

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	08/01/2021 18:15 (SGT)
Date of Accident	07/01/2021 18:00 (SGT)
Exact Location of Accident	Woodlands Ave 5 & Woodlands Ave 3, Singapore
Additional Location Information	WOODLANDS AVE 5 AND WOODLANDS AVE 3 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1886G
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROLLO POH HAN LIN
NRIC No	SXXXX835J
Email Address	ROLLO_POH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92321353
Alternative Phone No	+65-98571742

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	ROLLO POH HAN LIN
NRIC No	SXXXX835J
Date Of Birth	04/05/1993
Occupation	Indoor

Date Of Driving Pass	03/05/2012
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92321353
Alt. Phone Number	+65-98571742
Email Address	ROLLO_POH@HOTMAIL.COM
Address	349 WOODLANDS AVE 3
Address complement	#13-53
Postcode	730349
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	Raining
Road Surface	Wet

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)	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

MY CAR WAS APPROACHING THE FILTER LANE FROM WOODLANDS AVE 5 GOING WOODLANDS AVE 3. THERE WERE MULTIPLE VEHICLES IN LINE TO TURN. AS I APPROACHED THE END OF THE LINE, THERE WAS ONLY A HONDA VEZEL IN FRONT OF ME AND AS I SEE IT TAKING OFF, I CHECKED MY RIGHT SIDE FOR INCOMING TRAFFIC AND MOVED FORWARD WHEN I SEE THAT THERE ARE NO TRAFFIC FOR THE LANE WE WERE TURNING OUT TO. BUT WHEN I LOOKED FORWARD AGAIN, THE VEHICLE IN FRONT HAD SUDDENLY STOPPED. I WAS NOT ABLE TO REACT AND COLLIDED. WE STEPPED OUT OF THE VEHICLES AND TOOK PHOTOS OF THE DAMAGE. DRIVER AND HIS PASSENGER WERE BOTH OUTSIDE AND REPLIED THAT THEY WERE FEELING ALRIGHT, IT WAS A LIGHT COLLISION. WE LEFT AFTER EXCHANGING CONTACT

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	SLJ8600X
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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 willful 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. 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.
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.
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' law-ers/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' law-ers/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 law-ers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: [Signature] 5/1/21
 Driver's Signature (If driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: Tony Fong

Sketch Plan

A - 5MM1806G
 B - SLJ8600X


Describe Circumstances of the Accident


MY CAR WAS APPROACHING THE FILTER LANE FROM WOODLANDS AVE'S GOING WOODLAND AVE'S. THERE WERE MULTIPLE VEHICLES IN LINE TO TURN. AS I APPROACHED THE END OF THE LINE, THERE WAS ONLY A HONDA VEEZEL IN FRONT OF ME AND AS I BECAME TAKING OFF, I CHECKED MY RIGHT SIDE FOR INCOMING TRAFFIC AND MOVED FORWARD WHEN I SAW THAT THERE ARE NO TRAFFIC FOR THE LANE WE WERE TURNING ON TO. BUT WHEN I LOOKED FORWARD AGAIN, THE VEHICLE IN FRONT HAD SUDDENLY STOPPED. I WAS NOT ABLE TO REACT AND COLLIDED.


WE STEPPED OUT OF THE VEHICLES AND TOOK PHOTOS OF THE DAMAGE. DRIVER AND HIS PASSENGER WERE BOTH OUTSIDE AND REPLIED THAT THEY WERE FEELING ALRIGHT, IT WAS JUST A LIGHT COLLISION. WE LEFT AFTER EXCHANGING CONTACT.

Declaration

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

 8/1/21
Policyholder's Signature / Date & Time 5:45 pm


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


Witnessed by Reporting Centre Personnel Tony Fouz

















