

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 if/so/for/said.

ACCIDENT STATEMENT

Date Of Report 09/11/2020 14:15
Date Of Accident 08/11/2020 12:45
Exact Location Of Accident LOYANG AVE TOWARDS TPE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA9335R
Insured/Policyholder
Name Of Registered Owner CHAN PERRY M
NRIC No SXXXX811B
Email Address PERRYGRACE@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-92340491
Alternative Phone No OFFICE-68943391
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 1800072304-02
Cover Note Number
Driver
Name of Driver GRACE SOO WAN PING
NRIC No SXXXX033J
Date Of Birth 17/04/1969
Occupation INDOOR
Date Of Driving Pass 05/12/2001
Driving Experience 18 YEARS AND 11 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-82187061
Fax Number
Contact Number OFFICE-68943391
Email Address GRACESOO@HOTMAIL.COM

Address 22 CHOA CHU KANG ST 64
#02-04
Postcode 689094
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION
Weather Conditions CLEAR
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: : SHIRLEY SOO
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHOA CHU KANG NPC
Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded? NO

Details of Witness 1

Name SHIRLEY SOO
Phone Number 98181909
Email Address SHIRLEYSOO@YAHOO.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY: 1

Vehicle Registration Number SJQ9744U
Vehicle Make/Model/Colour HYUNDAI AVANTE SILVER

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE HIRE

NUR HALMI BIN BULAT

SXXXX156G

91372557

312C SUMANG LINK
#03-155

823312

DETAILS OF INJURED PERSON

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJQ9744U

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

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.

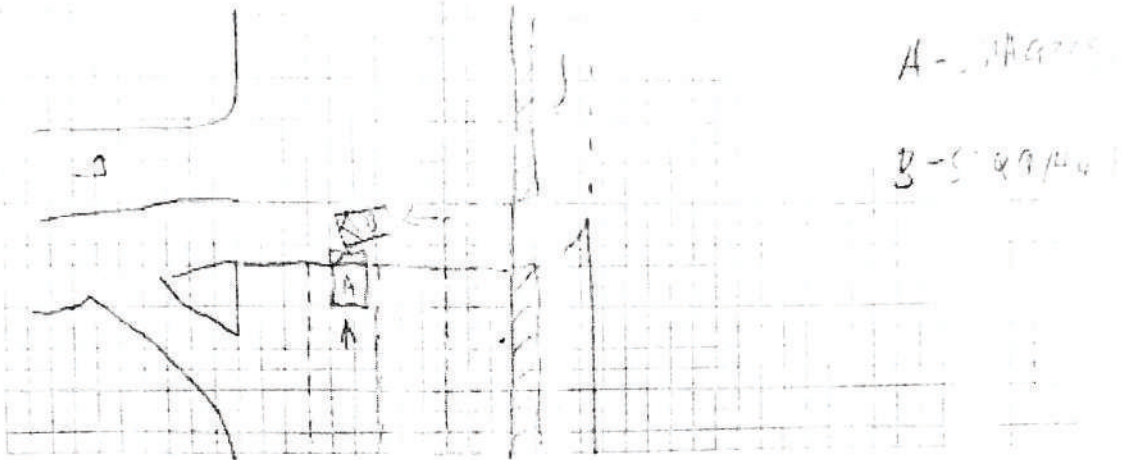

Policyholder's Signature
Date & Time: 09 Nov 2020
10:30am


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


Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: 68888888

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

DECLARATION

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

Policyholder's Signature
Date & Time: 04 Nov 2008
RC 5060

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



Reporting Centre Personnel's Signature
Name: Tony Kung
NRIC/FIN No: S20000000

Police Report



**SINGAPORE
POLICE FORCE**



7202011002040

1 of 1

Report No: 7202011002040

Police Station Of Origin
Choa Chu Kang N P C
20 Choa Chu Kang Street 62 #01-02
SINGAPORE 688286
Tel No: 1800-7653000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2020 16:27			Vide Report No.		Station Diary No. 62
Informant's Particulars					
Name of Informant GRACE SOO WAN PING			Address 22 CHOA CHU KANG STREET 64 #02-04 SINGAPORE 680004		
ID Type / ID No. NRIC NO / S6870033J			Contact No. Home/Office Mobile 82187051		
Nationality CANADIAN			Email		
Sex Female	Age 51	Date of Birth 17/04/1969	Type of Informant: Driver		
Race Chinese			Language	Institution / School Name	
Occupation: DOCTOR			Driving Licence Information Class 3 Date of Expiry:		

General Information of the Accident

Type of Accident	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident 08/11/2020 12:45	Type of Location Y-Junction
Location OLD TAMPINES ROAD				
Weather Clear		Road Surface Wet	Road Speed Limit	
Traffic Flow Dual Carriage Way		Traffic Control Traffic Light - Working	Traffic Volume Moderate	
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 Passengers
SJQ9744U	Car				Slightly Damaged	1
SMA9935R	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T-200011052015

Police Station Of Origin:
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689088
Tel No: 1800-7659999

2 of 3

Report No: T-20011082043

CONTINUATION OF REPORT

Driver			
Name	NUR HALMI BIN BULAT	ID No	S7910156G
Related Vehicle	SJQ9744U (Car)	Contact No	913/2597
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
Driver			
Name	GRACE SOO WAN PING	ID No	S8970033J
Related Vehicle	SMA9335R (Car)	Contact No	82187061
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 08/11/2020 at 1245hrs, I was driving along Old Temppines Road towards TPE when a vehicle coming from TPE was turning into Old Temppines Road. As I was driving straight, the vehicle did not give way and turn in. I tried to stop but to no avail. My vehicle then hit the front left side of the vehicle as it was turning. Traffic police have attended to me. This is the first time such incident happened.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 680286
Tel No. 1800-7659999



11/202011082040

01/11/20

Report No. 11002011082040

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report

J.Y.

Sgt 1 Lim Jing Yi

Signature Of Interpreter

Not applicable

Officer In Charge Of Case

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUT

Contact No. 85476358

Authentication Stamp

NP 12

Signature Of Informant

Date/Time:

08/11/2020 15:27

Classification Of Case