

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	04/01/2021 16:27 (SGT)
Date of Accident	31/12/2020 13:44 (SGT)
Exact Location of Accident	Scotts Rd & Orchard Rd, Singapore
Additional Location Information	JUNCTION OF SCOTTS ROAD AND ORCHARD ROAD SLIP ROAD LEADING TO ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ8011R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CREDIT INDUSTRIEL ET COMMERCIAL
Company Reg No	SXXXXX447H
Email Address	MICHELLE.GOH@SINGAPORE.CIC.FR
Mobile Phone No	(Phone) +65-96641801
Alternative Phone No	(Home) +65-96641801

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	18001346-01
Cover Note Number	-

DRIVER

Name of Driver	SEAH SOON MENG SIMON
NRIC No	SXXXX685A
Date Of Birth	17/04/1955

Occupation	Indoor
Date Of Driving Pass	02/03/1981
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96641801
Alt. Phone Number	-
Email Address	MICHELLE.GOH@SINGAPORE.CIC.FR
Address	33 DYSON ROAD
Address complement	-
Postcode	309383
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JULIA TAN
Gender	Female

PASSENGER 2

Name	VANESSA SEAH
Gender	Female

PASSENGER 3

Name	ESTHER SEAH
Gender	Female

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

AT AROUND 1:42PM I WAS DRIVING ON THE SLIP ROAD (SCOTTS ROAD INTO ORCHARD ROAD). I STOPPED AND WAITED AT THE SLIP ROAD. THE TRAFFIC LIGHT TURNED RED AND THE CARS STOPPED AT THE JUNCTION (BETWEEN WHECLOCK AND SHAW CENTRE). I THEN PROCEEDED TO MOVE MY CAR SINCE IT WAS CLEAR TO MOVE FORWARD. THE VEHICLE SKD5361Z IN FRONT OF MY CAR HAD ALSO MOVED. AND SUDDENLY WE HAD A COLLISION. THE RIGHT BUMPER OF MY CAR BUT THE LEFT CORNER OF VEHICLE SKD5361Z.

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	SKD5361Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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**

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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 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' 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:

[Signature]

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

4.1.21
10.45 am.



Reporting Centre Personnel's Signature
Name: *Raymond Tay Seng Wei*
NRIC/FIN No.: *XXXXX100X*

GIA/ACCIDENT Form 1/1

SKETCH PLAN


A: SDS 8011R
B: SKD 5361Z

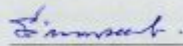
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


At around 1.42pm I was driving on the slip road (Scotts Road into Orchard Road). I stopped and waited ~~for the~~ at the Slip Road. The Traffic light turned red and ~~the~~ cars stopped at the junction (between Wheelock and Shaw Centre). I then proceeded to move my car since ~~the~~ it was clear to move forward. The vehicle SKD 5361Z in front of my car ~~had~~ had also moved. ~~It~~ And suddenly we had a collision. The right bumper of my car hit the left corner of vehicle SKD 5361Z.

DECLARATION

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

 Policyholder's Signature
Date & Time:

 Driver's Signature
(If driver is not the policyholder)
Date & Time:
4.1.2021
10.45am

 Reporting Centre Personnel's Signature
Name: Raymond Ting Sing Wei
NRIC/FIN No.: 6999100X













































