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 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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/11/2020 13:54
Date Of Accident	13/11/2020 09:30
Exact Location Of Accident	501 DUNMAN ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT9160C
Insured/Policyholder	
Name Of Registered Owner	WAN SOOK YAN, VALERIE
NRIC No	SXXXX609H
Email Address	SOOKYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97631170
Alternative Phone No	OTHERS-97631170
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI
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

•	•
Name of Insurance	Сс

Fleet Policy NO

Policy Number 2070097691

Cover Note Number

Driver

Name of Driver WAN SOOK YAN, VALERIE

NRIC No SXXXX609H Date Of Birth 05/05/1984 Occupation **INDOOR Date Of Driving Pass** 20/10/2005

Driving Experience 15 YEARS AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97631170

Fax Number

OTHERS-97631170 Contact Number

EMail Address SOOKYAN@GMAIL.COM Address 501 DUNMAN ROAD

#03-01

Postcode 439193

Was driver an employee of the Insured's Company NC

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 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? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

2

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS MAKING A RIGHT TURN OUT OF MY CONDOMINIUM (FORTUNE JADE) TO DUNMAN ROAD (HEADING TOWARDS OLD AIRPORT ROAD). I WAS STATIONARY AT THE EXIT OF THE CODOMINIUM AND CHECKED FOR TRAFFIC FROM BOTH DIRECTIONS I DID NOT SEE ANY TRAFFIC AND PROCEEDED TO MAKE THE TURN. WHILE I WAS MAKING THE TURN, A CYCLIST ON AN E-BIKE (GOING STRAIGHT ON DUNMAN ROAD IN THE DIRECTION OF JOO CHIAT ROAD) APPEARED IN FRONT OF MY VEHICLE. BY THIS TIME I WAS ABOUT TO ENTER INTO LANE 1 (DUNMAN ROAD HEADING IN THE DIRECTION OF JOO CHIAT ROAD). I BRAKED BUT STILL MADE CONTACT WITH THE REAR WHEEL OF THE E-BIKE. THE E-BIKE TOPPLED TO THE SIDE WITH THE CYCLIST (A GRAB FOOD DELIVERY RIDER NAMED JEFFREY FONG). I WENT TO CHECK ON THE CYCLIST AND HE INDICATED HE WAS NOT HURT . I HELPED HIM PICK UP HIS ITEMS THAT HAD FALLEN FROM THE DELIVERY BAG. THE CYCLIST WHEELED HIS E-BIKE TO THE SIDE OF THE ROAD (NEAR THE EXIT OF FORTUNE JADE). I THEN REVERSED MY CAR BACK INTO THE CONDOMINIUM SO I WAS NOT BLOCKING THE ROAD. I SPOKE TO THE CYCLIST WHO CHECKED HIS LEG, PHONE AND BIKE. HE INDICATED HE WAS UNHARMED. WE EXCHANGED NUMBERS.

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

Vehicle Make/Model/Colour E-BICYCLE

Details Of Properties

NA/UNKNOWN

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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 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: 16/11/2020

12:10

Driver's Signature

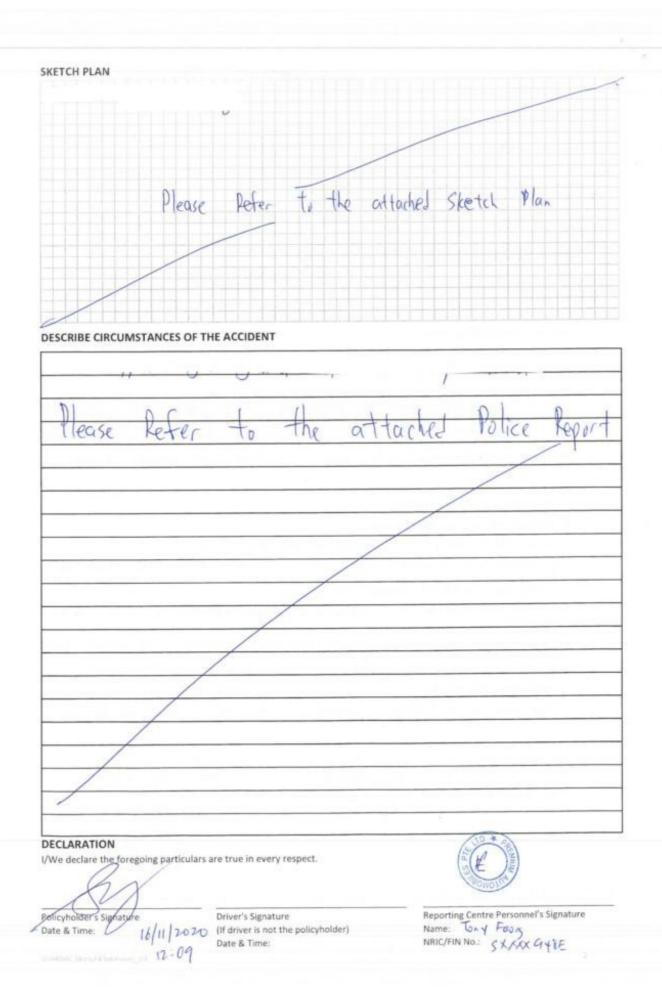
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tuny Form

NRIC/FIN NO : GXXXX948E







Police Station Of Origin. Traffic Police 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000

1 of 4 Report No. 1/20201114/7084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 08:48		Made:	Vide Report No.:	Station Diary No.:		
Informer	t's Partic	ulars				
Name of Informant: WAN SOOK YAN, VALERIE			Address: 501 DUNMAN ROAD #03-01 SINGAPORE 439193			
ID Type / NRIC NO	/ 384128	09H	Contact No.: Home/Office;	Mobile: 97631170		
Nationalit SINGAPO		EN:	Email; sookyan@gmail.com			
Sex: Female	Age: 36	Date of Birth; 05/05/1984	Type of Informant: Driver			
Race: Chinese		- (*) * (*	Language: English	Institution / School Name:		
Occupation: Currently unemployed			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident Pedestrian / Cyclist		Drink Drive: No	Date/Time of Accident: 13/11/2020 09:30	Type of Location Straight Road
DUNMAN RO	AD			
Weather:		Road Surface:		Road Speed Limit:
Clear		Road Surface; Dry		Road Speed Limit: 50 Km/h
COMPANION CART IN				Company Control of Manager Control Control of Control

Vehicle No.	Turno	Make	and the second	A 1	T www.dieses	1.2
		100 March 201 Ma	Model	Color	Conditio	No of
SMT9160C	Car	AUDI	A3+SEDAN+ 1.0+TESI+S +TRONIC+% 26LED%29	0.0000000000000000000000000000000000000	Slightly Damaged	O
	Power- assisted Bicycle		No info	Silver	Slightly Damaged	D





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 409865 Tel No: 65470000

Datalia of Vehicle Insurance

2 cf 4 Report No. 1/20201119/7004

CONTINUATION OF REPORT

	surance Company			Effective	Expiry Dali
	T9160C AIG ASIA PACIFIC INSURANCE PTE. LTD.		97691	23/07/2020	22/07/2022
Details of Pers			301 3 14		
Any Pedestrian	Involved: No				
No. of Padestris	ins Injured: NIL	Use of Po	adastrian Cros	sing: NA	
Driver				NAME OF TAXABLE PARTY.	N. S. W. C.
Name	WAN SOOK YAN, VALERIE		ID No.	S8412609H	
Related Vehicle SMT9160C (Car)			Contact No.	97531170	
Hospital/Clinic	NiL		Class of Driving Licence & Explry	Class: 3 Date of Expry: NIL	
Date	NIL	Date	N.L.		
	ited Medical Leave NIL	Degree o	f NIL		
Cyclist			ayan sana		30200
Name	JEFFREY FONG		ID No.	NIL	
Related Vehicle	(Fower-assisted Bidycle)		Contact No	92255999	
Hospital/Clinic	NIL		Class of Driving Licence & Expry	Class: 3 Date of Expi	ry: NIL
Date		Jede .	NIL		
No. of Days gran	fed Medical Leave NIL [Degree of	NII		

Brief Details.

I was making a right turn out of my concominium (Fortune Jade) to Dunman road (heading towards Old Airport Road). I was stationary at the exit of the condominium and checked for traffic from both directions. I did not see any traffic and proceeded to make the turn.

While I was making the turn, a cyclist on an e-bike (going straight on Dunman Road in the direction of Joo Chiat Road) appeared in front of my vehicle. By this time I was about to enter into lane 1 (Dunman Road heading in the direction of Joo Chiat Road). I braked but still made contact with the rear wheel of the e-bike. The e-bike toppled to the side with the cyclist (a grab food delivery nder named Joffrey Fong). I went to check on the cyclist and he indicated he was not hurt. I helped him pick up his items that had fallen from the delivery bag. The cyclist wheeled his e-bike to the side of the road (near the exit of Fortune Jade). I then reversed my car back into the condominium so I was not blocking the road. I spoke to the cyclist who checked his leg, phone and bike. He indicated he was unharmed. We exchanged numbers.

Police Report



Police Station Of Origin: Traffic Police 10 Ub: Avenue 3 SINGAPORE 408885 Tel No: 65470000



3 of 4

Report No. 7/20201114/7004

CONTINUATION OF REPORT

Police Report



Police Station Of Origin: Traffic Police 10 Uti Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 014

Report No. 7/202011194/7004

CONTINUATION OF REPORT.

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer in Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151

Authoritication Stamp. Netsa Signature Of Informent:

The identity of the person making this report has been sufficienticated by SingPass. No signature is required.

Date/Time: 14/11/2020 08:48

Classification Of Case:

























