

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 | 10/06/2020 14:06 |
| Date Of Accident | 09/06/2020 18:00 |
| Exact Location Of Accident | SLE WOODLANDS AVE 12 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLD6702E |
| Insured/Policyholder | |
| Name Of Registered Owner | EILEEN KOH POH YIP |
| NRIC No | SXXXX115G |
| Email Address | EKPY1234@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81829314 |
| Alternative Phone No | OFFICE-62460846 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | AUDI |
| Model | A3 SPORTSBACK 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 | 1900242658 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | RACHELLE GAN |
| NRIC No | SXXXX299I |
| Date Of Birth | 12/10/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/06/2009 |
| Driving Experience | 10 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91264181 |
| Fax Number | |
| Contact Number | |
| EEmail Address | RACHELLE.CLAIRE.GAN@GMAIL.COM |

| | |
|---|-------------------------|
| Address | 13 CHEMPAKA KUNING LINK |
| Postcode | 486335 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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) | 2 |
| Passenger 1 | NAME: : NIGEL 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

EXITING SLE AT WOODLANDS AVE 12 EXIT, FILTERED BEHIND TOYOTA VIOS(SJJ 3207 E) WHICH EMERGENCY BRAKE DUE TO CARS IN FRONT. EMERGENCY BRAKE WHEN I SAW THE BRAKE LIGHTS OF THE TOYOTA VIOS IN FRONT. UNABLE TO STOP IN TIME AND HIT BUMPER OF TOYOTA VIOS. INCIDENT TOOK PLACE AT 1801HRS ON THE 9TH JUNE 2020. APPROXIMATELY 4 CARS IN FRONT AND 3 CARS BEHIND MY VEHICLE. CAR IN FRONT OF TOYOTA VIOS DROVE OFF AND DID NOT PULL OVER TO ROAD SHOULDER. UNSURE IF TOYOTA VIOS HIT CAR IN FRONT.

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 | SJJ3207E |
| Vehicle Make/Model/Colour | TOYOTA VIOS (CHAMPAGNE) |
| Details Of Properties | RENTED/COMMERCIAL HIRE |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MOHAMMAD ASHARI BIN SAMAD |
| NRIC/Passport Number | SXXXX029F |
| Contact Number | 93551041 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

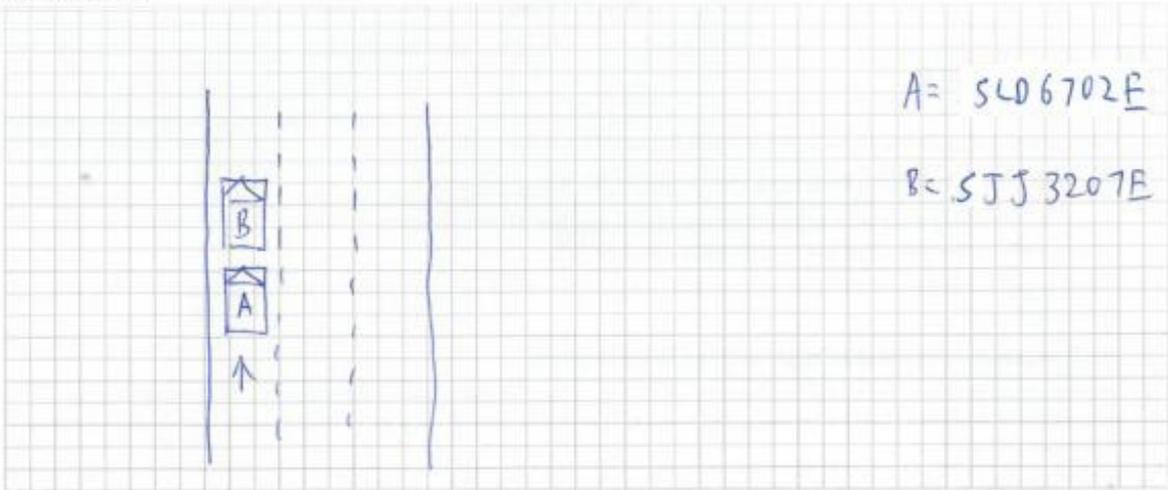

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/6/20


Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: G20401971



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Exiting SLE at woodlands ave 12 exit, filtered behind Toyota vios (SJJ 3207E) which emergency brake due to cars in front.
- ~~unable to~~ Emergency brake when I saw the brake lights of the Toyota vios in front.
- Unable to stop ~~and~~ in time and hit bumper of the Toyota vios.
- Incident took place at 1801 hrs on the 9th June 2020.
- Approximately 4 cars in front and 3 cars behind my vehicle.
- Car in front of Toyota vios drove off and did not pull over to road shoulder.
- Unsure if Toyota vios hit car in front.

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: 10/6/20

 
Reporting Centre Personnel's Signature
Name: Tony Fooj
NRIC/FIN No.: 62040147A

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: S66550020G / GST Reg. No.: M400017795

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 : MPA120050716 Vehicle Registration No: SLD 6702 E
Name(as shown in NRIC) : Eileen Koh Poh Yip NRIC/FIN/Passport No : S15341154
(*Vehicle Driver / Vehicle Owner)(* Please delete as appropriate
Address : 135 Chempaka Kuning Link Singapore(486335)
Contact (Tel) : _____ Mobile No. : 8182 4314
Email Address : ekpy1234@gmail.com
Date of Accident : 1/6/20 Time of Accident : 12:01
Place of Accident : SLE Woodlands Ave 12 Exit
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:

To amend driver's name



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lay Foong
NRIC/FIN No.: _____
Date: 10/6/20