SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/04/2019 18:40
Date Of Accident	09/04/2019 11:00
Exact Location Of Accident	JUNCTION OF BEACH ROAD & OPHIR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF1077L
Insured/Policyholder	
Name Of Registered Owner	LEONG HOI-YUE, AARON
NRIC No	S8847637I
Email Address	AALL88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96925511
Alternative Phone No	Others-96925511
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?	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	1800126371
Cover Note Number	
Driver	
Name of Driver	LEONG HOI-YUE, AARON
NRIC No	S8847637I
Date Of Birth	16/11/1988

INDOOR

17/11/2014

4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96925511

Fax Number

Contact Number OTHERS-96925511
EMail Address AALL88@GMAIL.COM

BLK 842 SIMS AVENUE

Address

#16-768

Postcode 400842
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? NO

Was any injured conveyed to hospital by

ambulance?

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 9 APR 2019, AT AROUND 2:10 PM, I WAS DRIVING ON THE RIGHTMOST LANE ALONG BEACH ROAD HEADING WEST TOWARDS CITY HALL. THERE WAS A RED TRANS CAB TAXI (VEHICLE NO: SHC5396P) TRAVELLING IN FRONT OF MY VEHICLE. AS WE APPROACHED THE JUNCTION OF OPHIR ROAD, THE TRAFFIC LIGHT TURNED AMBER. AT THIS POINT, THE TAXI WAS VERY NEAR THE STOP LINE AND STILL TRAVELLING AT THE SAME SPPED AS BEFORE. JUST MOMENTS BEFORE REACHING THE STOP LINE, THE BRAKE LIGHTS OF THE TAXI CAME ON. HOWEVER, DUE TO THE SPEED AT WHICH IT WAS TRAVELLING, THE TAXI CONTINUED TO MOVE AHEAD PAST THE STOP LINE. IT ONLY CAME TO A COMPLETE HALT WHEN THE TAXI WAS ALREADY PARTIALLY IN THE PEDESTRIAN CROSSING AHEAD, WITH ONLY THE REAR WHEELS STILL ON THE STOP LINE. DUE TO THE SPEED OF WHICH THE TAXI WAS TRAVELLING, IT WAS CLEAR THAT THE VEHICLE COULD NOT HAVE SLOWED DOWN IN TIME TO STOP BEFORE THE STOP LINE, AND I HAD EXPECTED IT TO MAINTAIN ITS SPEED TO CLEAR THE JUNCTION BEFORE THE LIGHT TURNED RED. WHILE DRIVING, I HAD KEPT A SAFE DISTANCE BETWEEN MY VEHICLE AND THE TAXI, BUT AS I DID NOT EXPECT THE TAXI TO BRAKE SO SUDDENLY SO CLOSE TO THE STOP LINE, I WAS UNABLE TO APPLY MY BRAKES IN TIME TO AVOID COLLIDING INTO THE REAR OF THE TAXI.

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

SHC5396P

Vehicle Registration Number

Vehicle Make/Model/Colour RENAULT / RED

Details Of Properties

Vehicle Category TAXI

Name of Driver NG THIAM FOOK

NRIC/Passport Number S2170310I Contact Number 97537264

Address BLK 603 YISHUN STREET 61

#07-344

Postcode 760603

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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

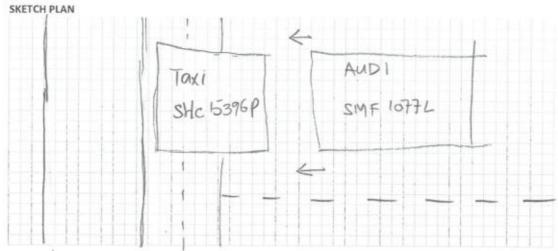
Date & Time: 4/4/14

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Name Kang Espag SBAG, Gay

NRIC/FIN No.: 62987143 x



DESCRIBÉ CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
\$ On 9 April 2019 at wound 21/0 pm, I was driving on
the rightmost lane along Beach Road heading Vest towards City Hall.
There was a red Trans Cab taki (vehicle no. HL5596P) travelling
in Front of my vehicle.
As we approached the junction of Opher Read, the fruttic light turned
amber. At this point, the taxi was very near the sty line and still
travelling at the same speed or before. Just moments before reaching the stop line
the broke lights of the taxi came on Hovever, due to the speed at
which it was travelling, the taxi contined to more alcad post the stop line.
It ush come to a complete half when the tax's nor already partially
in the padertion crossly alead, with only the near wheel still on
the stop line.
1100 3. A 3 m/d .
Due to the spools of which the tax's was tomalling it spooned that was clear that the vehicle would not have stopped in the to stop before the stopped in the
that the vehicle would not have abspect in the la char hafare the char
line, and I had expected it to martain its speed to clear the junction
before the light turned red.
The fight transfer of
While driving, I had kept a gate distance between my vehicle and the taxi,
but as I did not wheat the taxi to brake as product so also to the Am life I was
DECLARATION unable to apply my brokes in the to avoid colliding into the con- of
/We declare the foregoing particulars are true in every respect.
AL

Policyholder's Signature Date & Time: 9/4/19 \\100

Driver's Signature (If driver is not the policyholder) Date & Time: Beporting Centre Personnel's Signature
Name: Lang KHONG SENG 1974
NRIC/FIN NO.: G2681184





















