

# 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 .....	21/01/2021 17:30 (SGT)
Date of Accident .....	20/01/2021 22:00 (SGT)
Exact Location of Accident .....	Woodleigh, Singapore
Additional Location Information .....	CROSS JUNCTION AT WOODLEIGH ALONG UPPER SERANGOON
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SFC15X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GRACELYNN ZHU QIU LINN
NRIC No .....	S7715554F
Email Address .....	gracelynn81290009@gmail.com
Mobile Phone No .....	(Phone) +65-81290009
Alternative Phone No .....	(Home) +65-81290009

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Outlander
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 .....	1900010458-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GRACELYNN ZHU QIU LINN
NRIC No .....	S7715554F
Date Of Birth .....	11/06/1977

Occupation .....	Outdoor
Date Of Driving Pass .....	24/07/1998
Driving experience .....	22 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81290009
Alt. Phone Number .....	(Home) +65-81290009
Email Address .....	gracelynn81290009@gmail.com
Address .....	BLOCK 205C COMPASSVALE LANE #11-33
Address complement .....	-
Postcode .....	543205
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? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes

#### 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

TRAFFIC LIGHT TURNED GREEN. NOTICED ALL CARS ALREADY STARTED TO MOVE AROUND ME, RELEASE BRAKE, HEARD A BANG AND REALISED KISSED ONTO SLE9653M TOYOTA ALTIS (WHICH I REVIEW IN CAM CORDER RECORDED) AT POINT OF TIME TRAFFIC LIGHT TURNED GREEN, THIS WAS THE ONLY NOT ON MOVING MODE WHEN ALL CARS ARE. FRONT CAR OWNER & I AGREED TO HAVE A PTE SETTLEMENT, OUT OF NOWHERE 2 MAN APPROACHED US WITH THEIR NAMECARDS TO PROVIDE THEIR CLAIM OF INSURANCE AND MEDICAL, ETC SERVICES. ADVISED TO CLAIM LOSS OF INCOME. THROUGH LEGAL MEANS BY CAR RENTAL COMPANY.

ONLY MINOR SCRATCHES ON MY FRONT BUMPER, NO REPAIR REQUIRED, 3 HAIRLINE SCRATCHES.

FRONT CAR BACK BOOT CANNOT CLOSE, BACK BUMPER MISALIGNED AND MINOR SCRATCHES.

#### ATTACHMENT(S)

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

SKETCH PLAN

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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:

21 JAN '21  
15:55h

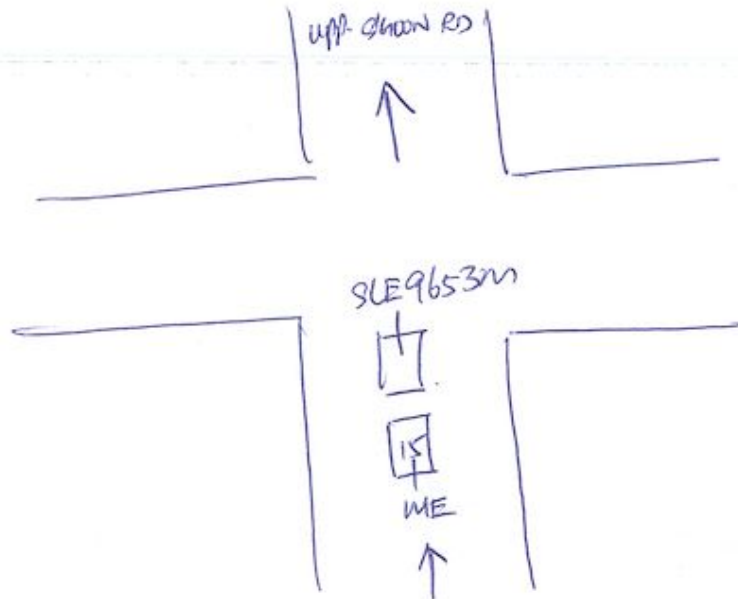
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

21 JAN '21  
15:55h

Reporting Centre Personnel's Signature

Name: WILLIAM (HAW) VUN KHIONG  
NRIC/FIN No.: 934144980

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light turned green, noticed all cars already started to move around me, release break, heard a bang and realised kissed onto SLE9653M TOYOTA ALTIS (WHICH I REVIEW IN CAM CORNER RECORDED) AT POINT OF TIME TRAFFIC LIGHT TURNED GREEN THIS WAS THE ONLY NOT ON MOVING MODE WHEN ALL CARS ARE - FRONT CAR OWNER & I AGREED TO HAVE A PTE SETTLEMENT, OUT OF NOWHERE 2 MAN APPROACHED US WITH THEIR NAME CARDS TO PROVIDE THEIR CLAIM OF INSURANCE AND MEDICAL, ETC SERVICES, ADVISED TO CLAIM LOSS OF INCOME THROUGH LEGAL MEANS BY CAR RENTAL COMPANY. -

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BOOT  
FRONT CAR BACK BUMPER CANNOT CLOSE, BACK BUMPER MISALIGNMENT AND MINOR SCRATCHES.

DECLARATION


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

  
Policyholder's Signature

Date & Time:  
21 JAN '21  
TTH.

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

Date & Time:

  
Reporting Centre Personnel's Signature  
Name: WILLIAM LIM VU KHIONG  
NRIC/FIN No: 834144984











