

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	08/04/2019 16:00
Date Of Accident	07/04/2019 13:50
Exact Location Of Accident	JUNCTION OF YISHUN CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH6658S
Insured/Policyholder	
Name Of Registered Owner	STEPHANUS DWIDianto GUNAWAN
NRIC No	S6861552F
Email Address	DIANTOGU@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-82685031
Alternative Phone No	Others-82685031
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI S TRONIC
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	1900011681
Cover Note Number	
Driver	
Name of Driver	SUZANNA SURYA
NRIC No	S7060570H
Date Of Birth	12/11/1970
Occupation	INDOOR
Date Of Driving Pass	29/11/2002
Driving Experience	16 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98481894
Fax Number	
Contact Number	
EMail Address	SUZANNA_SURYA@YAHOO.COM.SG
Address	521 BEDOK RESERVOIR ROAD #02-73
Postcode	479277
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	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)	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

I WAS AT YISHUN AVE 2 IN FRONT OF NORTH POINT SHOPPING MALL, WAS TURNING RIGHT TO YISHUN CENTRAL. THERE WAS A HEAVY TRAFFIC ON THE RIGHT LANE, SO I CHECKED MY BLIND SPOT AND REAR MIRROR IF ITS CLEAR BEFORE I CHANGED MY LANE. ONCE IT CLEAR, I SIGNALLED AND CHANGED MY LANE SLOWLY. THEN SUDDENLY A MOTORBIKE HIT MY CAR AND FELL DOWN.

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

Vehicle Registration Number	FBK772Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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/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.

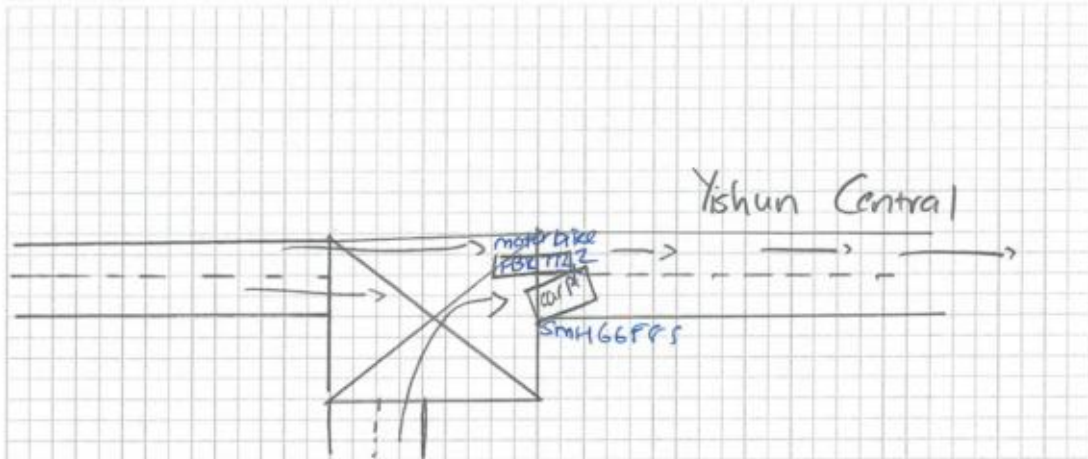
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/04/19
09 am


Reporting Centre Personnel's Signature
Name: Shi Marsilla
NRIC/FIN No.: S89102602



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Yishun Ave 2 in front of Northpoint Shopping Mall, was turning right to Yishun Central. There was a heavy traffic on the right lane, so I checked my blind spot and rear mirror if it's clear before I changed my lane. Once it clear, I ^{signalled and} changed my lane slowly. Then suddenly somebody dashed out and fell down a motorbike hit my car and fell down.

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: 08/04/19

9 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Siti Maslina
S 89102602

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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