

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 23/01/2021 09:13 (SGT)
Date of Accident 22/01/2021 15:50 (SGT)
Exact Location of Accident Moulmein Rd, Singapore
Additional Location Information MOULMEIN ROAD BEFORE CTE ENTRY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL8813Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHUA JOO YANG
NRIC No S7209829C
Email Address jooyang_phua@yahoo.com
Mobile Phone No (Phone) +65-92789024
Alternative Phone No +65-96953209

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100446063
Cover Note Number -

DRIVER

Name of Driver ANG PEI LEI
NRIC No S7306498H
Date Of Birth 21/02/1973
Occupation Indoor

| | |
|--|------------------------|
| Date Of Driving Pass | 04/09/1993 |
| Driving experience | 27 YEARS AND 4 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96953209 |
| Alt. Phone Number | - |
| Email Address | jooyang_phua@yahoo.com |
| Address | 1 PAYA LEBAR CRESCENT |
| Address complement | #01-03 |
| Postcode | 536019 |
| 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 - Change/cross lane |
| Weather Conditions | DRIZZLING |
| 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

REFER TO THE ATTACHED SKETCH PLAN

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 | SLF2956E |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Sienta |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LOW TECK CHEONG |
| NRIC No | S6823023C |
| Contact Number | (Phone) +65-91177288 |
| Address | - |
| Address complement | - |
| Postcode | - |

Insurance Company Name -
Nature Of Damage RIGHT BACK CAR DOOR
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SKL8813Y

| | |
|---|-----------------|
| ACCIDENT DATE: 22/1/2021 | CONTACT NUMBER: |
| ACCIDENT TIME: 3.50pm | EMAIL: |
| LOCATION: | |
| SKL 8813Y was stationary at lane 2 (Moulmein Road) before the right turn into CTE. As the CTE was jammed, SKL8813Y lane change on clear traffic to lane 3. Contact with SLF2956E on right back door. SLF2956E cut into lane 3 from lane 4 in front of my vehicle. SKL8813Y left front bumper contact with SLF2956E right back door. Video in both vehicles. | |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY. | |
| PLEASE CHECK YOUR POLICY FOR MORE INFORMATION | |
| PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> REPORTING ONLY | |

DECLARATION

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


 Policyholder's Signature
 Date & Time: 22/1/21
GIARMC SketchPlanForm_V3


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 22/1/21 5:30pm


 Reporting Centre Personnel's Signature
 Name:
 NAIC/FIN 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:

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 22/11/2021
 5.30pm

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:







