

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	21/05/2019 13:08
Date Of Accident	18/05/2019 10:40
Exact Location Of Accident	CHAI CHEE LANE JUNCTION (THK HOME ENTRANCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5575P
Insured/Policyholder	
Name Of Registered Owner	ONG EU-WEN
NRIC No	S7704893F
Email Address	EUWEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90078967
Alternative Phone No	HOME-64451115

Vehicle Particulars

Manufacturer	AUDI
Model	RS 3 SPORTBACK 2.5
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	2100478823-02
Cover Note Number	

Driver

Name of Driver	ONG EU-WEN
NRIC No	S7704893F
Date Of Birth	20/02/1977
Occupation	INDOOR
Date Of Driving Pass	13/12/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90078967
Fax Number	
Contact Number	HOME-64451115
Email Address	EUWEN@HOTMAIL.COM

Address	22 JALAN SELAMAT
Postcode	418544
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 - U-TURN
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 REACHING THE JUNCTION OF CHAI CHEE LANE AND CHAI CHEE STREET TO STOP AT RED TRAFFIC LIGHT. I WAS SLOWING DOWN TO STOP AT THE TRAFFIC JUNCTION WHEN THE ACCIDENT HAPPENED. (ABOUT 30-50 M FROM JUNCTION) OTHER CAR WAS MAKING A U-TURN IN FRONT OF THK HOME ENTRANCE, JUST NEXT TO A YELLOW BOX. HE WAS GOING IN THE DIRECTION OF JTC CHAI CHEE INDUSTRIAL ESTATE ON CHAI CHEE LANE. HE WAS STATIONARY AS I PASSED HIM. OTHER DRIVER (SHB8739U) WAS IN THE LANE HEADING NORTH IE. TOWARD JTC CHAI CHEE INDUSTRIAL PARK AS I PASSED IN FRONT OF HIS TAXI. AS I APPROACHED ABOUT 5 METRE AWAY, I HONKED AT HIM BECAUSE I SAW HIM MOVE. BUT INSTEAD OF TAKING NOTICE AND STOPPING/HALTING HE U-TURN ME. DROVE ON AND RAMMED INTO FRONT RIGHT SIDE OF MY CAR. THE SPEED AT WHICH HE MOVED OFF CAUSED MY CAR TO SKID SIDE WAYS AND HIT THE CURB ON THE LEFT SIDE, I DID NOT MOUNT THE CURB AS I WAS MOVING SLOWLY/SLOWING DOWN TOWARDS JUNCTION.

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	SHB8739U
Vehicle Make/Model/Colour	KIA/SILVER
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1255366H
Contact Number	90893893
Address	BLK 5 UPP CHANGI RD #12-1338

Postcode	461057
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

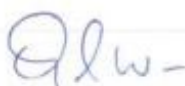
SKETCH PLAN

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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:



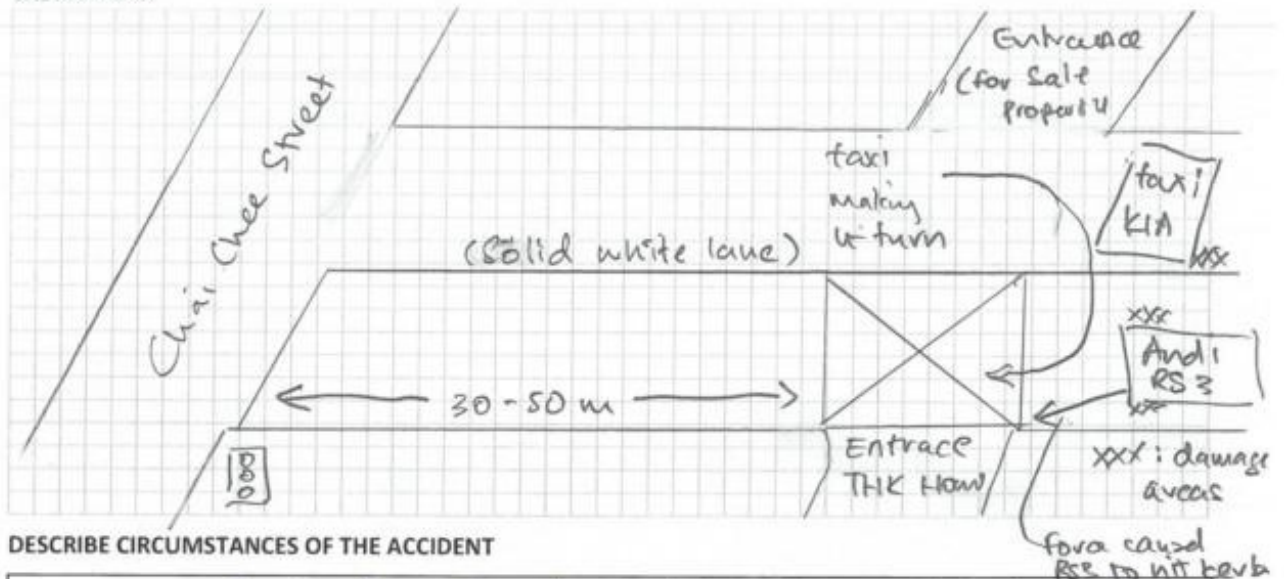
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Wong Kuan Seng
NRIC/FIN No.: G27871454



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reaching the junction of Chai Chee Lane and Chai Chee Street to stop at RED traffic light. I was slowly down to stop at the traffic junction when the accident happened (about 30-50m from junction)

Other car was making a U-turn in front of THK Home entrance, just next to a Yellow Box. He was going in the direction of JTC Chai Chee industrial estate on Chai Chee Lane. He was stationary as I passed him.

Other driver ^(SHB8734U) was in the lane heading north i.e. toward ^{JTC} Chai Chee industrial park as I passed in front of his taxi. As I approached ^{about 5m away} I looked at him ^{because I saw him above} but instead of taking notice and stopping/halting his U-turn he drove on and rammed into front right of my car.

The speed at which he moved off caused ^{my} ~~the~~ car to skid sideways and hit the curb on the left side. I did not wound the curb as I was moving slowly ~~and~~ / slowing down ^{towards junction}.

DECLARATION

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

Qlw-

Policyholder's Signature
Date & Time:

Qlw-

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

[Signature]
Reporting Centre Personnel's Signature
Name: WONG KUNNG SENG, George
NRIC/FIN No.: G27571431



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: S66550020G / 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 : MPA119065231-01 Vehicle Registration No: SKA5575P
Name(as shown in NRIC) : ONG EU-WEN NRIC/FIN/Passport No : S7704893F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 22 JALAN SELAMAT Singapore(418544)
Contact (Tel) : 90078967 Mobile No. : _____
Email Address : EUWEN@HOTMAIL.COM
Date of Accident : 18/05/2019 Time of Accident : 10:40
Place of Accident : CHAI CHEE LANE JUNCTION (THK HOME ENTRANCE)
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(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:

TO COVERT FROM REPORTING ONLY TO OWN POLICY CLAIMS AND DO RECOVERY LATER

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: Wanli Kikunli SBAN, George
NRIC/FIN No.: G29870531

Date: 27/5/19