

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	25/10/2019 08:47
Date Of Accident	22/10/2019 09:00
Exact Location Of Accident	WHAMPOA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6219A
Insured/Policyholder	
Name Of Registered Owner	LI MINGYUE
NRIC No	S9171572D
Email Address	LIMINGYUE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81385685
Alternative Phone No	Office-81385685

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	ACT
Fleet Policy	NO
Policy Number	1900115876
Cover Note Number	

Driver

Name of Driver	LI MINGYUE
NRIC No	S9171572D
Date Of Birth	06/06/1991
Occupation	INDOOR
Date Of Driving Pass	20/10/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81385685
Fax Number	
Contact Number	OFFICE-81385685
EMail Address	LIMINGYUE@HOTMAIL.COM

Address	18B CANBERRA DRIVE #10-47
Postcode	768100
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 ON MY WAY FROM MY WORKPLACE (KK HOSPITAL) TO NATIONAL CANCER CENTRE FOR MY MEDICAL APPOINTMENT AT 9AM ON 22/10/2019. IT WAS RAINING VERY HEAVILY AND ROADS WERE WET AND SLIPPERY. WAS TURNING OFF CTE ONTO WHAMPOA DRIVE WHEN MY CAR SKIDED AND MOUNTED CURB ON THE ROAD DIVIDER. NO OTHER CARS / COLLISION WERE INVOLVED. I NOTED MY FRONT RIGHT TYRE WAS PUNCTURED. SO I DROVE TO THE OPEN AIR CARPARK AT WHAMPOA DRIVE BLK 75 AND PARKED THERE WHILE WAITING FOR AUDI ROADSIDE RECOVERY TO CHANGE TYRE FOR ME. SUBSEQUENTLY NOTED THAT MY CAR STEERING WAS MALALIGNED AND SENT IT DOWN FOR INSPECTION ON 23/10/19

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN

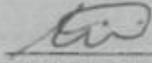
IMPORTANT NOTICE

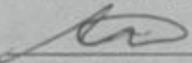
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8. Consent under the Personal Data Protection Act (PDPA)

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 purpose stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

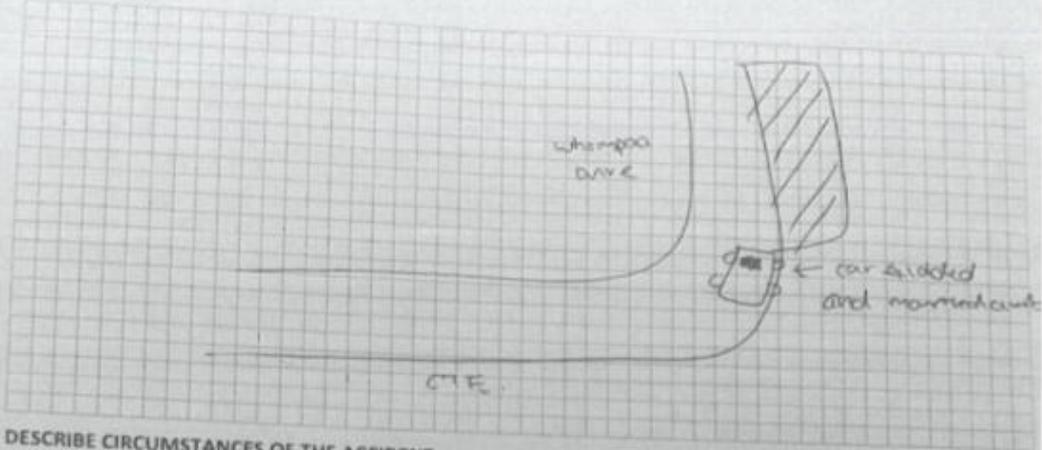

 Policyholder's Signature
 Date & Time: 24/10/19


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 24/10/19


 Reporting Centre Personnel's Signature
 Name: *Ashli Han Hoo*
 NRIC/FIN No.: *A8887792K*

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on my way from my workplace (EE Hospital) to National Cancer Center for my medical appointment. It was raining very heavily and roads were wet and slippery. Was turning off CTE onto Whampoa Drive when my car skidded and overturned on the road divider. No other cars / collision were involved. I noted my front right tyre was punctured so I drove to the open car airport at Whampoa Drive BK 75 and parked there while waiting for Audi roadside recovery to change tyre for me. Subsequently noted that my car steering was misaligned and sent it down for inspection on 23/10/19.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/10/19

Reporting Centre Personnel's Signature

Name: Goh Jia Hao, Tony

NRIC/FIN No.: G8887776

DIARMC SketchPlanForm_V3



Accident Photo



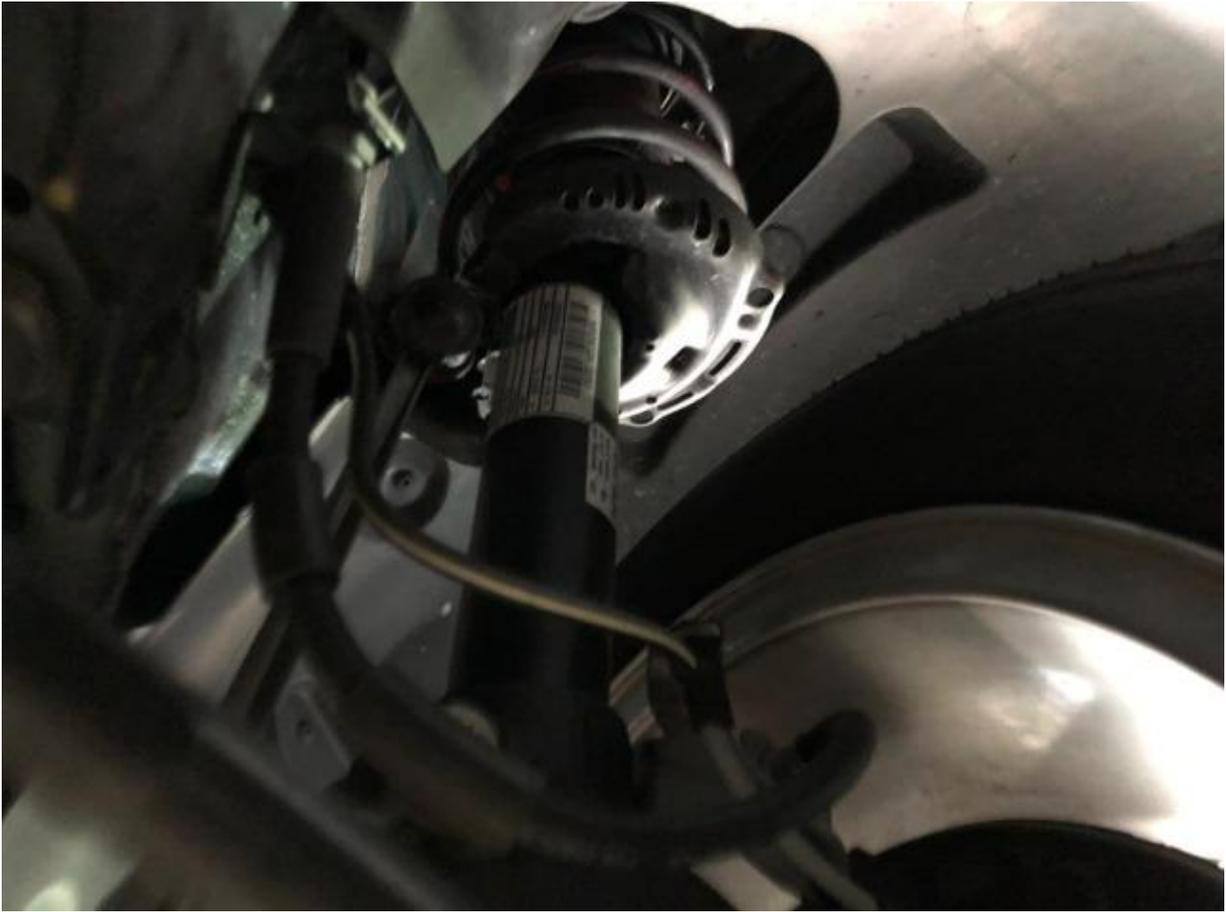
Accident Photo



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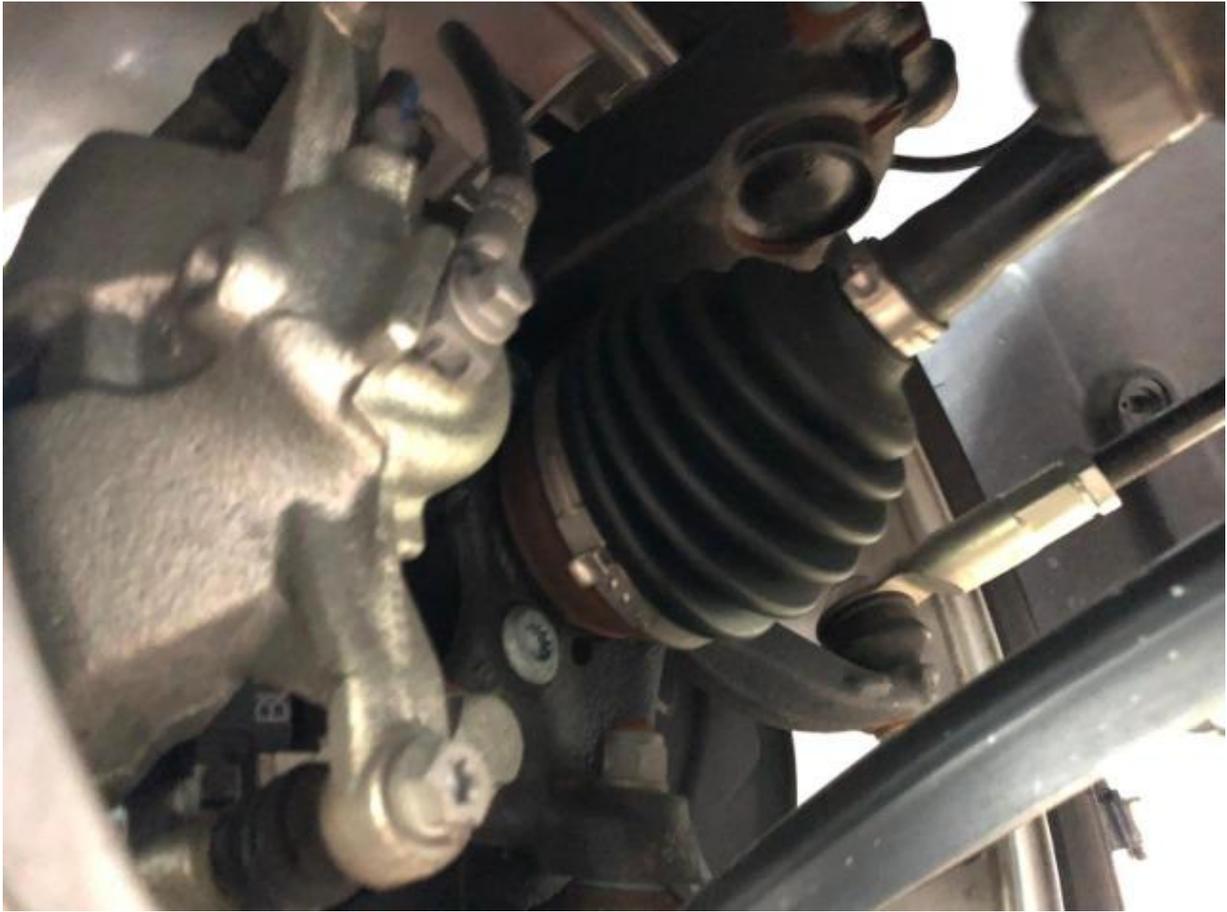
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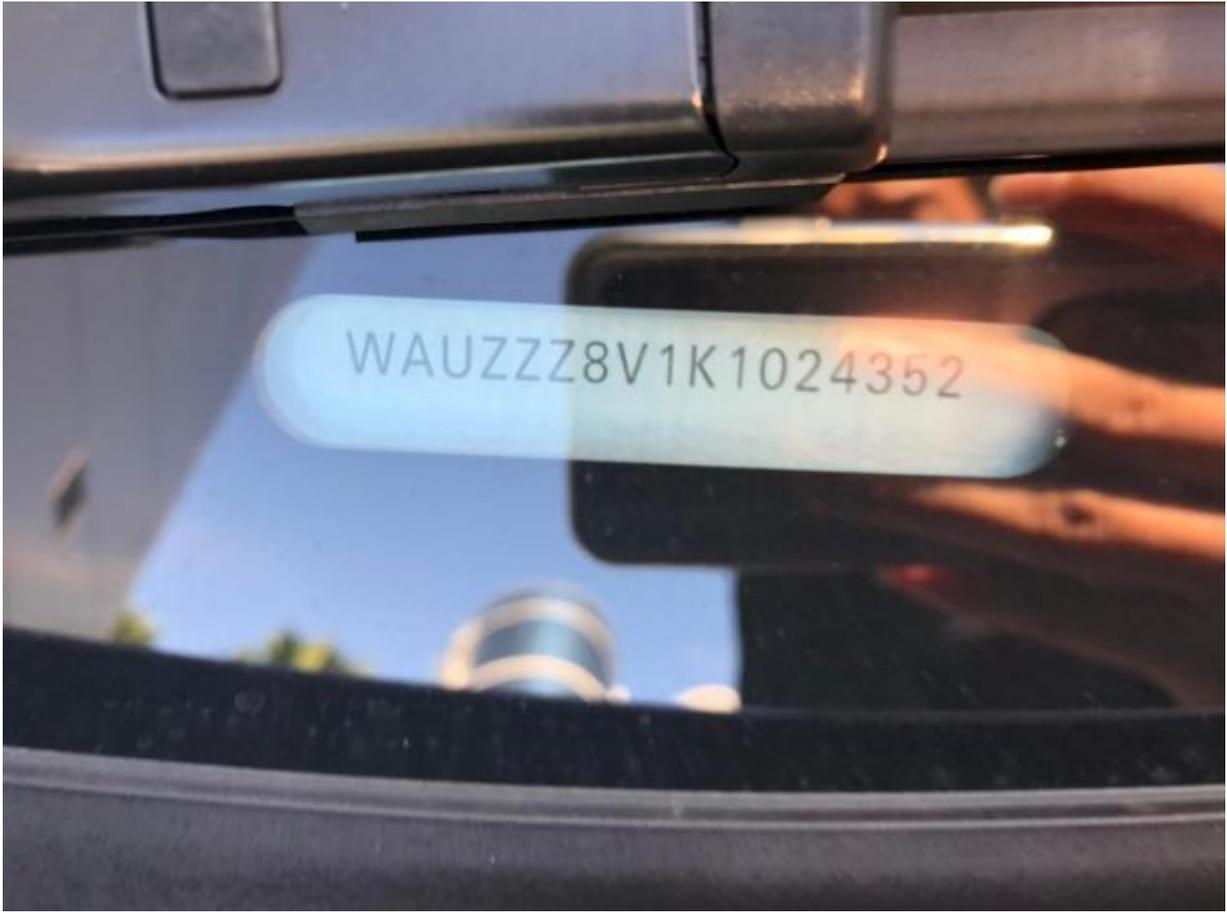
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