

## 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             | 11/01/2020 15:34 |
| Date Of Accident           | 10/01/2020 17:25 |
| Exact Location Of Accident | CLEMENTI ROAD    |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJL3999S              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | NICCOL SOO CHENG CHEE |
| NRIC No                     | SXXXX978B             |
| Email Address               | NICCGSOO@GMAIL.COM    |
| Mobile Phone No             | (LOCAL) +65-93867989  |
| Alternative Phone No        | HOME-62299975         |

### Vehicle Particulars

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | AUDI                      |
| Model                                                                        | A3 SPORTBACK-1.4 TFSI (A) |
| Exact Purpose for which vehicle was being used at time of accident           |                           |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                        |
| If No, Please state action to be taken                                       | REPORTING ONLY            |
| 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             | 1800011609                           |
| Cover Note Number         |                                      |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | CHEONG WEI YANG          |
| NRIC No              | SXXXX605A                |
| Date Of Birth        | 15/12/1975               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 15/08/1998               |
| Driving Experience   | 21 YEARS AND 4 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-96196219     |
| Fax Number           |                          |
| Contact Number       |                          |
| Email Address        | WEIYANG.CHEONG@GMAIL.COM |

|                                                     |                       |
|-----------------------------------------------------|-----------------------|
| Address                                             | 69P JALAN LIM TAI SEE |
| Postcode                                            | 266270                |
| 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?                                          |                                   |
| 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: : NI DEEN<br>GENDER: : MALE |

#### 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 STOPPED AT THE TRAFFIC LIGHT FOR THE RIGHT TURN LANE (INNER-MOST) ON CLEMENTI ROAD , TURNING INTO ULU PANDAI ROAD. THE RIGHT TURN ARROW TURNED GREEN AND CARS STARTED TO MOVE. THE OTHER VEHICLE (SLG 7242 T ) MOVED OFF AT A GOOD PACE, AND SO I FOLLOWED AT THE SAME ACCELERATING PACE. I HAD TURNED MY HEAD TO CHECK TRAFFIC AROUND ME, BUT SLG 7242 T SUDDENLY STOPPED AND I DROVE INTO HIS BACK AS I WAS NOT ABLE TO STOP IN TIME DESPITE APPLYING THE BRAKES. THIS OCCURED AT 1725H ON 10/01/2020.

#### 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 | SLG7242T             |
| Vehicle Make/Model/Colour   | MERCEDES/CLA180/GREY |
| Details Of Properties       |                      |
| Vehicle Category            | PRIVATE CAR          |
| Name of Driver              | LIM THOW KHOO, EDDIE |
| NRIC/Passport Number        | SXXXX504I            |
| Contact Number              |                      |
| Address                     |                      |

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

## Sketch Plan

**SKETCH PLAN**

**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 benefits.
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. The report will be forwarded by the insurers to the GIA Reports 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 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 procured 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 as collected under (a) 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 \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 1230 11/6/14

Reporting Centre Personnel's Signature \_\_\_\_\_  
Name: LIP SZE JING  
NIC/PIN No.: 65024744

(GIA404) (Standard Form) (2)

1

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPED AT THE TRAFFIC LIGHTS FOR THE RIGHT TURN LANE (INNER-MOVT) ON CLEARY ROAD, TURNING INTO ULLANDAN ROAD. THE RIGHT TURN ARROW TURNED GREEN AND CARS STARTED TO MOVE. THE OTHER VEHICLE (SLG 72427) MOVED OFF AT A GOOD PACE, AND SO I FOLLOWED AT THE SAME ACCELERATING PACE. I WAS TURNING MY HEAD TO CHECK TRAFFIC AROUND ME, BUT SLG 72427 STOPPED AND I DROVE INTO HIS BACK AS I WAS NOT ABLE TO STOP IN TIME DESPITE APPLYING THE BRAKES. THIS OCCURRED AT 17:25H ON 10/01/2020

### DECLARATION

(We declare the foregoing particulars are true to every respect)

Polyholder's Signature  
Date & Time:

Signature: [Signature]

Driver's Signature  
(If driver is not the polyholder)  
Date & Time: 12:30 10/01/2020

Signature: [Signature]

Reporting Centre Personnel's Signature  
Name: [Signature]  
ABU/PN No: 666/5162

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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: S665500206 / 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 : MPA120004918 Vehicle Registration No: SJL 3999 S  
Name (as shown in NRIC) : Nicole Soo Cheng Chee NRIC/FIN/Passport No : S7127978B  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 698 Jalan Lim Tai See Singapore (766270)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93867484  
Email Address : Nic9950@gmail.com  
Date of Accident : 10/1/2020 Time of Accident : 17:25  
Place of Accident : Clement Road  
Insurance Company : AIA

#### (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:

To convert to reporting only  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lim Kuei Seng