

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	11/01/2021 18:24 (SGT)
Date of Accident	09/01/2021 19:45 (SGT)
Exact Location of Accident	Near Opp Blk 635A, Singapore
Additional Location Information	KRANJI EXPRESSWAY TOWARDS WOODLAND ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES8818X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUSAN WEE POH LANG
NRIC No	S0137237H
Email Address	PTYRCES@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97566561
Alternative Phone No	(Office) +65-97324308

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	2100398007-06
Cover Note Number	-

DRIVER

Name of Driver	NG HOCK KHEE
NRIC No	S1101925J
Date Of Birth	27/02/1955
Occupation	Indoor

Date Of Driving Pass	02/01/1976
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-97566561
Alt. Phone Number	-
Email Address	PTYRCES@SINGNET.COM.SG
Address	31 MOUNT SINAI RISE
Address complement	#22-07
Postcode	276953
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	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

ON 09/01/2021 AT ABOUT 1945 HRS, I WAS DRIVING MY CAR BEARING PLATE NUMBER ES 8188 FROM KRANJI EXPRESS WAY TOWARDS WOODLANDS ROAD EXIT. IT WAS RAINING HEAVILY AND DARK. AS I SLOWED DOWN TOWARDS THE GIVE WAY LINE TO CHECK THE TRAFFIC FROM THE RIGHT SIDE. I HEARD A LIGHT THUD ON THE OUTSIDE OF MY VEHICLE. AS THE TRAFFIC FROM THE RIGHT WAS CLEAR, I DID NOT STOP AND DROVE A HEAD TO THE RIGHTMOST LANE OF WOODLANDS ROAD TOWARDS CLEMENTI. I PROCEEDED TO DRIVE HOME. WHEN I ARRIVED HOME, I CHECKED MY CAR AND NOTICED THAT MY BUMPER, THE AREA BELOW THE FRONT LEFT HEADLIGHTS WAS SLIGHTLY DISLODGE. I WISH TO STATE THAT I MAY HAVE COLLIDED WITH ANOTHER VEHICLE, WHICH MAY HAVE CAUSED THE THUD SOUND, BUT I DID NOT NOTICE, I AM LODGING THIS REPORT AS ADVISED BY MY INSURANCE COMPANY.

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	UNKNOWN
Vehicle Manufacturer	-
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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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:

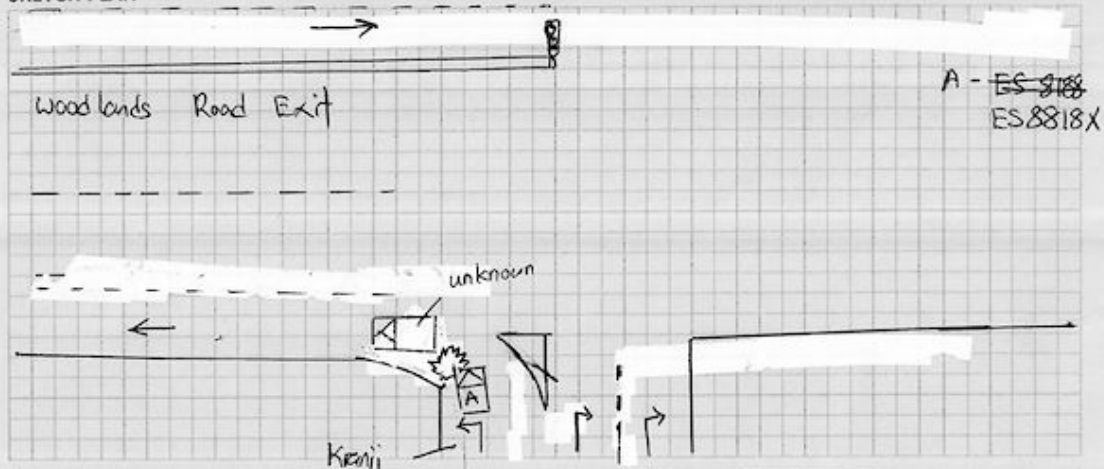
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

11/1/2021 @ 12:43

GIA/MC SketchPlanForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/01/2021 at about 1945 hrs, I was driving my car bearing plate number ES 8188X from Kranji Expressway towards Woodlands Road Exit. It was raining heavily and dark. As I slowed down towards the give way line to check the traffic from the right side. I heard a light thud on the outside of my vehicle. As the traffic from the right was clear, I did not stop and drove ahead to the rightmost lane of Woodlands Road towards Clementi. I proceeded to drive home. When I arrived, home, I checked my car and noticed that my ~~bum~~ bumper, the area below the front left headlights was slightly dislodge. I wish to state that I may have collided with another vehicle, which may have caused the thud sound, but I did not notice. I am lodging this report as advised by my Insurance Company.

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:

Reporting Centre Personnel's Signature
Name: ~~WONG KENNETH SEAH, GEORGE~~
NRIC/FIN No.: G2987143X

GIAMC SketchPlanForm_V3

11/1/2021 @ 12:43



























