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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/12/2019 14:19
Date Of Accident	23/12/2019 17:55
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ7016P
Insured/Policyholder	
Name Of Registered Owner	TAN XIUYUN(CHEN XIUYUN)
NRIC No	SXXXX977H
Email Address	TANXIUYUNJEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98734833
Alternative Phone No	OFFICE-98734833
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100494510-03
Cover Note Number	
Driver	

Name of Driver TAN XIUYUN(CHEN XIUYUN)

NRIC No SXXXX977H

Date Of Birth 18/08/1986

Occupation INDOOR

Date Of Driving Pass 29/07/2005

Driving Experience 14 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98734833

Fax Number

Contact Number OFFICE-98734833

EMail Address TANXIUYUNJEN@GMAIL.COM

Address BLK 34 UPPER CROSS

#12-146

Postcode

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 Registration Number of Briver's Own

-

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

NO

NO

NO

2

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

THE ACCIDENT HAPPENED AT ABOUT 5.57PM ON 23rd DEC 2019 AT SLIP ROAD TOWARDS BEDOK RESERVOIR ROAD FROM BEDOK NORTH AVE 3. I TURNED LEFT INTO THE SLIP ROAD AND STOPPED MY CAR BEFORE THE GIVE WAY MARKING TO GIVE WAY TO CARS ALONG BEDOK RESERVOIR ROAD. MOMENTS AFTER THE STOPPAGE, I FELT A BUMPED FROM THE REAR. I GOT DOWN THE CAR AND SAW THAT MY CAR WAS HIT AT RIGHT HANDSIDE OF THE REAR BUMPER. THE CAR BEHIND ME HAD A CORRESPONDING DENT WITH WHITE PAINT AT THE LEFT HAND SIDE FRONT BUMPER. THE CAR PLATE NO. OF THE CAR THAT HIT ME WAS SGX 3007 C AND IT WAS A BLUE COLOUR TOYOTA VIOS.

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 SGX3007C

Vehicle Make/Model/Colour TOYOTA/VIOS/BLUE

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

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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)

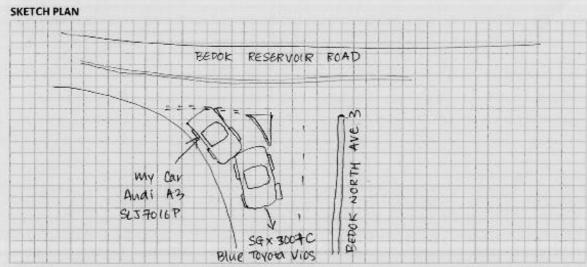
I understand, acknowledge, agree and consent that:

- (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:
 - 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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Work KHONG SEALS, Grenyc
NRIC/FIN No.: G2981434



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened at about 5.57pm at on 23rd Dec 2019
at the slip road towards ABedok Reservoir Road from Bedok North
As was a prepar turning left into the slip road, and stopped
down my car before the give-way marking to give way to cars
along Bedok Reservoir Road. Moments after the storpage, 1
felt a bumped from the rear.
at the right-hand-side of the super. The car had a
corresponding dout who with white paint at the front rumber of the carplate no was
the car tout that hit me was SGX3007C and it was a
Blue colour Torota Vios.
Alor

DECLARATION

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

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

GIARMC SketchPlanForm_V3

Reporting Centre Personnel's Signature
Name: 15-01-4, 12-10-4, 12-10-4, Work Ware Start
NRIC/FIN No.: G1971434



















