

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	16/01/2021 19:13 (SGT)
Date of Accident	16/01/2021 12:25 (SGT)
Exact Location of Accident	Jurong West, Singapore
Additional Location Information	INTERSECTION OF JURONG WEST ST 93 & UPPER JURONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1811A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG CHU YUN (HONG CHUYUN)
NRIC No	SXXXX924A
Email Address	YOWLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-96709255
Alternative Phone No	(Office) +65-91500495

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	2070013391
Cover Note Number	-

DRIVER

Name of Driver	LIM YOW (LIN YOU)
NRIC No	SXXXX438I
Date Of Birth	18/08/1976

Occupation	Indoor
Date Of Driving Pass	29/07/2000
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91500495
Alt. Phone Number	-
Email Address	YOWLIM@GMAIL.COM
Address	10 STIRLING ROAD
Address complement	#23-07
Postcode	148954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANG CHU YUN (HONG CHUYUN)
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

BOTH AUDI & YAMAHA WERE MOVING OFF FROM STATIONARY POSITION AFTER THE ZEBRA CROSSING, BEFORE MERGINING INTO MAIN ROAD. AUDI COLLIDED INTO YAMAHA. YAMAHA FELL TO THE SIDE.

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	FBH9662P
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
NRIC No	SXXXX362C
Contact Number	(Phone) +65-81334537
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH9662P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

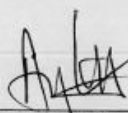
SKETCH PLAN**IMPORTANT NOTICE**

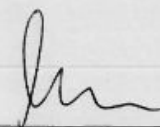
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

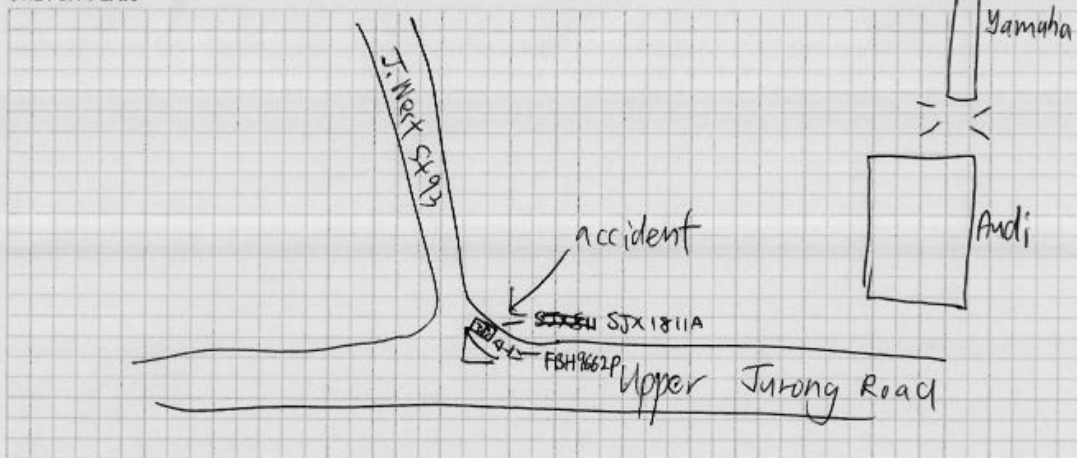
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 16 Jan 2021
 530pm


 Reporting Centre Personnel's Signature
 Name: WONG KHONG SENG, GEORGE
 NRIC/FIN No.: G2987143X

SKETCH PLAN



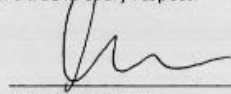
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

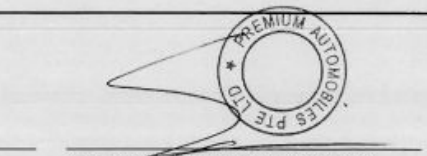
Both Audi & Yamaha were moving off from stationary position after the zebra crossing, before merging into main Road. Audi collided into Yamaha. Yamaha fell to the side.

DECLARATION

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

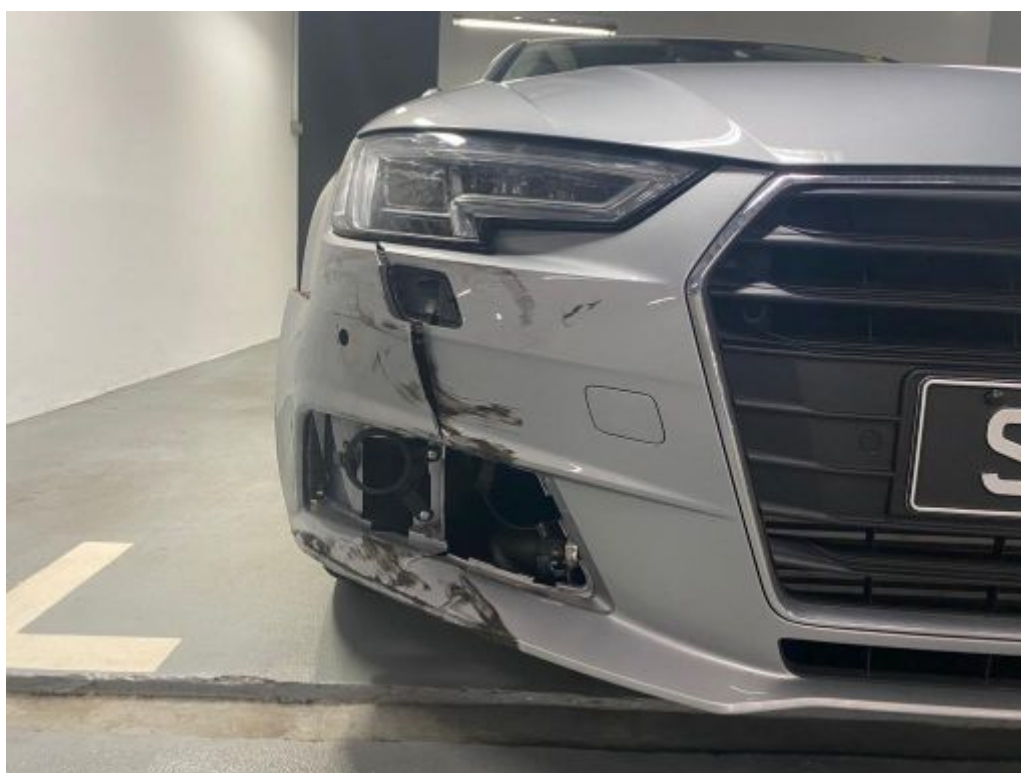

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16 Jan 2021


Reporting Centre Personnel's Signature
Name: WONG KHONG SEAH, GEORGE
NRIC/FIN No.: G2981149X

GIARMC SketchPlanForm_V3

530 pm



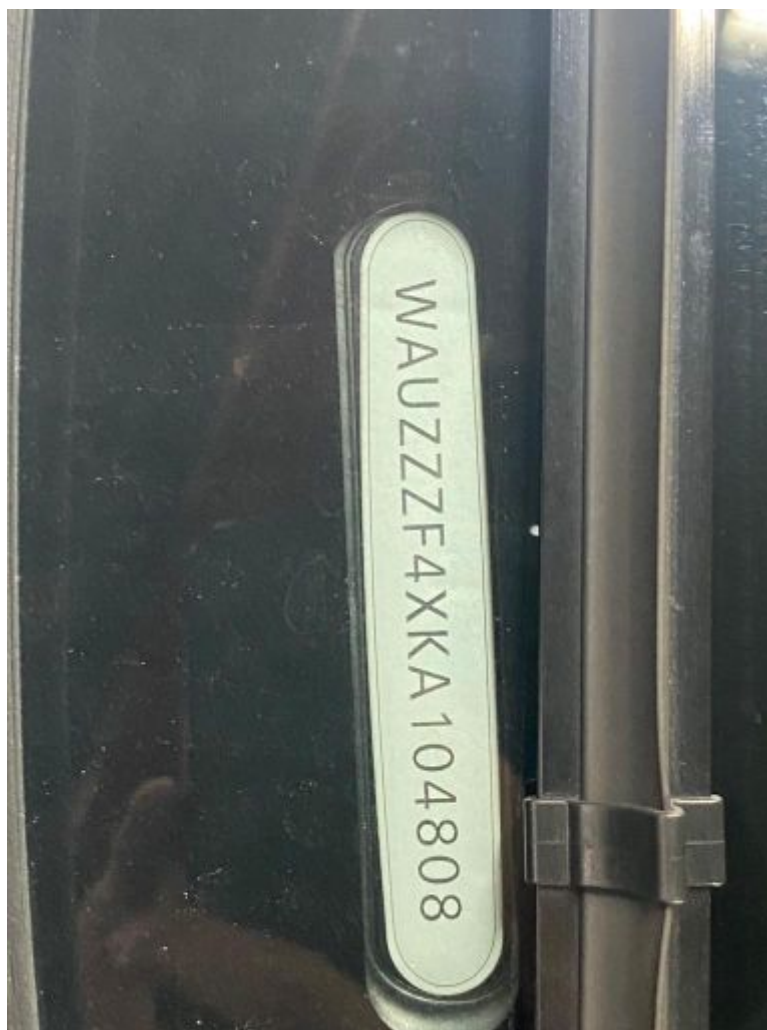












GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-02 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 URL: www.gia.org.sg / E-Reg No: 144001735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SP0R211G0004 Vehicle Registration No: ~~STX 718~~ SSX1811A
 Name (as shown in NRIC) : Ang Chu Yun (Ang Chu Kin) NRIC/FIN/Passport No : S7986924A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 10 Stirling Road # 23-07 S14895f Singapore (14899)
 Contact (Tel) : 9670 9255 Mobile No : _____
 Email Address : Yulin@gmail.com
 Date of Accident : 16/01/2021 Time of Accident : 1225
 Place of Accident : Intersection of Jurong West ST 93 X Upper Jurong West
 Insurance Company : AIQ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To convert Reporting only to own policy claims.

 Policyholder / Driver's Signature
 Date: 18/1/2021



 Reporting Centre Personnel's Signature
 Name: WONG LEE ANN SEE-EN, AERGIE
 NRIC/FIN No: 92967193X
 Date: 18/1/2021

GIA/IRMC addendum form_v3