

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	17/01/2020 14:45
Date Of Accident	16/01/2020 17:45
Exact Location Of Accident	FARRER ROAD UNDERPASS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1081D
Insured/Policyholder	
Name Of Registered Owner	SEE CHYE KIM
NRIC No	SXXXX590J
Email Address	GLORIA.SEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91559938
Alternative Phone No	OFFICE-64661844

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	1800111779
Cover Note Number	

Driver

Name of Driver	SEE CHYE KIM
NRIC No	SXXXX590J
Date Of Birth	20/03/1951
Occupation	INDOOR
Date Of Driving Pass	03/02/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91559938
Fax Number	
Contact Number	OFFICE-64661844
Email Address	GLORIA.SEE@GMAIL.COM

Address	SKYLINE RESIDENCES, BLK 612
Postcode	109026
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : JULIE SEE GENDER: : FEMALE
Passenger 2	NAME: : ANGELITA 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

PLEASE REFER TO ATTACHED ACCIDENT STATEMENT.

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	SLG3092K
Vehicle Make/Model/Colour	NISSAN X-TRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PUSHAN DUTT
NRIC/Passport Number	SXXXX095F
Contact Number	
Address	
Postcode	

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

Sketch Plan

SKETCH PLAN

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

Policyholder's Signature

Date & Time: 17/1/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

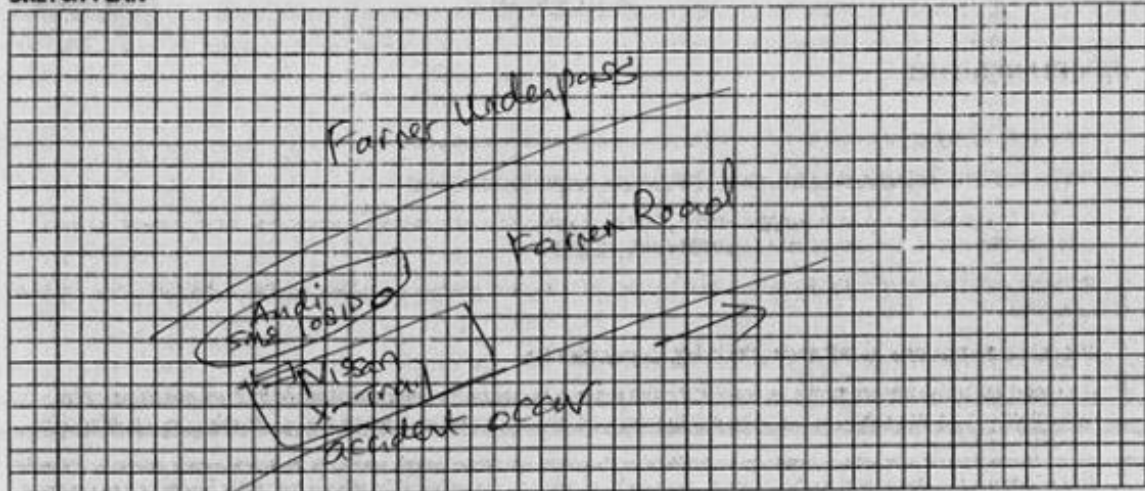
Name: WONG KHONG SENG, George

NRIC/FIN No.: 62487143X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Side Swipe at Farmer Underpass
 Road condition - slight drizzle
 Pls refer to attached accident statement

DECLARATION

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

Policyholder's Signature *See Chye Kim*
 Date & Time: Jan 16 2020

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

Reporting Centre Personnel's Signature
 Name: *WONG KHONG SENG, George*
 NRIC/FIN No.: *G2987143X*




Jan 19 2020

To: Audi Insurance
 attn: George Wong (in charge) Claims Advisor
 Subject = SME 1081 D (See Clupe Kim)
 SLE 3092 K (Pushan Datt)
 S 7287095F I/c
 From: See Clupe Kim (Gloria)
 501315909

I was driving along Fanner Road
 alongside Drives of Black Nissan X-Trail
 It was drizzling and road was slippery
 Driver Pushan Datt of SLE 3092 K was on my
 right. I heard a slight sound when
 there was a slight collision of the right
 side mirror which then folded inwards.
 He trailed after me till we reach
 St Ignatius church where his car also
 stopped at carpark.

He showed me some dent on left lower
 side of his car. and claimed that it
 was caused by my car.
 How can the upper side of my car
 collide with lower part of his car
 He said he will contact his Insurance
 FWD (9178 9606)

 GLORIA SEE .

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: 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 : MPA120007981 Vehicle Registration No: SME10810
Name (as shown in NRIC) : See Chye Kim NRIC/FIN/Passport No : SXXXX 5905
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91559938
Email Address : _____
Date of Accident : 16/1/20 Time of Accident : 17:45
Place of Accident : Farrer Road Underpass
Insurance Company: AIG

(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:

Amend 3rd party vehicle number

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Belvin Kha
NRIC/FIN No.: G8469026
Date: 28/1