

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	29/03/2021 17:43 (SGT)
Date of Accident	28/03/2021 19:24 (SGT)
Exact Location of Accident	1 Elias Green, Singapore 519959
Additional Location Information	AFTER EXISTING TPE EXIT 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8851B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW YIH SHYAN
NRIC No	SXXXX645B
Email Address	Y.S.LEOW@GMAIL.COM
Mobile Phone No	(Phone) +65-92964884
Alternative Phone No	+65-92964884

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Pulsar
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700032767-03
Cover Note Number	-

DRIVER

Name of Driver	LEOW YIH SHYAN
NRIC No	SXXXX645B

Date Of Birth	06/01/1989
Occupation	Outdoor
Date Of Driving Pass	01/04/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92964884
Alt. Phone Number	+65-92964884
Email Address	Y.S.LEOW@GMAIL.COM
Address	BLK 417 EUNOS ROAD 5
Address complement	#15-22
Postcode	400417
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NIL
Gender	Male

PASSENGER 2

Name	NIL
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

PLS REFER TO STATEMENT.

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	SHA3339D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KWA CHING LENG
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")

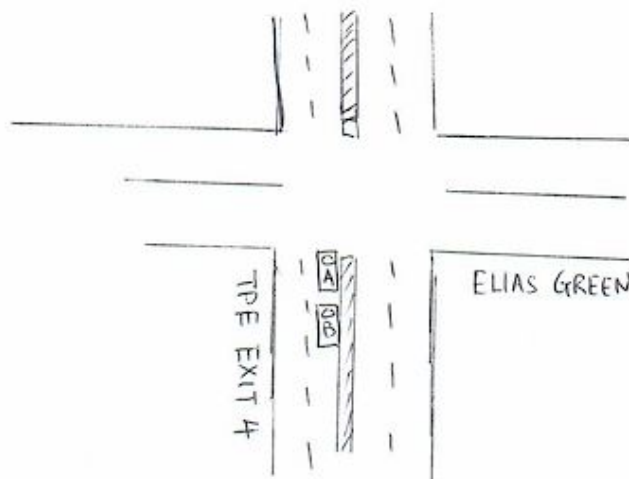
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SLQ 8851B
Vehicle B: SHA 3339D

Describe Circumstances of the Accident

Note: Vehicle A : SLQ8851B
Vehicle B : SHA3339D


On the Stated Date and Time, I, driver of vehicle A, was driving along TPE and exited to Exit 4. I was waiting at traffic cross junction to turn into Elias Green road.

When the traffic light turned green, I ~~was~~ advanced slowly to a stop to wait for oncoming traffic to clear before turning right. Suddenly vehicle B hit onto vehicle A. I confronted driver of vehicle B and he stated he mistook the Clutch for the brake. Review of the ~~the~~ rear camera shows he was not looking on the road when he moved towards my vehicle.


Declaration

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



Witnessed by Reporting Centre Personnel















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09213T000H Vehicle Registration No: SLQ8851B
 Name (as shown in NRIC): Leow Yih Shyan NRIC/FIN/Passport No: S8901645B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 417 Eunos Road 5 #15-22 Singapore (400417)
 Contact (Tel): 9296 4884 Mobile No.: 9296 4884
 Email Address: Y. S. LEOW @ GMAIL. COM
 Date of Accident: 28/3/2021 Time of Accident: 07:24
 Place of Accident: After Existing TPE Exit 4
 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:

The time of accident is incorrect,
Please change the time of accident from 07:24
to 19:24

[Signature]
 Policyholder / Driver's Signature
 Date: 17/6/2021

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: