

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	22/01/2021 14:51 (SGT)
Date of Accident	21/01/2021 17:57 (SGT)
Exact Location of Accident	W Coast Hwy, Singapore
Additional Location Information	WEST COAST HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5054C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SOON PHENG
NRIC No	SXXXX511A
Email Address	PATRICKTSP72@GMAIL.COM
Mobile Phone No	(Phone) +65-97893265
Alternative Phone No	(Office) +65-97893265

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1800068072-02
Cover Note Number	-

DRIVER

Name of Driver	JAMIE CHUA PEI GEK (CAI PEIYU)
NRIC No	SXXXX518F
Date Of Birth	20/04/1975
Occupation	Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

05/05/1995
25 YEARS AND 8 MONTHS
Female
(Phone) +65-97805621
-
JPGCHUA@GMAIL.COM
BLK 52
STRATHMORE AVENUE #18-239
1410542
No
Spouse
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Side Swipe
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
No
-
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

I SIGNALLED LEFT TO FILTER INTO THE LEFT LANE AS MY LANE WAS LEADING UP TO THE FLYOVER. CAR B ON THE LEFT LANE MOVED INTO MY LANE WITHOUT SIGNALLING. I HONKED AND APPLIED THE BRAKES IMMEDIATELY BUT THE LEFT SIDE OF MY CAR SCRAPED THE RIGHT SIDE OF CAR B. THE DRIVER OF CAR B THEN BRAKED IN THE MIDDLE OF THE LINE. LATER WE BOTH MOVED OUR CARS TO THE NEAREST ROADSIDE BAY TO EXCHANGE DETAILS.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement

SLN1091P
BMW
530i
-
-
Private car
-
-
-
-

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

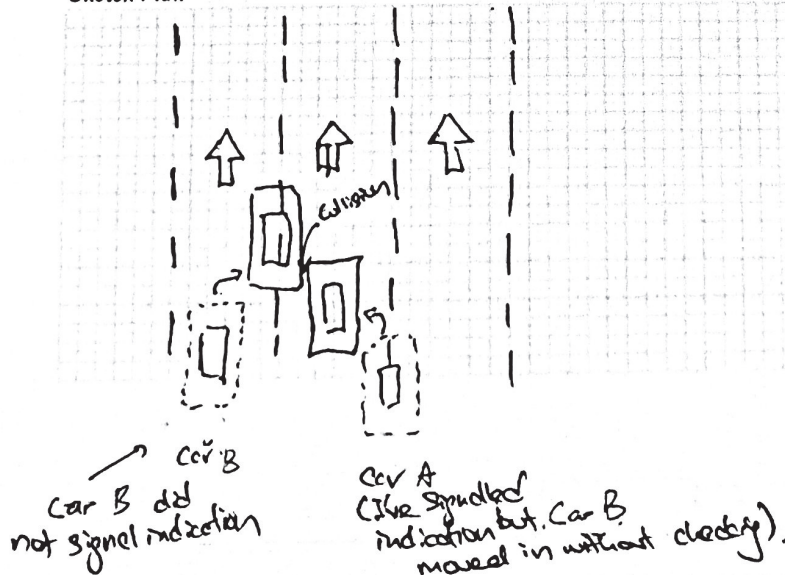
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
22 JAN 2021 11:30

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMA5054C
B - SLN1091P

Describe Circumstances of the Accident

I signalled left to filter into the left lane as my lane was leading up to the fly-over.

Car B on the left lane moved into my lane without signalling. I honked and applied the brakes immediately but the left side of my car scraped the right side of Car B. The driver of Car B then braked in the middle of the line.


Later we both moved our cars to the nearest roadside bay to exchange details


Declaration

We declare the foregoing particulars are true in every respect.

 22/5/2021 / 10:17 hrs
Policyholder's Signature / Date & Time

22/5/2021 @ 11:30


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


Witnessed by Reporting Centre Personnel

