

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	04/02/2020 17:10
Date Of Accident	04/02/2020 08:20
Exact Location Of Accident	JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9282C
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Insured/Policyholder

Name Of Registered Owner	ANG SOH YONG (HONG SURONG)
NRIC No	SXXXX614G
Email Address	ANG9685@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98229685
Alternative Phone No	OFFICE-98229685

Vehicle Particulars

Manufacturer	AUDI
Model	Q3 1.4 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	2000001479
Cover Note Number	

Driver

Name of Driver	ANG SOH YONG (HONG SURONG)
NRIC No	SXXXX614G
Date Of Birth	09/08/1971
Occupation	INDOOR
Date Of Driving Pass	28/11/1992
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98229685
Fax Number	
Contact Number	OFFICE-98229685
EMail Address	ANG9685@GMAIL.COM

Address	200 BOON LAY DRIVE #03-69
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	-
	-
	-
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?	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

TRAVELLING ALONG JURONG WEST AVE 2 , TAKING THE CENTRAL LANE, MOVING TO TURN RIGHT TOWARDS PIE CHANGI DIRECTION. WAS FOLLOWING BEHIND RESCUE TRUCK XE 5058 R WHEN THE VEHICLE SUDDENLY COME TO A STOPPED. I STOPPED MY VEHICLE BEHIND, SUDDENLY THE FRONT VEHICLE XE 5085 R REVERSE LIGHT ON. I HORNED AND OTHER VEHICLE ALSO HORNED AT HIM BUT HE STARTED TO REVERSE AND BANG INTO THE FRONT BUMPER OF MY CAR. AFTER BANGING ON MY CR , HE FILTERED LEFT AND MOVED OFF.

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	XE5058R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

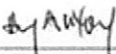
SKETCH PLAN

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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:

4 FEB 2020 16:13

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

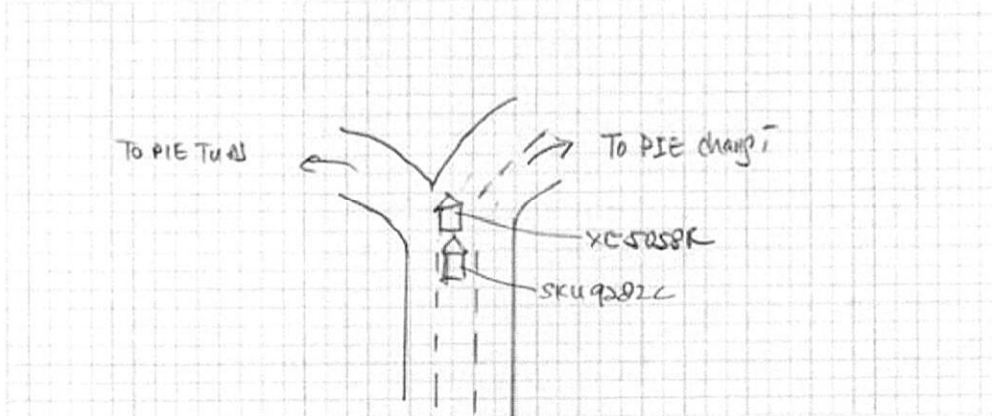

Reporting Centre Personnel's Signature
Name: *WONG KHEONG SEAH, GEORGE*
NRIC/FIN No.:

G2987143X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Suway West Ave 2

- Travelling along Suway West Ave 2, taking the central lane, moving to turn right toward PIE Chang direction.
- Was following behind rescue truck XC50SRK when the vehicle suddenly came to a stopped.
- I stopped my vehicle behind, suddenly the front vehicle XC50SRK reverse left car, I ~~heard~~ honned and other vehicle also honned at him but he started to reverse and bang into the front bumper of my car.
- After banging on my car, he turned left and moved off.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:
 4 Feb 2020 1620.

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: WONG KHEUNG SEAN G, George
 NRIC/FIN No.: G298-143X



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
URL: 665500396 / GST Reg. No.: M80017735

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 : MPA120015889 Vehicle Registration No: SKU9282C
Name(as shown in NRIC) : ANG SOH YONG (HONG SURONG) NRIC/FIN/Passport No : SXXXX614G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 200 BOON LAY DRIVE, #03-69 Singapore()
Contact (Tel) : 98229685 Mobile No. :
Email Address : ANG985@GMAIL.COM
Date of Accident : 04/02/2020 Time of Accident : 08:20
Place of Accident : JURONG WEST AVE 2
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(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 accident report from third party claims to own policy claims.

Signature: [Handwritten Signature]
Policyholder / Driver's Signature
Date: 18/3/2020

Reporting Centre Personnel's Signature
Name: KANG ESENH SENG GEONG
NRIC/FIN No.: 92987143X
Date: 12/3/2020