

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 29/06/2020 15:53
 Date Of Accident 28/06/2020 12:15
 Exact Location Of Accident TEMASEK BLVD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV7776C
Insured/Policyholder
 Name Of Registered Owner RAYMOND'S MATH AND SCIENCE STUDIO
 Co Reg No 2XXXXX011R
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-98331850
 Alternative Phone No OFFICE-98331850

Vehicle Particulars

Manufacturer AUDI
 Model Q3 1.4 TFSI S TRONIC
 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
 Cover Note Number

Driver

Name of Driver YAP CHIE SENG
 NRIC No SXXXX828C
 Date Of Birth 27/06/1968
 Occupation INDOOR
 Date Of Driving Pass 30/05/1990
 Driving Experience 30 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98331850
 Fax Number
 Contact Number
 Email Address YAPCS@RMSS.COM.SG

Address	787D WOODLANDS CRESCENT #11-20
Postcode	734787
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LOH JIA JIA 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

I WAS GOING DOWN EXIT ECP TOWARDS ROCHER ROAD WHEN THE OTHER CAR CAME FROM THE LEFT SIDE AND HIT MY LEFT SIDE OF MY CAR. VIDEO OF ACCIDENT FROM CAR CAM IS SUBMITTED.

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	SMD4848U
Vehicle Make/Model/Colour	MERZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH JIN SENG
NRIC/Passport Number	SXXXX573C
Contact Number	96616563
Address	BLK 703 WEST COAST ROAD #06-375
Postcode	120703
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:

cel
28/6/20
10.25am

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

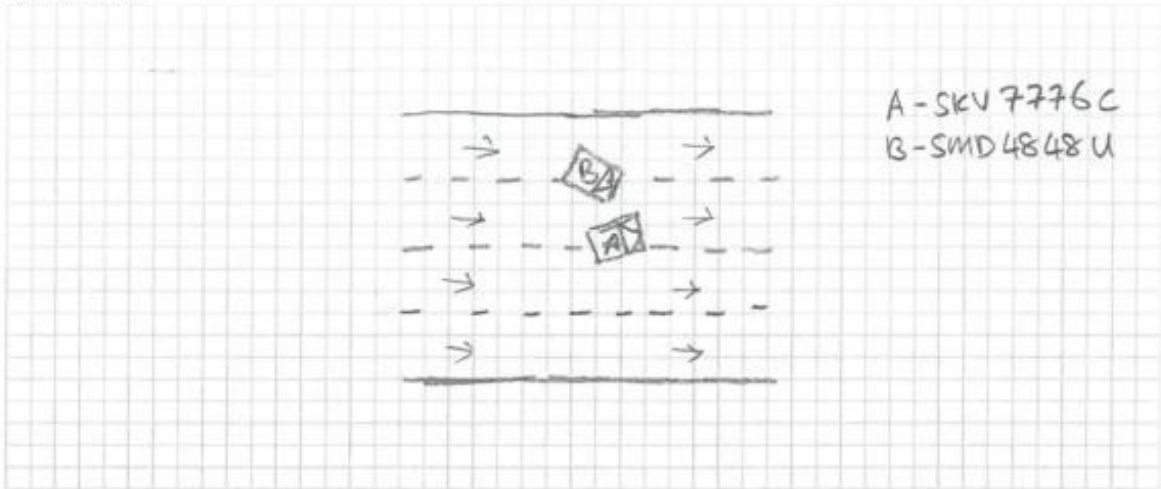
cel
28/6/20
10.25am

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going down exit ECE towards Rodar Road when the other car came from the left side and hit my left side of my car. Video of accident from car cam is ~~given~~ submitted.

DECLARATION

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

CL-V
Policyholder's Signature
Date & Time: 29/6/20
10:25am

CL-V
Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/6/20
10:25am


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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 : MPA D0055375 Vehicle Registration No: SKV7776C
Name(as shown in NRIC) : Yap Chee Seng NRIC/FIN/Passport No : SXXXX828C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 787D Woodlands Crescent #11-20 Singapore (734787)
Contact (Tel) : 96331850 Mobile No. : _____
Email Address : yapcs@rms.com.sg
Date of Accident : 28/6/20 Time of Accident : 12:15 pm
Place of Accident : Temasek Blvd
Insurance Company: Alfa 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 third party claim to own damage claim.

CL-S
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Terrance Tan
NRIC/FIN No.:
Date: