

## 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	09/11/2019 10:39
Date Of Accident	09/11/2019 08:50
Exact Location Of Accident	SHEARES AVENUE TOWARDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ392A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEOW TEE LENG
NRIC No	S2598438B
Email Address	TONYYEOW87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96398787
Alternative Phone No	OFFICE-96398787

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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	
Cover Note Number	

### Driver

Name of Driver	YEOW TEE LENG
NRIC No	S2598438B
Date Of Birth	03/09/1967
Occupation	INDOOR
Date Of Driving Pass	08/08/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-96398787
Fax Number	
Contact Number	OFFICE-96398787
E Mail Address	TONYYEOW87@GMAIL.COM

Address	30 LORONG 107 CHANGI #05-04
Postcode	426446
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 - 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)	2
Passenger 1	NAME: : ALICIA WOON GENDER: : FEMALE

### 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

TRAVELLING ALONG SHEARES AVENUE ON 11/8/2019 (APPROX :0850 HRS) TOWARDS THE DIRECTION OF ECP. I WAS IN THE SECOND LANE OF SHEARES AVENUE, SLOWING DOWN FOR A TRAFFIC LIGHT WHEN A LORRY - XD5130U TRAVELLING ON THE 3RD LANE OF THE ROAD SUDDENLY SWERVED INTO MY LANE, COLLIDING INTO THE REAR BACK OF RIGHT HAND SIDE OF MY CAR, SMQ 392 A.

### 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	XD5130U
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJENDRAN VIGNESHWARAN
NRIC/Passport Number	G2405769R
Contact Number	90599709
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

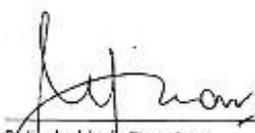
### SKETCH PLAN

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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 (c) 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: Nov. 9, 2019

  
GIA/MS Sketch Plan Form V1

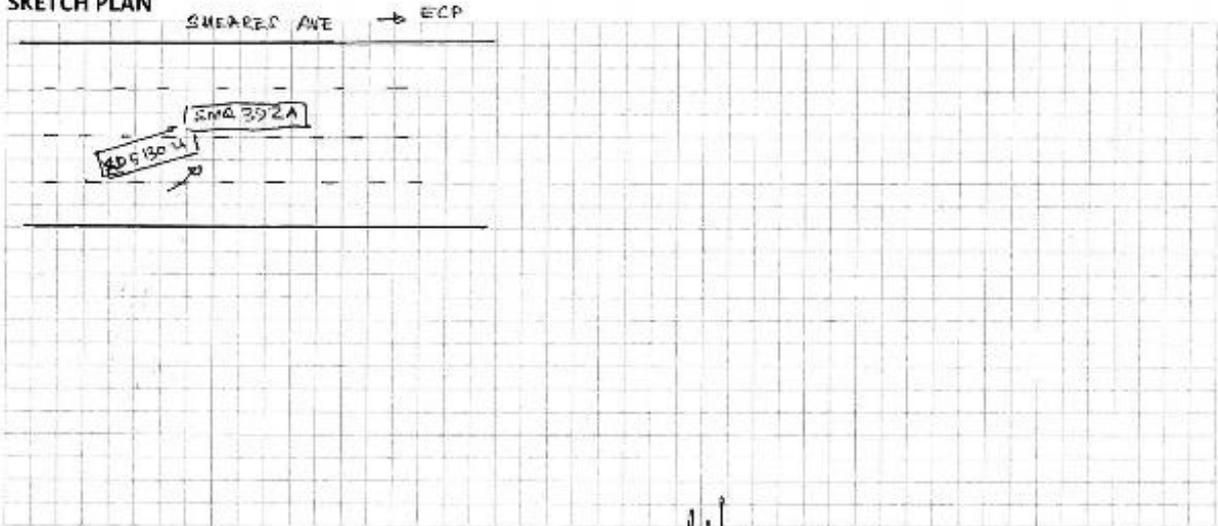
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: WEN LEE KATHY GENE G. PTE WLP  
NRIC/FIN No.: G2987193X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten signature*

Travelling along Sheares Avenue on Nov. 9, 2019 (approx: 0850 hrs)  
 Towards the direction of ECP.

I was in the second lane of Sheares Avenue, slowing down for a traffic light when a lorry, XD5130U travelling on the 3rd lane of the road suddenly swerved into my lane, colliding into the rear back of the right hand side of my car, SM@392A

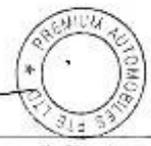
DECLARATION

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

*Handwritten signature*  
 Policyholder's Signature  
 Date & Time: Nov. 9, 2019

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

*Handwritten signature*  
 Reporting Centre Personnel's Signature  
 Name: HOANG KHONG SENG, George  
 NRIC/FIN No.: G298743X



Accident Photo



Accident Photo



Accident Photo



Accident Photo



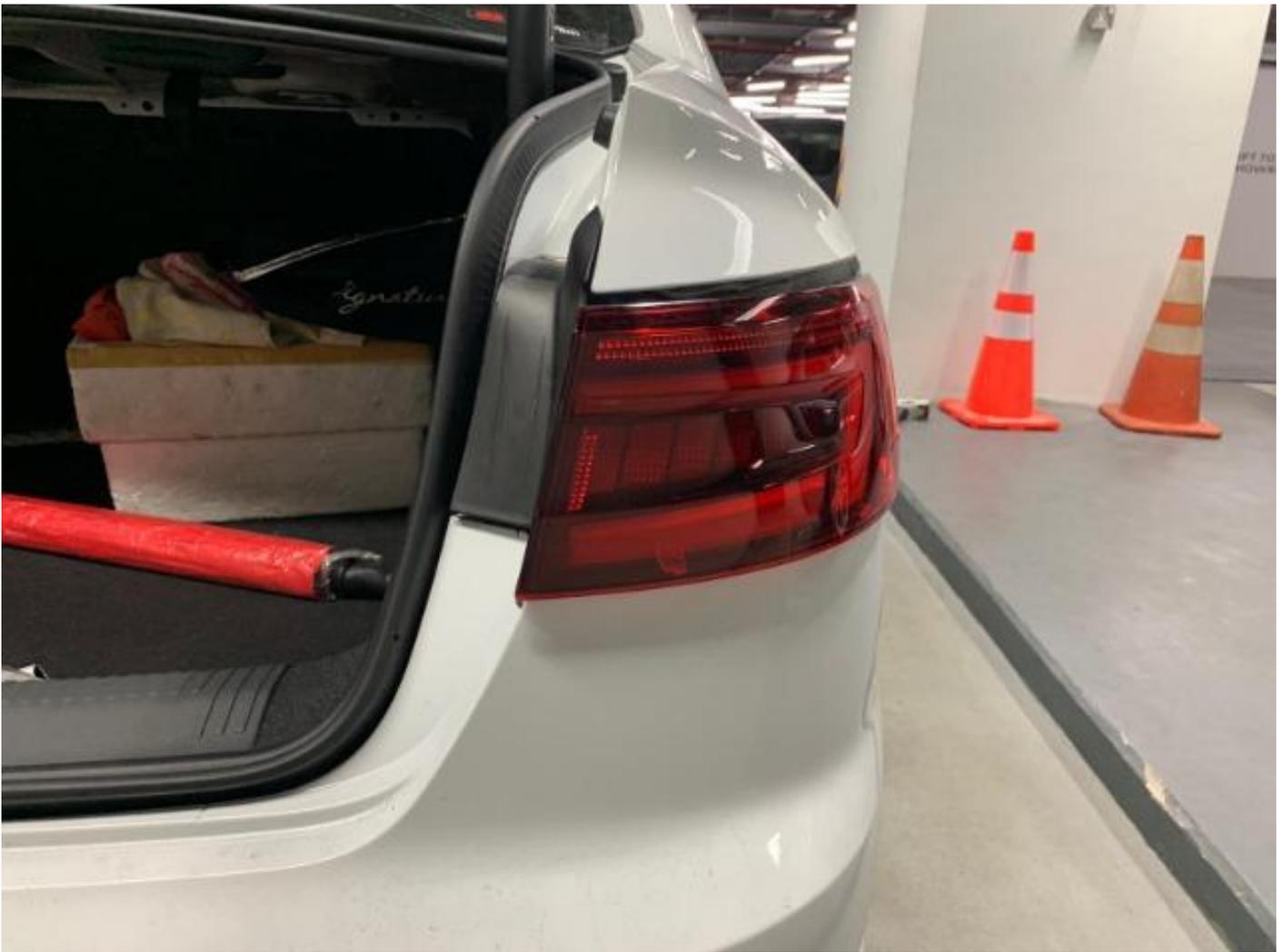
Accident Photo



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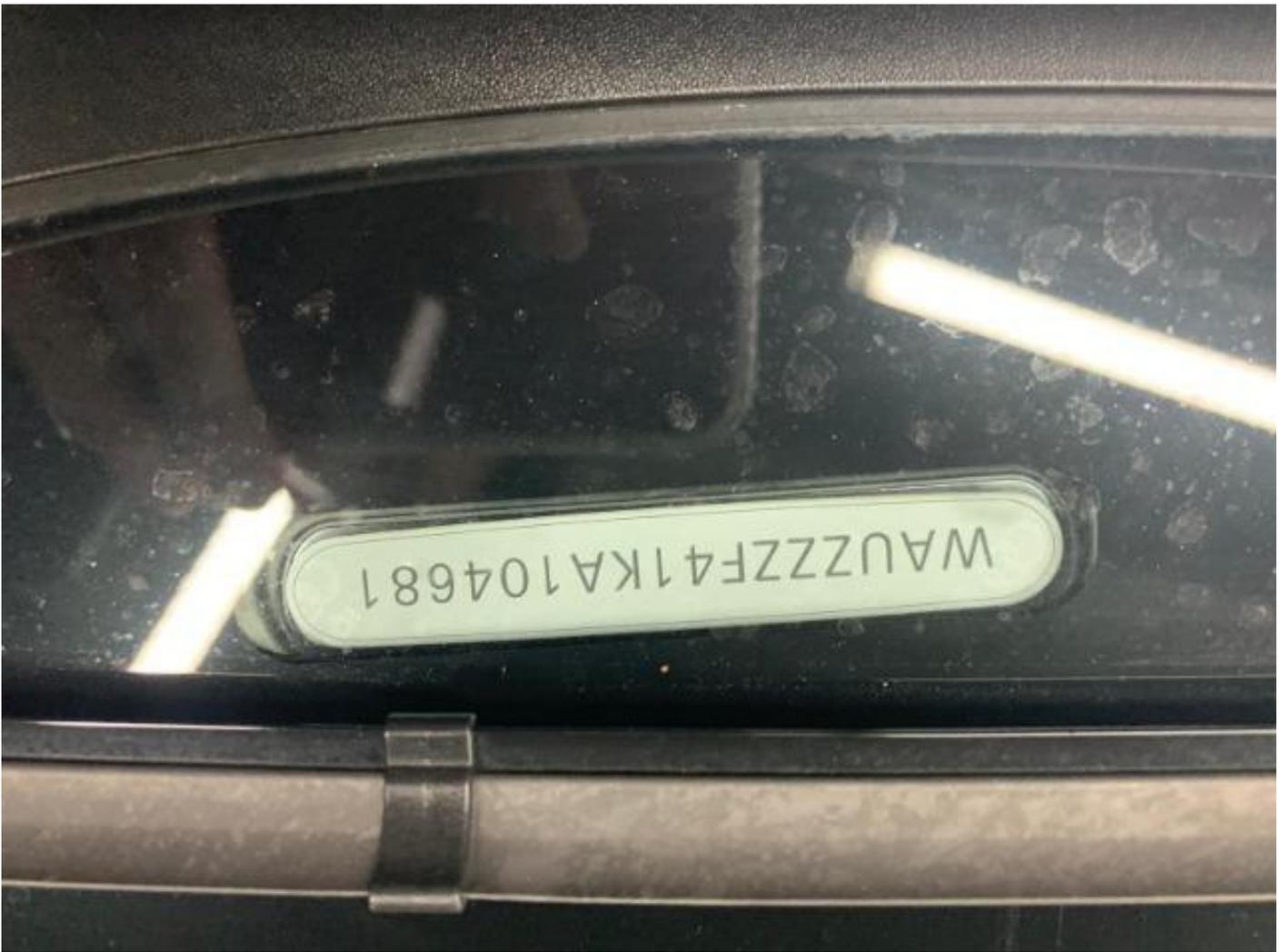
Accident Photo



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 : MPA119148356-01 Vehicle Registration No: SMQ392A
Name(as shown in NRIC) : YEOW TEE LENG NRIC/FIN/Passport No : S2598438B
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : 30 LORONG 107 CHANGI, #05-04 Singapore(426446)
Contact (Tel) : Mobile No. : 96398787
Email Address : TONYYEOW87@GMAIL.COM
Date of Accident : 09/11/2019 Time of Accident : 08:50
Place of Accident : SHEARES AVENUE TOWARDS ECP
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:

the correct date for the accident is on 09/11/2019.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: WONG KHONG SEW, GUY
NRIC/FIN No.: G2987143A
Date: 9/11/19