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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/07/2020 12:17
Date Of Accident	05/07/2020 20:50
Exact Location Of Accident	ANG MO KIO CENTRAL 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS7388M
Insured/Policyholder	
Name Of Registered Owner	MARTINA CHUA SOO HIANG
NRIC No	SXXXX003C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98308639
Alternative Phone No	OFFICE-97371576
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700039953-02
Cover Note Number	

Driver

Name of Driver

NRIC No

SXXXX625A

Date Of Birth

25/11/1955

Occupation

INDOOR

Date Of Driving Pass

LIM KET SYN

SXXXX625A

IMDOOR

15/12/1979

Driving Experience 40 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97371576

Fax Number
Contact Number

EMail Address NOEMAIL

Address 30A CONWAY GROVE

Postcode 558236

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

3

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : MARTINA CHUA

GENDER: : FEMALE

Passenger 2 NAME: : FRANCESCA LIM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AT AROUND 8.50PM ON 5 JUL 2020, MY CAR STOPPED AT JUNCTION OF ANG MO KIO AVE 6 AND ANG MO KIO CENTRAL 2, MY CAR WAS ABOUT TO TURN INTO AMK AVE 6. I STOPPED TO ALLOW TRAFFIC TO CLEAR. SUDDENLY, I FELT MY CAR SHOOK AND HEARD A BUMP SOUND. A CAR SKT 442 Y HIT THE REAR OF MY CAR. MY REAR BUMPER WAS DAMAGED. A REAR SENSOR APPEARED DAMAGED AS WELL. WEATHER WAS CLEAR. STREET LIGHT WAS BRIGHT. TRAFFIC WAS LIGHT

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 SKT442Y

Vehicle Make/Model/Colour SUBARU SUV

Details Of Properties

Vehicle Category PRIVATE CAR

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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 interested parties.
- 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:
 - 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:
 - 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: Of July 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

Name: U

NRIC/FIN No.:

GIAHMC SketchPlanForm_V2

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SKETCH PLAN CENTRAL 2 ANG MO KIO MAG KED 4424

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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MY CAR. MY REAR BUNDER WAS DAMAGED - A REAR SENSOR
APPEARON DAMAGEN AS WELL.
WEATHER WAS CLEAR. STREET LIGHT WAS BRIGHT. THERE
TRAFFIC WAS LIGHT.

DECLARATION

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

Policyholder's Signature

Date & Time: Oldny 100

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Tay Foory NRIC/FIN No.: (1704)1971

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