

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	04/04/2019 16:15
Date Of Accident	03/04/2019 06:50
Exact Location Of Accident	FILTER LANE OF SLE TOWARDS PIE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC8799T
Insured/Policyholder	
Name Of Registered Owner	TEO WEI PING ALVIN
NRIC No	S8000549J
Email Address	MAGIUS6@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94794890
Alternative Phone No	Others-94794890

Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8T FSI MU
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	REPORTING ONLY
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	2100477572-02
Cover Note Number	

Driver	
Name of Driver	WEE SIOK YEE, JOYCELYN
NRIC No	S7828506J
Date Of Birth	25/09/1978
Occupation	INDOOR
Date Of Driving Pass	23/10/2003
Driving Experience	15 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-83996130
Fax Number	
Contact Number	
E-Mail Address	JOYCELYN25@HOTMAIL.COM
Address	BLK 513 WOODLANDS DRIVE 14 #07-191
Postcode	730513
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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: : ADRIEL TEO ZHUOXI 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

IT WAS 0650 HR IN THE MORNING AND WAS RAINING. I WAS TRAVELLING AT AROUND 40 KM/H ALONG SLE TO FILTER LANE TOWARDS PIE. I WAS KEEPING A SAFE (1 CAR LENGTH) FOLLOWING DISTANCE. SUDDENLY A WHITE CAR FROM LANE 1 SWERVED INTO LANE 2 AND JAMMED HER BRAKE. I CAME TO A SUDDEN STOP. SHE GOT OUT AND CLAIMED I BANGED HER. WE ASSESSED HER CAR AND SAW HER BOOTH COVER HAD A SLIGHT DENT. THE REST OF THE PARTS SEEMS OK. MY CAR DID NOT HAVE VISIBLE DENTS ON THE BODY. SUDDENLY IN THE EVENING, SHE CLAIMED HER BODY KIT HAD LOOSEN THOUGH RIGHT AFTER SHE CHECKED AND NOTHING WAS FOUND ABNORMAL.

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	SLU5683T
Vehicle Make/Model/Colour	ALPHARD

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	CYNTHIA
NRIC/Passport Number	
Contact Number	98639350
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/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.

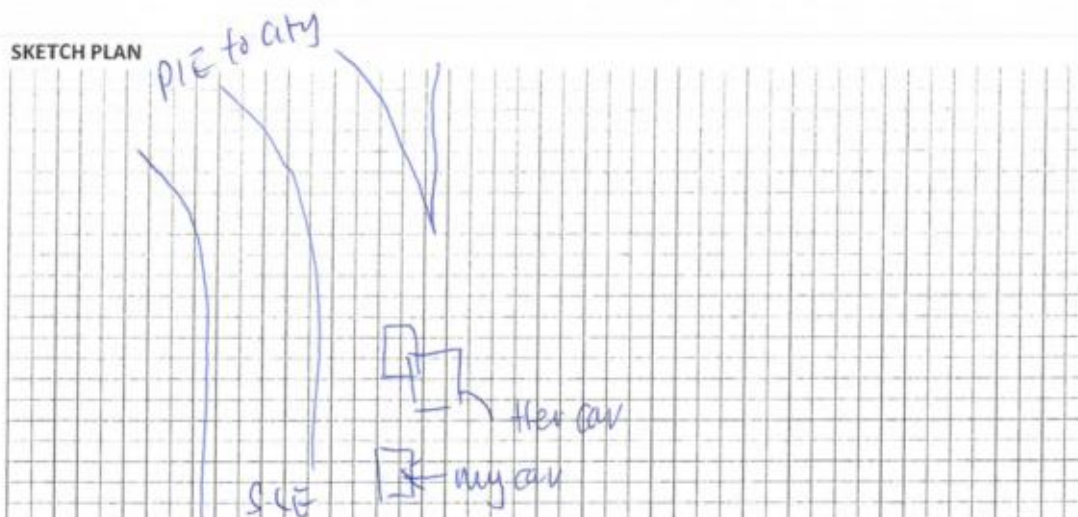
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Tan Fong
NRIC/FIN No.: 672042167A



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was 0650hr in the morning and was raining. I was travelling at around 40km/h along SLE to filter land towards PIE. I was keeping a safe (1 car length) following distance.

Suddenly a ^{white} car from lane 1 swerved into lane 2 and jammed her brake. I came to a sudden stop. She got out and claimed I banged her. We assessed her car and saw her booth door had a slight dent. The rest of the parts seems OK. My car did not have ~~or~~ visible dents on the body.

Suddenly in the evening, she claimed her body kit had loosen though right after she checked and nothing was found abnormal.

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: Tony Frong
NRIC/FIN No.: G2040147X



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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