

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	25/07/2020 11:33
Date Of Accident	24/07/2020 16:00
Exact Location Of Accident	PIE TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2854B
Insured/Policyholder	
Name Of Registered Owner	FERNANDO ALEJANDRO ESTRADA
Passport No/FIN	GXXXX594P
Email Address	FERNANDO.ESTRADA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98629038
Alternative Phone No	OTHERS-98629038

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (A)
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	YES
Policy Number	2100470252-04
Cover Note Number	

Driver

Name of Driver	FERNANDO ALEJANDRO ESTRADA
Passport No/FIN	GXXXX594P
Date Of Birth	02/11/1975
Occupation	INDOOR
Date Of Driving Pass	16/12/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98629038
Fax Number	
Contact Number	OTHERS-98629038
Email Address	FERNANDO.ESTRADA@GMAIL.COM

Address	164 CANBERRA DRIVE #10-60, THE BROWNSTONE
Postcode	768001
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : PRISCILLA YEO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 24/7/2020 AT ABOUT 1600HRS, I WAS DRIVING MY VEHICLE (SLD2854B) ON PIE (TUAS). I WAS DRIVING ON THE MOST RIGHT LANE OF A 4-LANE EXPRESSWAY AND WHILE I WAS ATTEMPTING TO MAKE A LANE CHANGE TOWARDS THE LEFT, I COLLIDED WITH A MOTORCYCLE (FBF1418S) THAT WAS LOOCATED AT THE BLIND SPOT OF MY VEHICLE. AFTER THE COLLISION, WE IMMEDIATELY STOP OUR VEHICLE TO ASSESS THE DAMAGE. I WAS NOT INJURED DURING THE COLLISION AND MY VEHICLE HAS SLIGHT SCRATCHES, DENTS AND A BROKEN SIDE MIRROR. THE MOTORCYCLIST WAS INJURED AND REQUIRED IMMEDIATE MEDICAL ASSISTANCE. SUBSEQUENTLY, THE TRAFFIC POLICE CAME DOWN TO THE ACCIDENT SCENE AND I WAS GIVEN A CASE CARD REF. J/20200724/0099 AND I WAS INFORMED TO LODGE A POLICE REPORT AS SOON AS POSSIBLE. THE MOTORCYCLIST WAS IMMEDIATELY CONVEYED INTO THE NEAREST HOSPITAL UPON THE AMBULANCE'S ARRIVAL.

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	FBF1418S
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	MOHD KAMAL
NRIC/Passport Number	
Contact Number	94286774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD KAMAL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.



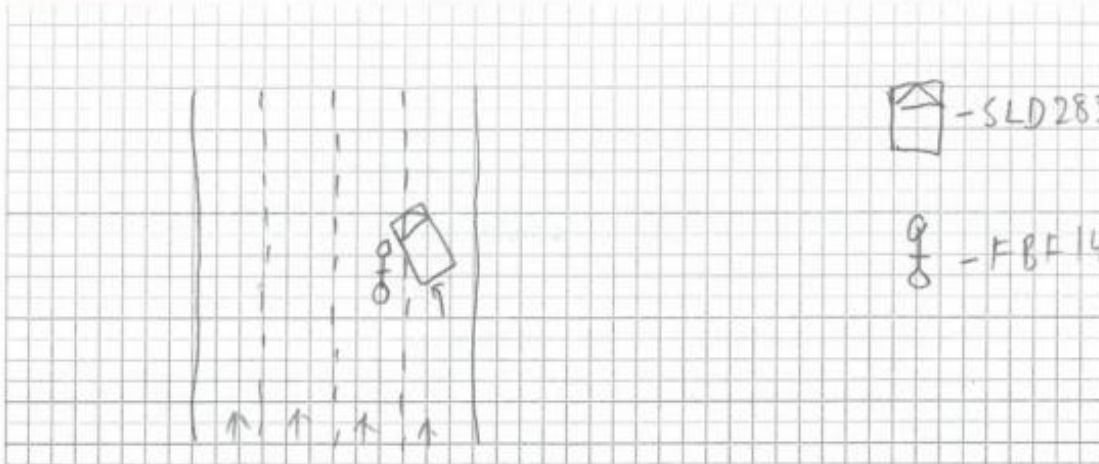

Policyholder's Signature
Date & Time:
25.07.20 10:30


Driver's Signature
(If driver is not the policyholder)
Date & Time:
25.07.20 10:30


Reporting Centre Personnel's Signature
Name: Tay Fong
NRIC/FIN No.: 02040107X

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report. T/20200724/2088

DECLARATION

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



[Signature]
Policyholder's Signature

Date & Time:
25.07.20 10:37

GIARMIC SketchPlanForm_V3

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time:
25.07.20 10:37

Reporting Centre Personnel's Signature

Name: Tony Fong
NRIC/FIN No.: 62040197X

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20200724/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20200724/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2020 18:17		Vide Report No.:		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: ESTRADA FERNANDO ALEJANDRO			Address: 97 JALAN SENDUDOK #05-73 SINGAPORE 769474		
ID Type / ID No.: FIN NO / G1581594P			Contact No.: Home/Office: Mobile: 98629038		
Nationality: AMERICAN			Email:		
Sex: Male	Age: 44	Date of Birth: 02/11/1975	Type of Informant: Driver		
Race: American			Language: English		Institution / School Name:
Occupation: NETWORK ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/07/2020 16:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE (Tuas)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1418S	Motorcycle				Slightly Damaged	0
SLD2854B	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20200724/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20200724/2088

CONTINUATION OF REPORT

Rider			
Name	Mohammad Kamal	ID No.	NIL
Related Vehicle	FBF1418S (Motorcycle)	Contact No.	94286774
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	ESTRADA FERNANDO ALEJANDRO	ID No.	G1581594P
Related Vehicle	SLD2854B (Car)	Contact No.	98629038
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/07/2020 at about 1600hrs, I was driving my vehicle (SLD2854B) on PIE (Tuas). I was driving on the most right lane of a 4-lane expressway and while I was attempting to make a lane change towards the left, I collided with a motorcycle (FBF1418S) that was located at the blind spot of my vehicle. After the collision, we immediately stop our vehicle to assess the damage. I was not injured during the collision and my vehicle had slight scratches, dents and a broken side mirror. The motorcyclist was injured and required immediate medical assistance. Subsequently, the Traffic Police came down to the accident scene and I was given a case card ref. J/20200724/0099 and I was informed to lodge a police report as soon as possible. The motorcyclist was immediately conveyed into the nearest hospital upon the ambulance's arrival.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20200724/2088

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20200724/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 2 CHUA YU HANG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

24/07/2020 18:17

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH

Contact No.: 65476251

Authentication Stamp

NP168

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

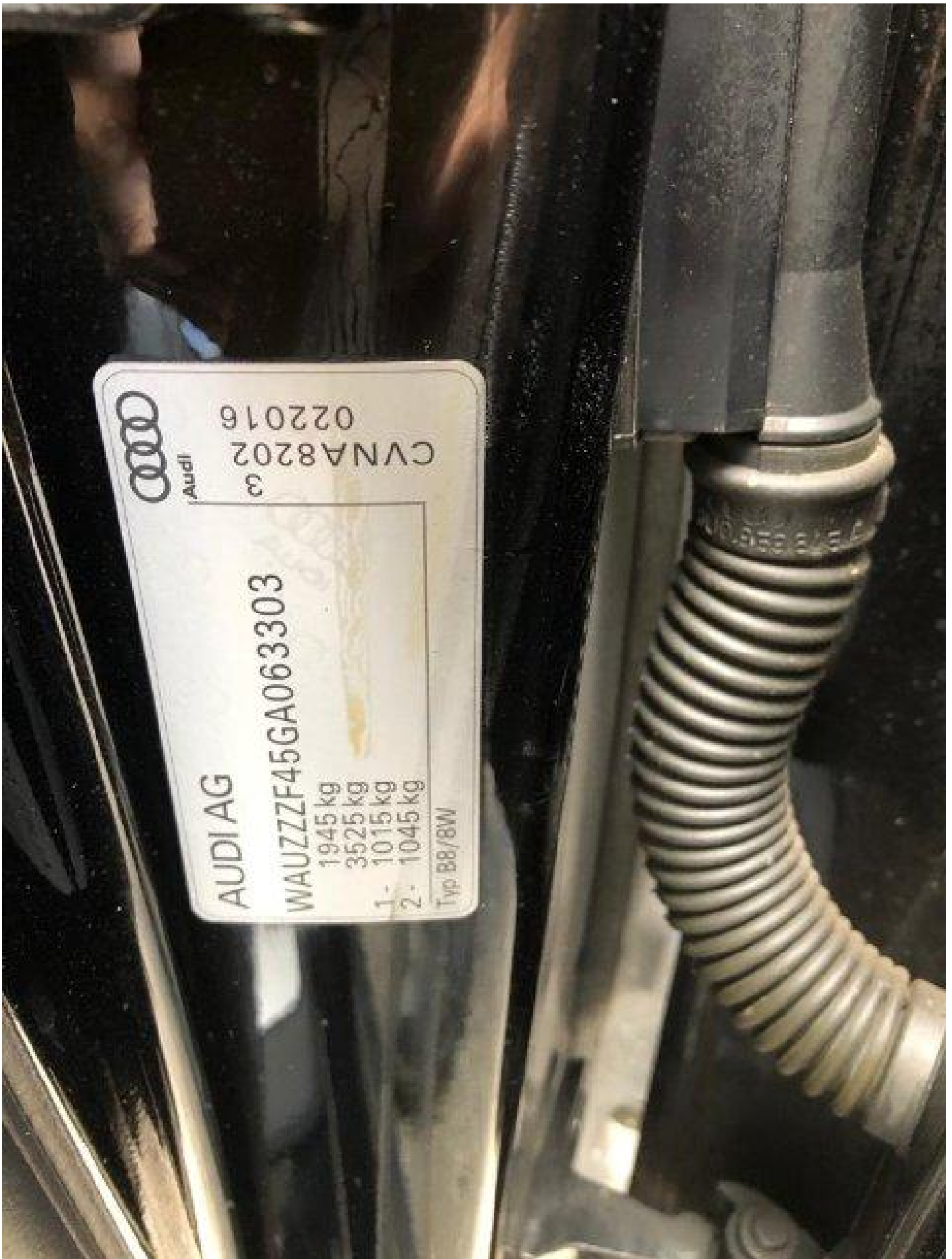


Accident Photo



Accident Photo





Accident Photo



Accident Photo



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: S665500206 / 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 120062634 Vehicle Registration No: SLD 2854 B
Name (as shown in NRIC) : Fernando Alejandro Estrada NRIC/FIN/Passport No : 546118589
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 164 Canberra Drive #10-60 Singapore (768001)
Contact (Tel) : _____ Mobile No. : 98629038
Email Address : Fernando-Estrada@gmail.com
Date of Accident : 24/7/2020 Time of Accident : 16:00
Place of Accident : PIE TUN
Insurance Company : AIU

(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 policy number



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: Tony Foo
NRIC/FIN No.:
Date: 27/7/20