#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process
- 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 witholding 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.
- Any false reporting may be referred to the Police for Investigation.
- 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

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Date Of Report

05/12/2019 15:57

Date Of Accident

05/12/2019 14:10

Exact Location Of Accident

COMMONWEALTH AVE WEST AND GHIM MOH LINK.

Country/State of Loss

SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJH3033A

Insured/Policyholder

Name Of Registered Owner

CHAN MEI LING ALISON

NRIC No

S2601751C

Email Address

AMICHAN60@GMAIL.COM

Mobile Phone No

(LOCAL) +65-96302833

Alternative Phone No

OFFICE-96302833

#### Vehicle Particulars

Manufacturer

AUDI

Model

Q2 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

1700094795-01

Cover Note Number

## Driver

Name of Driver

CHOI YEE HANG IAN

NRIC No Date Of Birth S9206529D

Date Of Birth Occupation 17/02/1992

Date Of Driving Pass

INDOOR

Driving Experience

11/06/2013 6 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96785941

Fax Number

Contact Number

OONE) -00-307003-11

EMail Address IYHCHOI@HOTMAIL.COM

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Address 13 PAVILION VIEW

Postcode 658427

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

SIDE SWIPE Type Of Accident 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

YES

NO.

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### Details of Police Action

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

# Circumstances of Accident

AT AROUND 2:07pm, I WAS DRIVING ALONG COMMONWEALTH AVE WEST TOWARDS CLEMENTI, I WAS INTENDING TO CHANGE TO A LANE ON MY RIGHT SO I GAVE SIGNALLED MY CAR AND CHECKED MY BLIND SPOT BEFORE CHANGING LANE. WHEN I WAS HALFWAY IN THE NEXT LANE, IT WAS WHEN I SAW THE DRIVER OF SLQ 333 H SPEEDING VERY QUICKLY ALONG THE LANE I WAS CHANGING TO, AND SHE DID NOT SLOW DOWN DESPITE THE CAR BEING HALFWAY INTO THE NEXT LANE. WHICH CULMINATED IN HER SCRAPING THE RIGHT SIDE OF MY CAR, AND DAMAGING THE SIDE MIRROR AND CAR RIM. WHEN I QUESTIONED HER ABOUT IT SHE SAID SHE DID NOT SEE MY SIGNAL AND THAT SHE WAS NOT OBLIGED TO SLOW DOWN FOR ME EVEN THOUGH I WAS ALREADY HALFWAY INTO THE NEXT LANE. WHEN I DISPUTED AND POINTED OUT THAT SHE WAS SPEEDING, SHE DENIED IT AND SAID SHE IS NOT INTERESTED IN ARGUING IN WHO IS AT FAULT, AND THAT SHE WILL BE CLAIMING THROUGH HER INSURANCE.

## Attachment(s)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

SL 0333H Vehicle Registration Number

Vehicle Make/Model/Colour MERCEDES WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

LYE PO LENG(LAI BAOLING) Name of Driver

NRIC/Passport Number \$75215641 Contact Number 97602228

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

#### Sketch Plan

#### SKETCH PLAN

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- K Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that

- (4) 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 postessed by my insurer (collective), the "Personal Information") and discusse 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)
  - (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 "Pormoses"
- (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 Europses
- (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

Iff driver is not the policyholder!

Date & Time

Reporting Centre Personnel's Signature

Name

NAIE/FIN No.

### Sketch Plan #2

SKETCH PLAN 8 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Mile of 60 Maryly 1 Hart. dupted now 460 tulian t Mary the all be charing DECLARATION I/We declare the foregoing particulars are true in every respect

Policyholder's Signature

Policyrene Date & Time | 5/12 | lie

Driver & Signature

Date B. Fime

(if driver is not the policyholder)

Report he Centre Personnel's Signature

NEIC/FIN No :

Hora

Uraz 40 III 71