

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 20/01/2021 14:48 (SGT)
Date of Accident 18/01/2021 11:50 (SGT)
Exact Location of Accident 285A Bukit Batok East Ave 3, Singapore 651285
Additional Location Information IN FRONT OF 285A BUKIT BATOK EAST AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFP3193B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW POOI FONG
NRIC No SXXXX377F
Email Address LOWPFC@GMAIL.COM
Mobile Phone No (Phone) +65-97562680
Alternative Phone No +65-97562680

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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 2100365393-06
Cover Note Number -

DRIVER

Name of Driver LOW POOI FONG
NRIC No SXXXX377F
Date Of Birth 04/06/1948
Occupation Indoor

Date Of Driving Pass	29/12/1972
Driving experience	48 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97562680
Alt. Phone Number	+65-97562680
Email Address	LOWPFC@GMAIL.COM
Address	57 HUME AVE
Address complement	#09-12
Postcode	598753
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	Side Swipe
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?	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 18 JAN 2021 AT AROUND 11:50AM, I WAS DRIVING ON OWN LANE IN BUKIT BATOK EAST AVE 3 INFRONT OF BLOCK 285A OPPOSITE GIANT SUPERMARKET. A LORRY NO PLATE YP 6491 X AT THE OPPOSITE LANE PASSING BY ON MY RIGHT. THE REAR GATES OF THE LORRY SUDDENLY WIDE OPEN AND HIT ON MY CAR. WE BOTH STOP AND I FOUND THE RIGHT SIDE MIRROR OF MY CAR BROKEN. THE DRIVER'S BOSS ALLAN TAN OVER THE PHONE PROMISED THAT HE WILL BE RESPONSIBLE FOR THE DAMAGES.

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	YP6491X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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

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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.



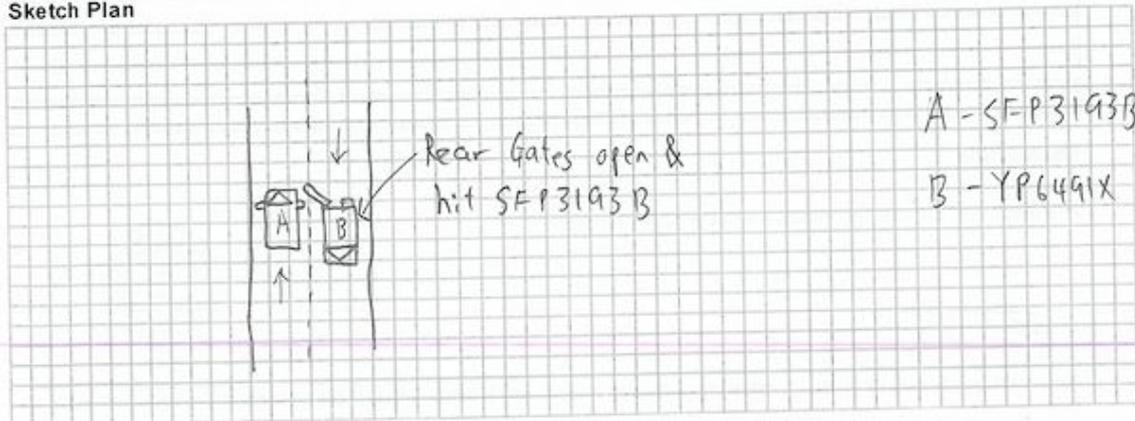
1120hs
20/01/21
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Tony Kong*

Sketch Plan



Describe Circumstances of the Accident

On 18 Jan 2021 at around 11.50 am, I was driving on own lane in Bukit Batok East Ave 3, in front of block 285A, opposite Giant supermarket. A lorry NO. plate YP 6491X at the opposite side lane passing by on my right. The rear gates of the lorry suddenly wide open and hit on my car. We both stop and I found the right side mirror ~~was~~ of my car broken.

The driver's boss Allan Tan over the phone promised that he will be responsible for the damages

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 1120hrs
20/01/21
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Tony Foong







































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R211K0001 Vehicle Registration No: SFP3193B
 Name (as shown in NRIC) : LOW POOI FONG NRIC/FIN/Passport No : SXXXX377F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 57 HUME AVE, #09-12 Singapore (598753)
 Contact (Tel) : _____ Mobile No. : 97562680
 Email Address : LOWPFC@GMAIL.COM
 Date of Accident : 18/01/2021 Time of Accident : 11:50
 Place of Accident : IN FRONT OF 285A BUKIT BATOK EAST AVE 3
 Insurance Company : AIG ASIA PACIFIC INSURANCE PTE. LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CONVERT REPORT FROM THIRD PARTY CLAIM TO CLAIM OWN INSURANCE


 Policyholder / Driver's Signature
 Date: 29/01/2021


 Reporting Centre Personnel's Signature
 Name: Tony Fong
 NRIC/FIN No.: _____
 Date: 29/1/21