

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 05/09/2019 11:51
 Date Of Accident 05/09/2019 09:05
 Exact Location Of Accident 83 JALAN SETIA
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB2189Y
Insured/Policyholder
 Name Of Registered Owner SAMANTHA SEAH
 NRIC No S8429400D
 Email Address MEATBALL0018@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-91268005
 Alternative Phone No Office-91268005

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 2100501751-02
 Cover Note Number

Driver

Name of Driver SAMANTHA SEAH
 NRIC No S8429400D
 Date Of Birth 18/09/1984
 Occupation INDOOR
 Date Of Driving Pass 01/09/2008
 Driving Experience 11 YEARS AND 0 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-91268005
 Fax Number
 Contact Number OFFICE-91268005
 EMail Address MEATBALL0018@YAHOO.COM.SG

Address	8 JOO SENG ROAD #16-06
Postcode	360008
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	SIDE SWIPE
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 DRIVING IN BETWEEN 2 VEHICLES PARKED BY THE SIDE OF THE ROAD. I CRASHED INTO THE SIDE OF THE VEHICLE ON MY LEFT AND DAMAGED MY SIDE MIRROR AND SIDE OF MY CAR. WE SPOKE WITH THIRD PARTY TO NOT CLAIM FROM EACH OTHER. THIRD PARTY AGREED TO SIGN THE PRIVATE SETTLEMENT FORM.

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	GBF5140R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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: 5/9/19, 10.16am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

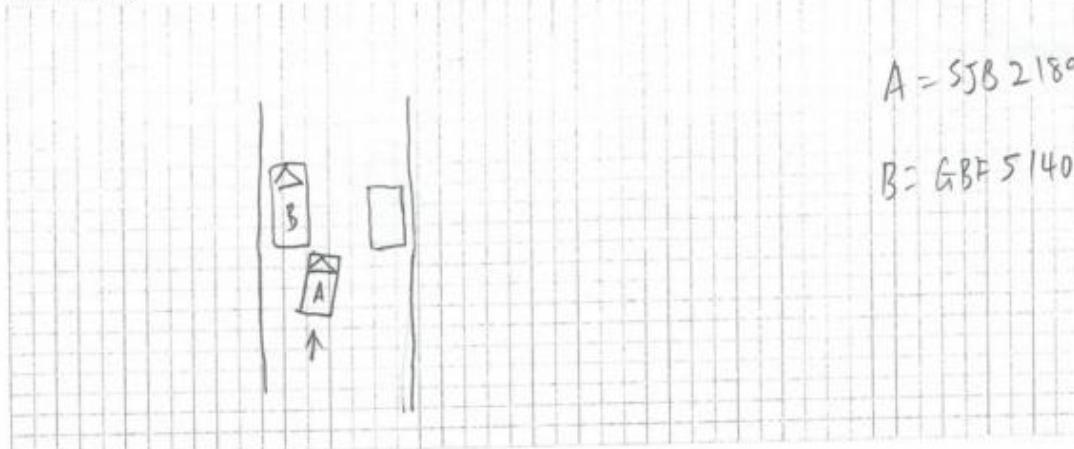
Name: Joly Foony

NRIC/FIN No.: 62040 1071

GIAACC SketchPlanForm_V3

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN BETWEEN 2 VEHICLES PARKED BY THE SIDE OF THE ROAD. I CRASHED INTO THE SIDE OF THE VEHICLE ON MY LEFT AND DAMAGED MY SIDE MIRROR AND SIDE OF MY CAR.

WE SPOKE WITH THIRD PARTY TO NOT CLAIM FROM EACH OTHER. THIRD PARTY AGREED TO SIGN THE PRIVATE SETTLEMENT FORM.

DECLARATION

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

Policyholder's Signature

Date & Time: 5/9/19, 10.16am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Tony Foo

NRIC/FIN No.: 620401971

62ARMC SketchPlanForm_V3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



PRIVATE SETTLEMENT FORM

PRIVATE SETTLEMENT FORM

Rev 01

1. Details of Accident

Date / Time: 5/6/19Location: 85 JALAN SETIA2a. Motor-vehicle registration no. GRF5146R driven by G692001N
(Name & NRIC)2b. Motor-vehicle registration no. S842940D driven by SAMANTHA SEAH
(Name & NRIC)

3. There were no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows:

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. without any admission of liability, _____ (Party paying compensation) has paid a sum of \$ _____ which _____ (Owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.

*c. That _____ (Name & NRIC no.) have received the aforesaid vehicle in good running order and damages that were caused as a result of the above-mentioned accident were repaired to satisfaction.

5. Both parties have not and will not make a police report of this accident.

6. Both parties will not file any accident claims for this accident.

Name : Lin Gary
NRIC : A6912111
Signature : [Signature]
Date : 5/6/19
(Paying Party)Name : SAMANTHA SEAH
NRIC : S842940D
Signature : [Signature]
Date : 5/9/19
(Party receiving compensation)