



## 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 Submission ..... 04/12/2020 18:22 (SGT)  
Date of Accident ..... 02/12/2020 22:05 (SGT)  
Exact Location of Accident ..... Near 209 Pandan Gardens, Singapore 609339  
Additional Location Information ..... LEFT EXIT LANE OUT OF AYE INTO JURONG TOWN HALL ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDB7377J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG KIAM HOON, SHIRLEY  
NRIC No ..... SXXXX474E  
Email Address ..... ADELNYEYEW@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93889556  
Alternative Phone No ..... +65-93889556

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
Variant ..... -  
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  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHEONG YI-MING, EDMUND  
NRIC No ..... SXXXX212H  
Date Of Birth ..... 25/07/1980



Occupation .....	Indoor
Date Of Driving Pass .....	05/10/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91864806
Alt. Phone Number .....	-
Email Address .....	REGENTPETERS@GMAIL.COM
Address .....	BLK 409 PANDAN GARDENS
Address complement .....	#10-62
Postcode .....	600409
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

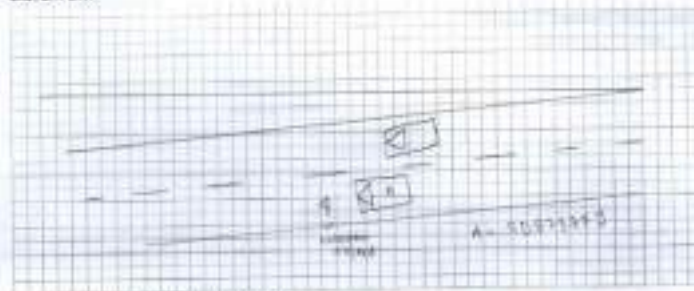
#### CIRCUMSTANCES OF ACCIDENT

ON THE 2ND DECEMBER 2020, I WAS DRIVING HOME AFTER DINNER WITH SOME FRIENDS. I DID NOT CONSUME AND ALCOHOL PRIOR TO THE INCIDENT, AND I DO NOT DRINK. WHILE FILTERING TO THE LEFT OF THE AYE, I SIGNALLLED TO EXPRESS MY INTENTION TO EXIT INTO JURONG TOWN HALL ROAD AND TO TURN LEFT, SOUTH ONTO JURONG TOWN HALL ROAD. BEFORE I REACHED THE RAFFIC LIGHT, I SAW AN OBJECT APPEAR OUT OF THE BLACKNESS OF THE NIGHT. I WAS UNABLE TO SWERVE TO AVOID IT AS THERE WAS A CAR ON MY RIGHT. AS I RAN OVER THE OBJECT, THE CAR LIFTED SLIGHTLY AND LANDED BACK DOWN. UPON REACHING MY CARPARK ABOUT 200M AWAY, I INSPECTED THE VEHICLE AND DISCOVERED THE OBJECT WAS A WHEEL-CHOKE AND IT HAD LODGES ONTO THE FRONT FRONT CENTRE OF THE VEHICLE'S CARRIAGE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the night of 2nd November 2018, I was driving home after dinner with some friends. I did not consume any alcohol prior to the incident and I do not drink.

While driving to the left of the A95, I signalled to change my position to my own lane. I was then hit from behind by a car.

When I reached the traffic light, I saw an amber light and at the beginning of the light, I was able to move to avoid it as there was a gap in my sight. As I was on the edge of the road, I stopped and looked back down. After seeing my report what was going on, I stopped the vehicle and I saw the other was a white car, and it had moved onto the road with it.

The vehicle's damage:

DECLARATION

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

Police Officer's Signature  
Date & Time: 12/11/18 12:30 hrs

Driver's Signature  
If drawn to meet the police officer's  
Date & Time: 12/11/18 12:30 hrs

Reporting Officer's Signature  
Name: G. J. J. J. J. J. J.  
NAC/PSA No.: 12 12 12 12 12 12



# SKETCH PLAN

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers, or the GAA Records Management Centre established by the State of Singapore Association of Singapore (SAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the signers 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 required.
8. Consent under the Personal Data Protection Act (PDPA)  
I, the undersigned, do hereby acknowledge, agree and consent that:  
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may lawfully be 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 provided by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurers who have insured vehicle(s) involved in this accident (all insurers 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/authorities (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 making of my responses, statements, insurances, 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 issues of envelopes/mail packages); and/or
    - (v) complying with applicable law in as processing, handling and/or dealing with my claims (collectively the "Purposes");
  - (b) all insurer(s) and have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may lawfully be 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 lawfully 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 located 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 collected under (a) above may be shared / disclosed:  
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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  
(Name & Title)

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

Reporting Centre Personnel's Signature  
(Name, ID, Date & Time)

SKETCH PLAN #2 (Continued)

















