

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 31/12/2020 09:14 (SGT)
Date of Accident 30/12/2020 14:35 (SGT)
Exact Location of Accident Bedok Reservoir, Singapore
Additional Location Information BEDOK RESERVOIR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB177X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BOH TZE YIN CHARLENE
NRIC No S7700521H
Email Address charlene.boh@gmail.com
Mobile Phone No (Phone) +65-97677792
Alternative Phone No +65-967677792

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100452995-04
Cover Note Number -

DRIVER

Name of Driver BOH TZE YIN CHARLENE
NRIC No S7700521H
Date Of Birth 14/01/1977
Occupation Indoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 28/06/1997 |
| Driving experience | 23 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97677792 |
| Alt. Phone Number | +65-967677792 |
| Email Address | charlene.boh@gmail.com |
| Address | BLK 829 YISHUN ST 81 #07-508 |
| Address complement | - |
| Postcode | 760829 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------|
| Name | A |
| Gender | Male |

PASSENGER 2

| | |
|--------------|------|
| Name | A |
| Gender | Male |

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

PLEASE REFER ATTACHED

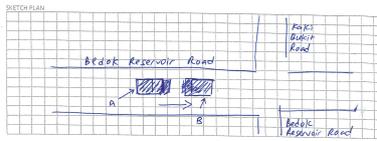
ATTACHMENT(S)

| | |
|---|-----|
| 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 | SKU3881M |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Vezel |
| Vehicle Variant | - |

| | |
|---|--------------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | NORSIAH BINTE NASIR KHAN |
| NRIC No | S7700521H |
| Contact Number | (Phone) +65-97677792 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | MINOR DAMAGE |
| Details of property damaged in accident | REAR PORTION |
| No. Of Passenger (Including Driver) | - |



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:
 On 30 Dec 2020, ~~near~~ at ~~near~~ intersection, I got into an accident near the junction of Bedok Reservoir Road. My car SUB177X was stationary at the traffic junction when the red light ~~changed~~ I released the brake and proceeded. I thought the traffic light had turned green but it had not. Unfortunately, I knocked into SKU 3551M.

At the point, the driver of SKU 3551M had initially verbally agreed for private settlement but had decided upon advice of her husband to file for insurance. I had the impression that we were under agreement to settle privately and did self-repair at a workshop.

A VEH: SUB177X
 B VEH: SKU 3551M

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

[Signature]
 Policyholder's Signature

[Signature]
 Driver's Signature

[Signature]
 Reporting Centre Personnel's Signature

SKETCH PLAN

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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. 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 the report will for a fee be made available upon application by interested parties.
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 elsewhere.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (i) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/might be permitted to collect, use, disclose and/or process my personal data/information referred to 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 Insurers who have insured vehicles involved in the accident (if insured) who have report (vehicle) 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 organisations (such as the police), for the purposes of:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claim;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claims (including the making 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 unavailability packages); and/or
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (ii) All Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may/might be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (iii) my Personal Information may/might be disclosed by any of the Insurers and/or GIA to third third party service providers or agents (including third lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.
 - (iv) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in respect of all Insurers' claims.
 - (v) the information so collected under (i) above may be shared /disclosed:
 - (a) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, negligence, law enforcement and government agencies as may/might be required for the purposes stated; or
 - (b) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: _____


 Insurer's Signature
 (If different from the policyholder)
 Date & Time: _____


 Reporting Police Officer's Signature
 Name: _____
 ID/IC No: _____





































