

## 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	28/09/2020 17:25
Date Of Accident	28/09/2020 13:40
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1307D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIA CHEE POH(XIE ZHIBAO)
NRIC No	SXXXX768D
Email Address	CHEEPOH.SIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81807500
Alternative Phone No	OFFICE-81807500

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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	2100500841-03
Cover Note Number	

### Driver

Name of Driver	LIM GIAN PUE(LIN YANBEI)
NRIC No	SXXXX678I
Date Of Birth	03/02/1974
Occupation	INDOOR
Date Of Driving Pass	12/03/2011
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81807800
Fax Number	
Contact Number	
Email Address	CANZONETTA@GMAIL.COM

Address	BLK 267B COMPASSVALE LINK #15-55
Postcode	542267
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	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 DRIVING ON PIE TOWARDS TUAS NEAR TPY. I WAS ON MY LAND WHEN A CAR ON MY LEFT SJJ 4660 Y TRIES TO FILTER INTO MY LANE. AS IT WAS RATHER FAST, I KEEP ON MY LANE AND TRY TO AVOID. CAR BEHIND SJX 9541 B KNOCK ON MY CAR UNFORTUNATELY.

#### 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	SJX9541B
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AUDREY SIM
NRIC/Passport Number	SXXXX772I
Contact Number	97628898
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

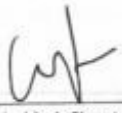
### SKETCH PLAN

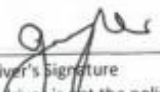
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

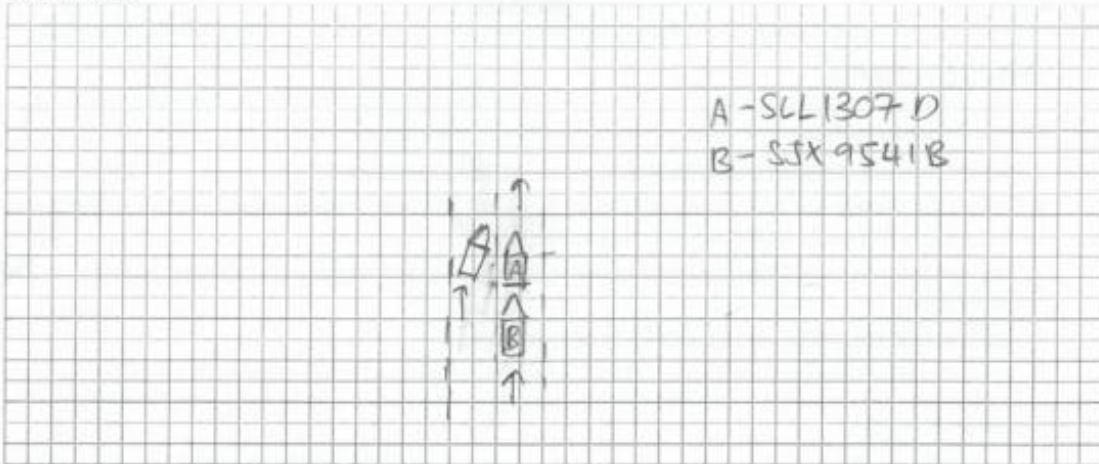
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Terence Tan  
NRIC/FIN No.: 68931287

## Sketch Plan #2

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

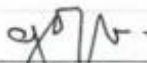
I was driving on PIE towards tva near TPY. I was on my lane when a car on my ~~left~~ left SJJ4660Y tries to filter into my lane. As it was rather fast, I keep on my lane and try to avoid. Car behind SJX ~~9541 B~~ 9541 B knock on my car ~~for~~ unfortunately.

### 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:



Reporting Centre Personnel's Signature  
Name: Terrence Ian  
NRIC/FIN No.: 6893098T

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

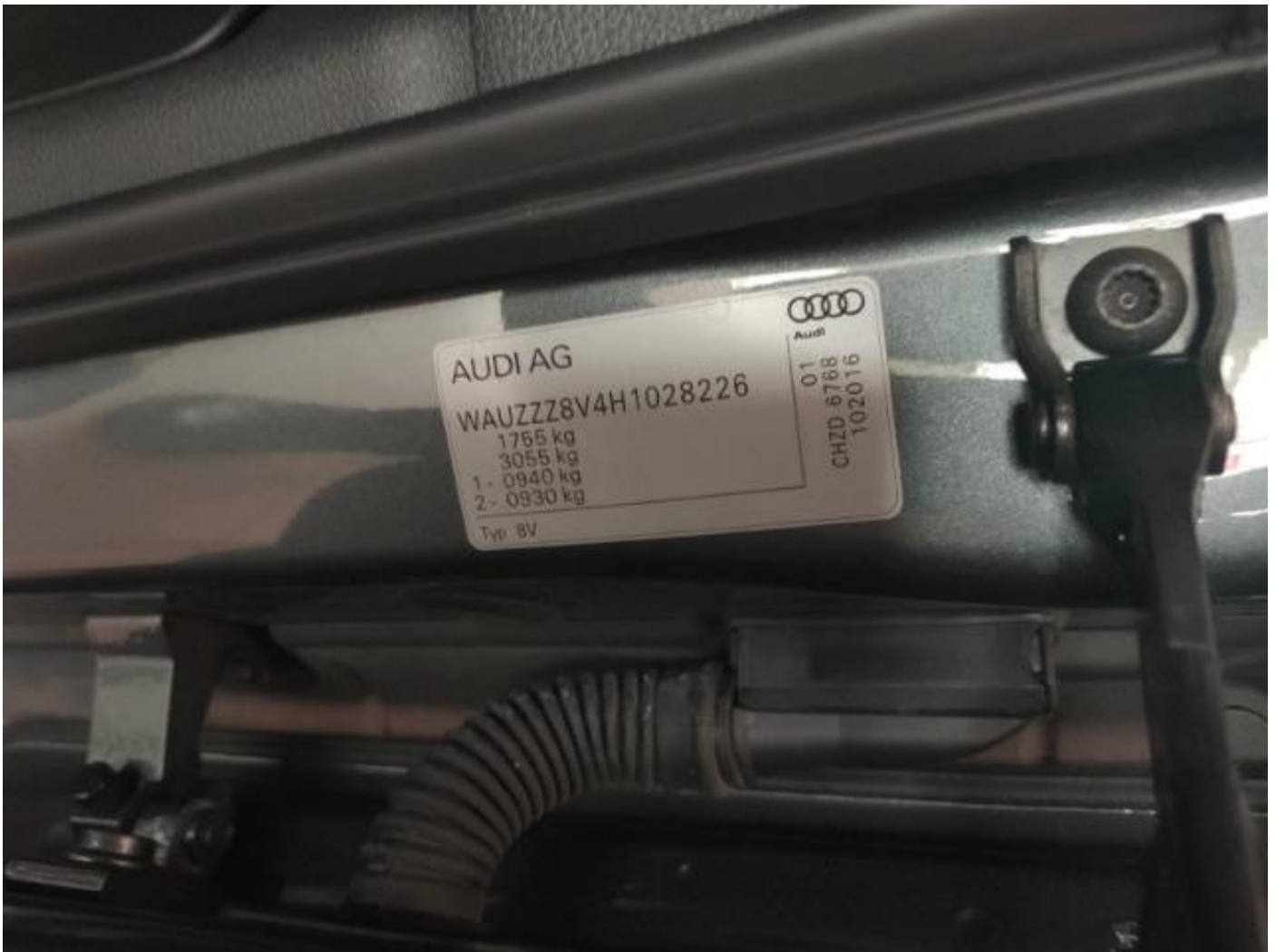


Accident Photo





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## 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 : MPA120084587 Vehicle Registration No: SLL1307D  
Name(as shown in NRIC) : SIA CHEE POH NRIC/FIN/Passport No : SXXXX768D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 267B COMPASSVALE LINK, #15-55 Singapore( 542267)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 81807500  
Email Address : CHEEPOH.SIA@GMAIL.COM  
Date of Accident : 28/09/2020 Time of Accident : 13:40  
Place of Accident : PIE TOWARDS TUAS  
Insurance Company: AIG 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 amend Third party claim to Own damage claim.



Policyholder / Driver's Signature

Date: 5-oct-2020



Reporting Centre Personnel's Signature

Name: Tony Foo

NRIC/FIN No.: SXXXX948E

Date: