

## 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	26/02/2020 18:08
Date Of Accident	26/02/2020 14:55
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5823D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KYONIEFS ROSELLE BALAORO
NRIC No	SXXXX175E
Email Address	ROSIEZOOO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98237716
Alternative Phone No	OFFICE-67761282

### Vehicle Particulars

Manufacturer	AUDI
Model	Q5 3.2 FSI QU
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	2100239776-09
Cover Note Number	

### Driver

Name of Driver	KYONIEFS ROSELLE BALAORO
NRIC No	SXXXX175E
Date Of Birth	12/11/1973
Occupation	INDOOR
Date Of Driving Pass	02/04/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98237716
Fax Number	
Contact Number	OFFICE-67761282
Email Address	ROSIEZOOO@HOTMAIL.COM

Address	39 FABER
Postcode	129120
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 - CROSS JUNCTION
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)	1

#### 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 THE SKETCH PLAN & ACCIDENT STATEMENT.

#### 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	SKZ9953Z
Vehicle Make/Model/Colour	RANGE ROVER /GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAGAUD OLIVIER GEORGES ALBERT
NRIC/Passport Number	SXXXX701H
Contact Number	97574657
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 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. The 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 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 (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:

26-2-20  
17:02

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

SAME

Reporting Centre Personnel's Signature

Name: WONG KEOH SEAH, George  
NRIC/FIN No.: 62967149

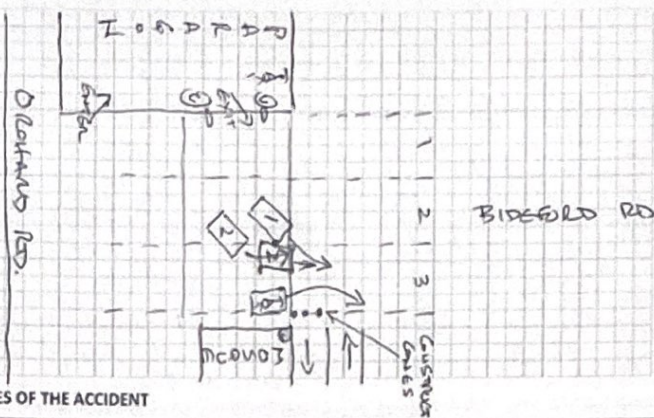




# Sketch Plan #2

## SKETCH PLAN

VEHICLE 1 - S125823D  
VEHICLE 2 - SK2299532  
① - CCTV CAMERAS



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I EXITED FROM PARAGON OFFROAD ONTO BIDEFORD RD, HEADING ACROSS TO LANE 3. I WAS IN VEHICLE 1. VEHICLE 2 EXITED FROM MY RIGHT SIDE HEADING TO LANE 3 AS WELL BUT FROM MY RIGHT REAR. I STOPPED IN THE YELLOW BOX TO ALLOW A TAXI TO PASS IN LANE 3 BECAUSE HE WAS BLOCKED BY CONSTRUCTION CONES. THE TAXI PASSED, BUT I COULD NOT PROCEED BECAUSE VEHICLE 2 IMMEDIATELY FOLLOWED THE TAXI, AND CUT ME OFF. I SOUNDED MY HORN TO ALERT VEHICLE 2 THAT HE WAS TOO CLOSE, BUT HE CONTINUED TO SQUEEZE PAST MY FRONT RIGHT BUMPER AND GROOVED UP SIDE SWIPING ME AT THE RIGHT FRONT CORNER OF MY VEHICLE. WITH THE SIDE OF HIS VEHICLE. PLEASE NOTE THERE WERE TWO CCTV CAMERAS AT PARAGON EXIT, ONE MORE AT THE PARAGON TAXI STAND, AND ONE MORE AT THE MASJID AL FALAH MOSQUE. THE PARAGON GUARD SUGGESTED WE REQUEST THE VIDEO FROM THE MOSQUE. THE GUARD SAID SINCE THE ACCIDENT DID NOT OCCUR WITHIN PARAGON GROUNDS, HE COULD NOT BE A WITNESS.

## DECLARATION

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

Policyholder's Signature  
Date & Time:  
26-2-20  
17:02

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

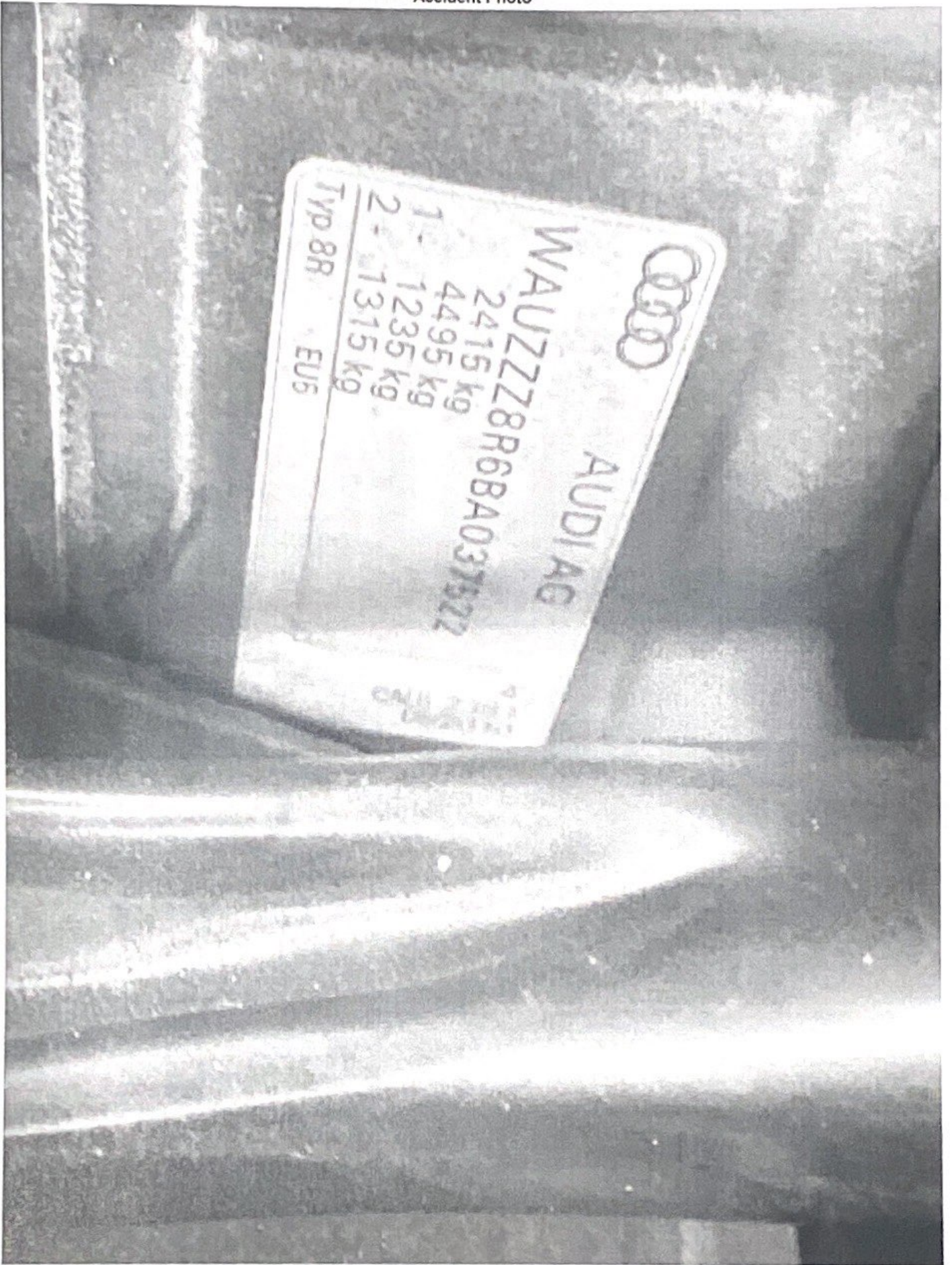
Reporting Centre Personnel's Signature  
Name: Waleed Khaled Saad Al-Hadi  
NRIC/FIN No.: G2987143X



Accident Photo







Typ 8R EUS

1 - 1235 kg  
2 - 1315 kg

WAUZZZ8R6BA037522

AUDI AG