYOVER)  
Insurance Company: AIG ASIA

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amended DOB: 31/07/1987

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name: MASTURA BTE OSMAN  
NRIC/FIN No.:  
Date: S8603625H