

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	23/11/2020 15:55
Date Of Accident	21/11/2020 15:05
Exact Location Of Accident	ALONG CTE(BEFORE AMK AVE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB118R
Insured/Policyholder	
Name Of Registered Owner	MONIQUE GOH
NRIC No	SXXXX117B
Email Address	MONIQUE.GOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94351052
Alternative Phone No	OFFICE-94351052

Vehicle Particulars

Manufacturer	AUDI
Model	S3 SB 2.0 TFSI QU 8P
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	2100273092-08
Cover Note Number	

Driver

Name of Driver	MONIQUE GOH
NRIC No	SXXXX117B
Date Of Birth	11/08/1976
Occupation	INDOOR
Date Of Driving Pass	24/10/1994
Driving Experience	26 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94351052
Fax Number	
Contact Number	OFFICE-94351052
EEmail Address	MONIQUE.GOH@GMAIL.COM

Address	21 SELETAR COURT
Postcode	807189
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	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO DIVISION HQ
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ACCIDENT HAPPENED ALONG CTE(BEFORE AMK AVE 1) I WAS DRIVING ON THE RIGHT MOST LANE IN A HEAVY RAIN. I RECALL THE FRONT VEHICLE SUDDENLY STOPPING AND I WAS NOT ABLE TO STOP MY CAR IN TIME, AND WE COLLIDED. I ALSO FELT A CAR BEHIND ME, HIT ME AT THE SAME TIME.

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	SKE7155J
Vehicle Make/Model/Colour	MAZDA 3 RED COLOUR
Details Of Properties	REAR BUMPER SCRATCHED
Vehicle Category	PRIVATE CAR
Name of Driver	MARCUS
NRIC/Passport Number	
Contact Number	96574268
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH9581J
Vehicle Make/Model/Colour	HONDA FIT GREEN
Details Of Properties	FRONT BUMPER SCRATCHED
Vehicle Category	PRIVATE CAR
Name of Driver	KEN
NRIC/Passport Number	
Contact Number	9380080
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: 23/11/20 - 0935am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



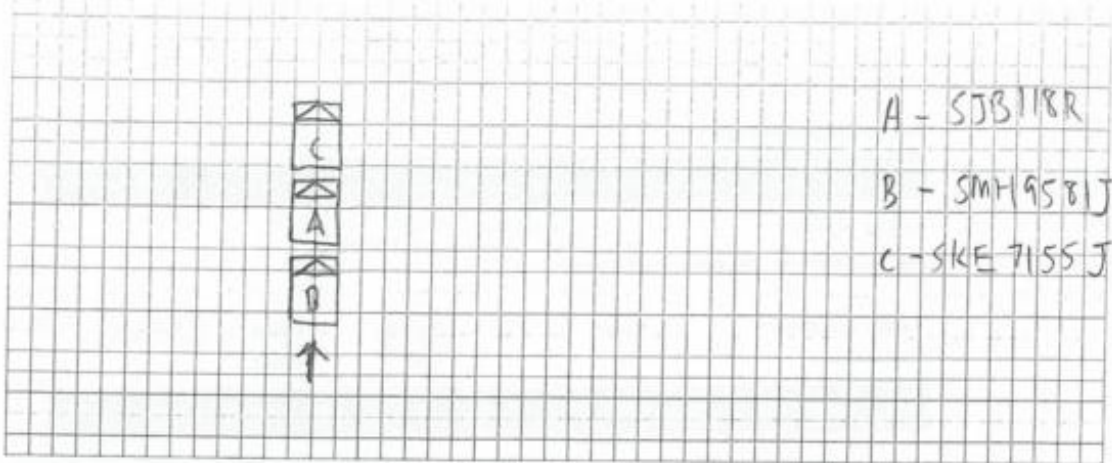
Reporting Centre Personnel's Signature

Name: Wm Fung

NRIC/FIN No.: SX999948E

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along GTE (Before AMK Ave 1)
 I was driving on the rightmost lane in a heavy rain. I recall the front vehicle suddenly stopping and I was not able to stop my car in time, and we collided. I also felt a car behind me, hit me at the same time.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/11/20 - 0935AM

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Tony Fung

NRIC/FIN No.: SXXXX 94EE

Police Report



**SINGAPORE
POLICE FORCE**



F/20201123/7005

1 of 1

POLICE REPORT (NP299)

Report No. F/20201123/7005

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 23/11/2020 09:34	Vide Report No.		Station Diary No.	
Name Of Informant MONIQUE GOH	Address 21 SELETAR COURT SINGAPORE 807189			
ID Type / ID No. NRIC NO / S7626117B	Contact No. Home/Office:		Mobile: 94351052	
Nationality SINGAPORE CITIZEN	Email Address MONIQUE.GOH@GMAIL.COM			
Occupation Dentist (general)	Sex Female	Age 44	Date of Birth 11/08/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 21/11/2020 15:00 - 21/11/2020 15:10	Location Of Incident CENTRAL EXPRESSWAY			

Brief details.

Road traffic accident happened along CTE (Before AMK Ave 1).

I was driving on the rightmost lane in a heavy rain.

I recall the front vehicle suddenly stopping and I was not able to stop my car in time, and we collided.

I also felt a car behind me, hit me at the same time.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 09:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



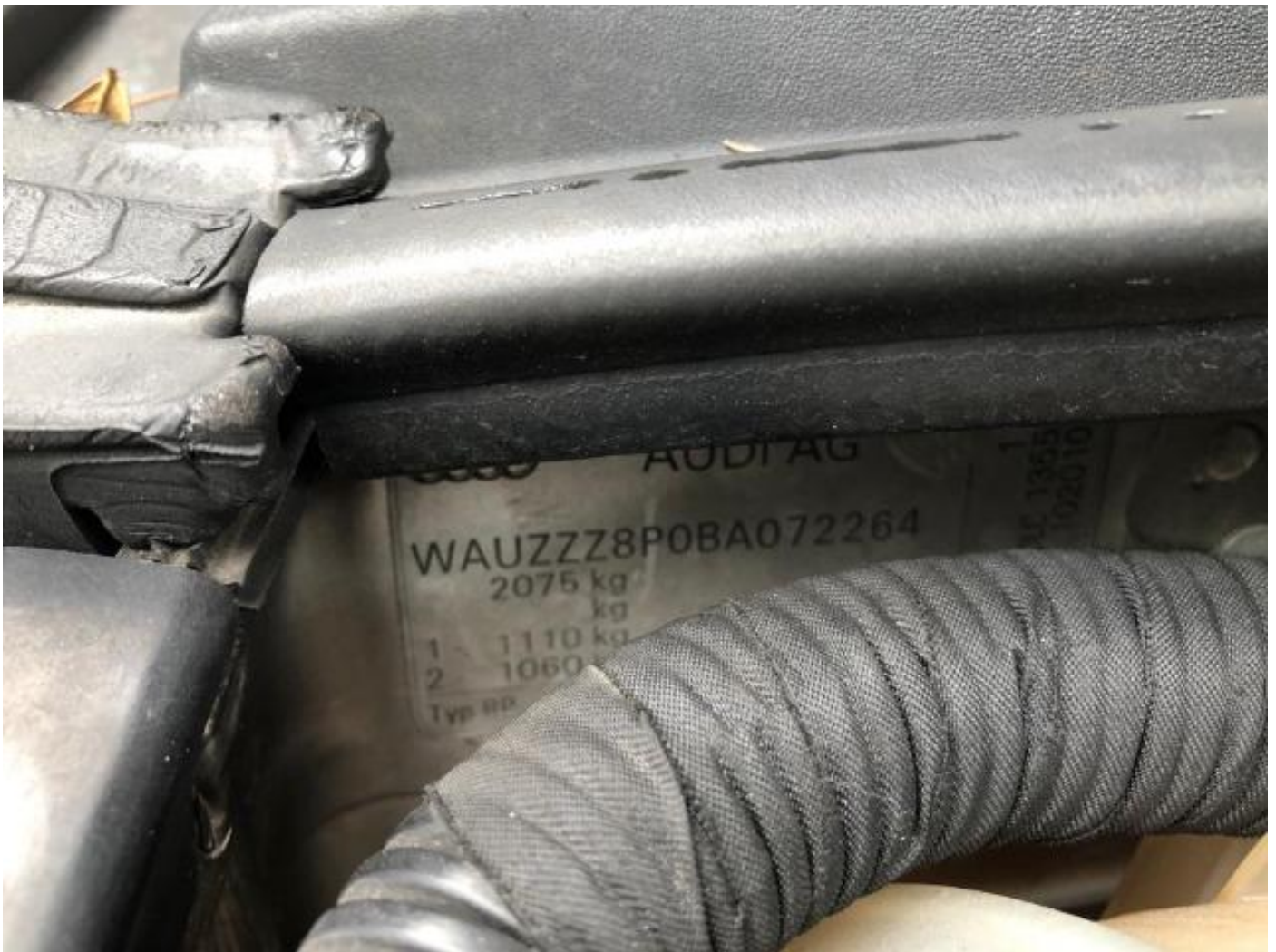
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Accident Photo



Accident Photo



A close-up photograph of the front left corner of a dark-colored car. The image shows the headlight assembly, the front bumper, and a portion of the front fender. A yellow triangular logo with a black 'M' is visible on the fender. The license plate area is partially visible, showing a white plate with black text and a yellow 'M' logo. The car is parked on a light-colored, textured surface.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

