

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	11/02/2021 13:12 (SGT)
Date of Accident	10/02/2021 10:42 (SGT)
Exact Location of Accident	Jurong East, Singapore
Additional Location Information	EXITING YU HUA MARKET CAR PARK TURNING RIGHT INTO JURONG EAST STREET 24
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4094H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LAY NGOH
NRIC No	SXXXX203H
Email Address	JANICECHUA@YAHOO.COM
Mobile Phone No	(Phone) +65-96830480
Alternative Phone No	(Office) +65-96830480

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	2070139991
Cover Note Number	-

DRIVER

Name of Driver	SOH WEI XUAN
NRIC No	SXXXX443A
Date Of Birth	26/07/1999

Occupation	Indoor
Date Of Driving Pass	17/05/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90613910
Alt. Phone Number	-
Email Address	SOHWEIXUAN999@GMAIL.COM
Address	69 CHOA CHU KANG LOOP
Address complement	#11-05
Postcode	689672
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHUA LAY NHOG
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

EXITING YU HUA MARKET CAR PARK TURNING RIGHT INTO JURONG EAST STREET 24 GOING TOWARDS JURONG EAST AVENUE 1. DUE TO HEAVY TRAFFIC ON BOTH SIDE OF ROAD, I HAD TO WAIT AT THE EXIT FOR ABOUT FIVE MINUTES TO CHECK FOR A SAFE TIMING TO EXIT. IT WAS AROUND 10:20AM. THERE WAS A QUEUE ON BOTH SIDE OF THE ROAD TO ENTER THE CAR PARK. THERE WAS A WHITE VAN WAITING BEHIND THE YELLOW BOX WITH ANOTHER GREY CAR. I WAVED TO THE VAN DRIVER TO CHECK WHETHER HE WOULD LET ME PASS. AFTER CHECKING THAT HE ACKNOWLEDGED ME, I TURNED INTO THE YELLOW BOX. WHEN I WAS TURNING INTO THE YELLOW BOX, THE TRAFFIC ON BOTH SIDE WAS AT A STAND STILL. AFTER I TURNED INTO THE YELLOW BOX, THE CAR HIT MY BACK LEFT SIDE -DOOR AT AROUND 10:25AM

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

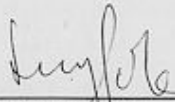
Vehicle Registration Number	SLT3141J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

IMPORTANT NOTICE

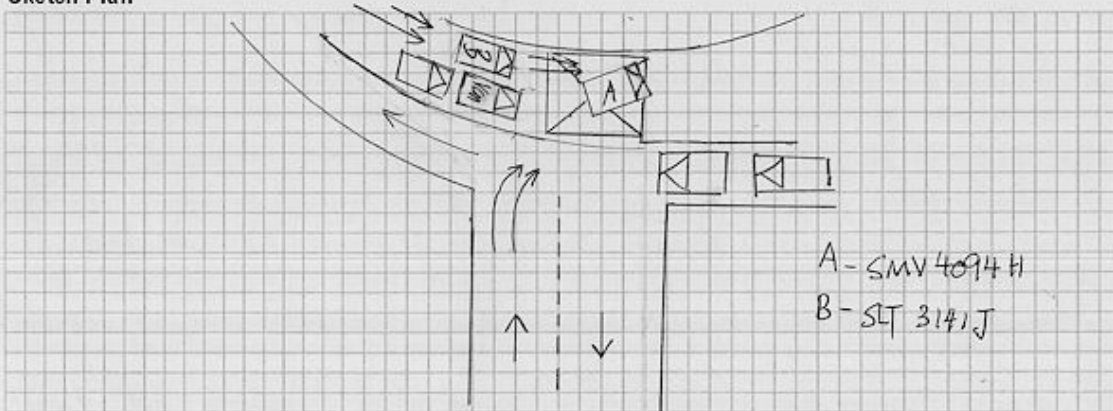
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe circumstances of the accident.

Exiting Yu hua market carpark turning right into Jurong East Street 24 going towards Jurong East Avenue 1. Due to heavy traffic on both side of roads, I had to wait at the exit for about five minutes to check for a safe timing to exit. It was around 10:20 am

There was a queue on both side of the road to enter the carpark. There was a white van waiting behind the yellow box with another grey car.

I waved to the van driver to check whether he would let me pass. After checking that he acknowledged me, I turned into the yellow box. When I was turning into the yellow box, the traffic on both side was at a stand still.

After I turned into the yellow box, the car hit my back^{left} side-door at around 10:25 am

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



















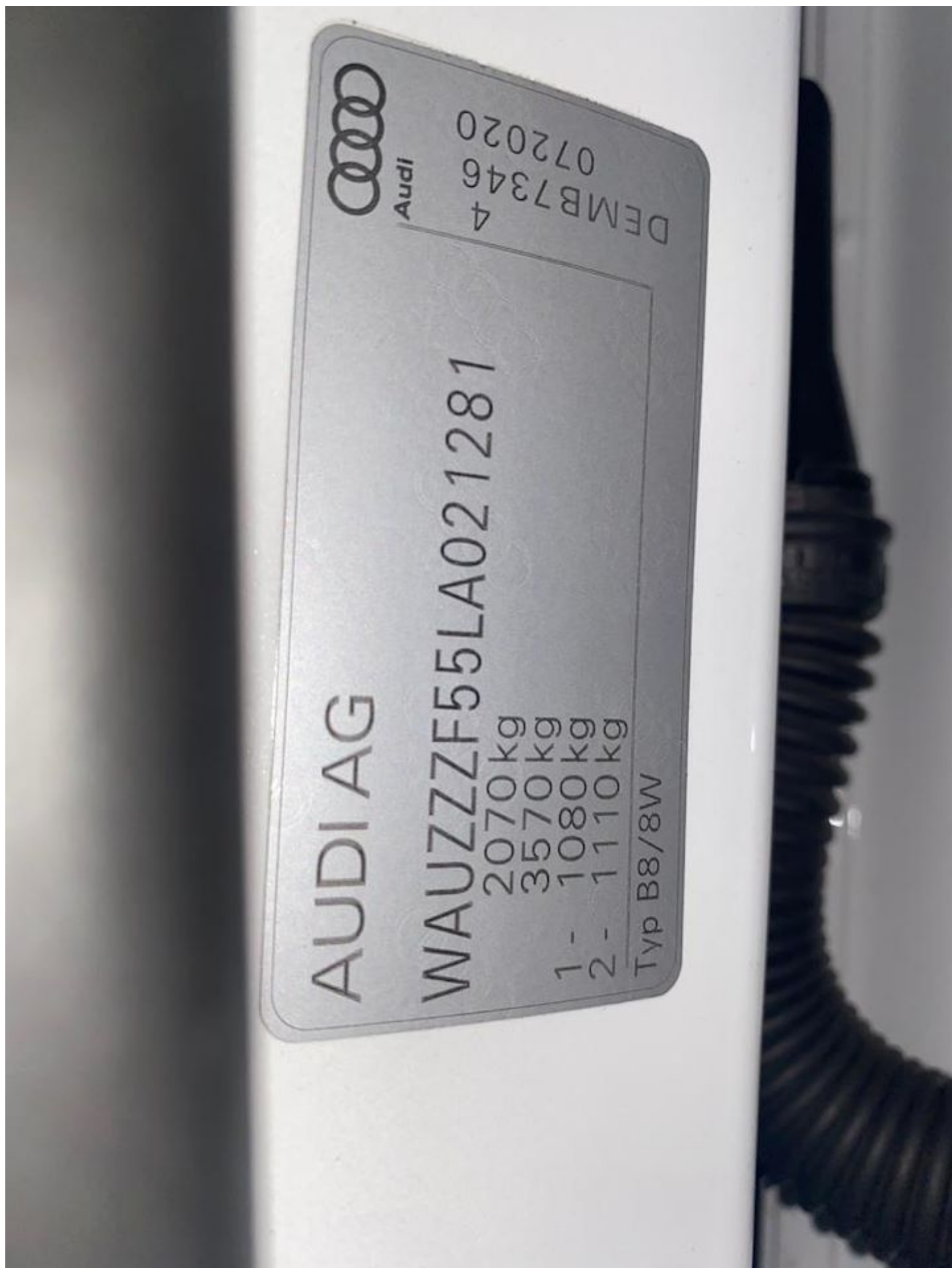




















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

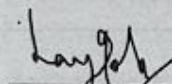
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R212B0004 Vehicle Registration No: SMV4094H
 Name (as shown in NRIC) : CHUA LAY NGOH NRIC/FIN/Passport No : SXXXX203H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 69 CHOA CHU KANG LOOP, #11-05 Singapore (689672)
 Contact (Tel) : 90613910 Mobile No. : _____
 Email Address : JANICECHUA@YAHOO.COM
 Date of Accident : 10/02/2021 Time of Accident : 10:42
 Place of Accident : EXITING YU HUA MARKET CAR PARK TURNING RIGHT INTO
 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 THIRD PARTY CLAIMS TO OWN POLICY CLAIMS.


 Policyholder/ Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: wong khong seng, George
 NRIC/FIN No.: G2987143X
 Date: 20/02/2021