

## 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	02/10/2020 14:44
Date Of Accident	01/10/2020 16:35
Exact Location Of Accident	ANG MO KIO AVE 1 AND UPPER THOMSON RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1307U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE PEI YUEN(XU PEIYUN)
NRIC No	SXXXX564H
Email Address	YVONNEXPY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98286757
Alternative Phone No	OFFICE-98286757

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SPORTSBACK 1.0 TF
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	2070120346
Cover Note Number	

### Driver

Name of Driver	SEE PEI YUEN(XU PEIYUN)
NRIC No	SXXXX564H
Date Of Birth	11/10/1976
Occupation	INDOOR
Date Of Driving Pass	31/05/2017
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98286757
Fax Number	
Contact Number	OFFICE-98286757
E Mail Address	YVONNEXPY@GMAIL.COM

Address	BLK 260B ANG MO KIO STREET 21 #20-159
Postcode	562260
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

I WAS AT THE FILTER LANE OF ANG MO KIO AVE 1 TO UPPER THOMSON RD, SECOND CAR TO MOVE OFF, WITH THE CAR SLZ 937 T IN FRONT OF ME. SEEING THAT THE MAIN ROAD WAS CLEAR, I TURNED MY HEAD TO CHECK BLIND SPOT WHILE MOVING OFF. DIDN'T NOTICE THAT THE CAR IN FRONT OF ME HADN'T DRIVEN OUT. BUMPED INTO SLZ 937 T BUT DID STEP ON MY BREAK IMMEDIATELY. BOTH THE DRIVER AND I GOT DOWN TO CHECK THE CARS. AND WE BOTH TOOK SOME PICTURES. AS NO ONE WAS HURT AND DAMAGES WERE MINIMAL, WE DECIDED NOT TO BLOCK THE TRAFFIC BEHIND. WE MOVED OUR CARS TO THE SIDE OF THE ROAD ON UPPER THOMSON RD AND EXCHANGED PARTICULARS. HE MENTIONED THAT HE WILL REPORT TO HIS INSURANCE COMPANY.

### 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	SLZ937T
Vehicle Make/Model/Colour	BMX X6
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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### 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:

02.10.2020  
13:50



Driver's Signature

(If driver is not the policyholder)

Date & Time: 02.10.2020  
13:50

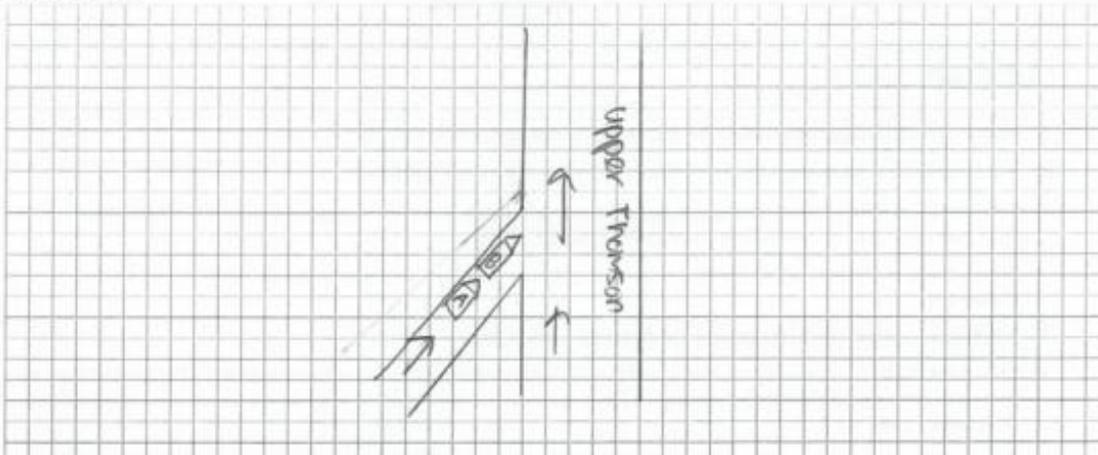


Reporting Centre Personnel's Signature

Name: *T. Ravetam*  
NRIC/FIN No.: *68930089*

Sketch Plan #2

SKETCH PLAN

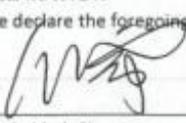


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the filter lane of Ang Mo Kio Ave 1 to Upper Thomson Rd, second car to move off, with the car SLZ 937T in front of me. Seeing that the main road was clear, I turned my head to check blind spot while moving off. Didn't notice that the car in front of me hadn't driven out. Bumped into SLZ 937T but did step on my brake immediately. Both the driver and I got down to check the cars, and we both took some pictures. As <sup>no one</sup> we were was hurt and damages were minimal, we decided not to block the traffic behind. We moved our cars to the side of the road on Upper Thomson Rd and exchanged particulars. He mentioned that he will report to his insurance company.

DECLARATION

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



Policyholder's Signature  
Date & Time: 2.10.2020  
13:50

GIARMC SketchPlanForm\_V3



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2.10.2020  
13:50



Reporting Centre Personnel's Signature  
Name: TORRENTATION  
NRIC/FIN No.: G843006T

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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