

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 10:16 (SGT)
Date of Accident 22/01/2021 16:33 (SGT)
Exact Location of Accident 1A Lutheran Rd, Singapore 267745
Additional Location Information JUNCTION OF LUTHERAN ROAD & FARRER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA1778G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG KIA WHYE ADRIAN
NRIC No S7704137J
Email Address ADRIANNNG77@GMAIL.COM
Mobile Phone No (Phone) +65-96181884
Alternative Phone No +65-96181884

VEHICLE PARTICULARS

Manufacturer Kia
Model Stinger
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 2070164204
Cover Note Number -

DRIVER

Name of Driver NG KIA WHYE ADRIAN
NRIC No S7704137J
Date Of Birth 07/02/1977
Occupation Indoor

Date Of Driving Pass	16/05/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96181884
Alt. Phone Number	+65-96181884
Email Address	ADRIANNG77@GMAIL.COM
Address	12 FARRER ROAD #04-12
Address complement	-
Postcode	268824
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZOE KATE NG
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

REFER TO ATTACHMENT
COLLISION-HEAD TO 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	SMB1425L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MOHD HAFEZ BIN MOHAMED AKHIR

Contact Number	(Phone) +65-81530329
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

[Signature] 9am
23 Jan 2021
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

refer to Attachment

Describe Circumstances of the Accident

- Refer ^{to} ~~the~~ attached

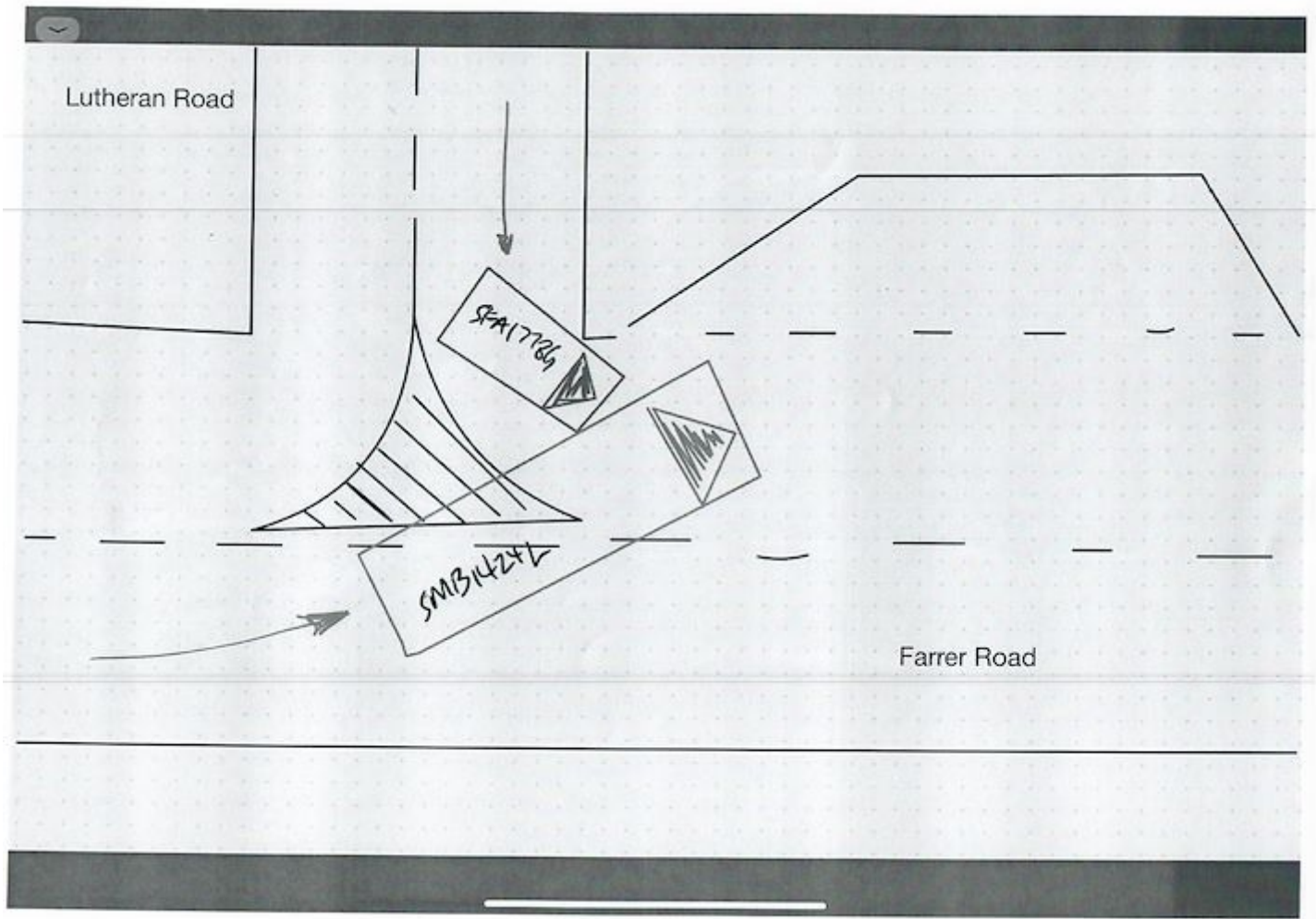
Declaration

We declare the foregoing particulars are true in every respect.

 9 AM
23 Jan 2021
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel



Accident Report**22 Jan 2021, 4:33pm****Junction of Farrer Road and Lutheran Road****White Kia Stinger, SFA1778G**

On 22 Jan 2021, at about 4:33pm, I was on Lutheran Road, at the junction of Lutheran Road and Farrer Road (towards Farrer Road) waiting to filter into lane 2 of Farrer Road. I saw a SMRT bus no. 961 (Licence Plate SMB1425L) approaching on lane 1 of Farrer Road. As the bus passed me, I slowly inched out onto Farrer Road and at that point, the bus filtered into lane 2 to enter the bus bay, which was just after the junction.

There was a collision between the rear left side of the bus and the front right bumper of my car. My front right headlamp cover was broken as well. The damage to the bus was some scrapes to the left rearmost panel.

The driver of the bus was one Mohd Hafez Bin Mohamed Akhir (Licence No. G2867489P).

The weather was overcast, but not raining. The road was wet.

Mohd Hafez Bin Mohamed Akhir
9am, 23 Jan 2021

























