

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 14/04/2021 14:15 (SGT)
Date of Accident 03/04/2021 09:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information SMU4588E
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU4588E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PETER JOHN LADD
NRIC No S8068143G
Email Address P.JLADD1980@HOTMAIL.COM
Mobile Phone No (Phone) +65-84445127
Alternative Phone No +65-84445127

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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

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

DRIVER

Name of Driver PETER JOHN LADD
NRIC No S8068143G

Date Of Birth	28/10/1980
Occupation	Indoor
Date Of Driving Pass	07/06/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84445127
Alt. Phone Number	+65-84445127
Email Address	PJLADD1980@HOTMAIL.COM
Address	BLK 95 HAVELOCK ROAD
Address complement	#07-679
Postcode	160095
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 - 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	MINHUI LADD
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 THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4271H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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")

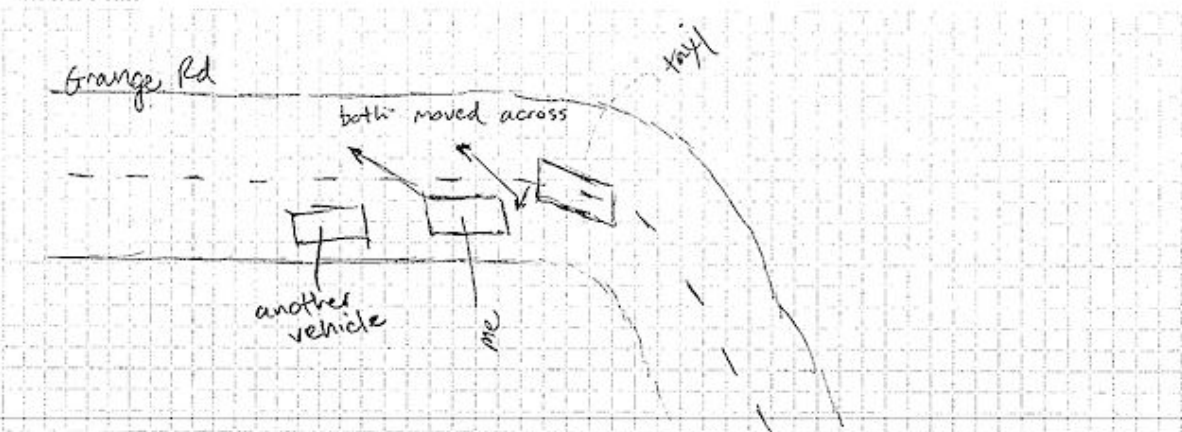
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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

LICENSE PLATE: SMU 4588 E	ACCIDENT DATE & TIME: 3 APRIL 2021 @ 9:50 AM
CONTACT NUMBER: 8444 5127	E-MAIL ADDRESS: PTLADD1980@HOTMAIL.COM
LOCATION: GRANGE ROAD NEAR INTERSECTION WITH ORCHARD BOULEVARD	
<p>I was in the left lane while a blue taxi had been in the right lane as we neared the turn for Grange Rd. The taxi had started to move across into the left lane behind me as we went around the corner into Grange Rd. I then moved out of the left lane into the right lane to overtake the vehicle in front of me, but the taxi had decided not to complete his move into the left lane so we both ended up in the right lane.</p> <p>The taxi honked his horn, but there was no other noise or noticeable impact at the time so I drove on assuming the taxi had merely honked his horn to warn me he had gone back to the right lane.</p> <p>The taxi followed me and, at the next set of traffic lights, he got out of his taxi and was screaming at me aggressively. He yelled at me that our cars had hit, but as I hadn't felt anything at the time and because of his aggressive behaviour and the dangerous location, I did not get out of my car to inspect my vehicle. Instead, when the lights turned green and with the taxi driver standing dangerously by my driver's side door and still shouting at me in the middle of the road, I moved off (at which point the taxi driver thumped the side of my car) to find a safe place to pull over and did so at a condo a few hundred meters down the road. I did this so that there would be security guards on hand if he continued behaving aggressively. I had expected the taxi driver to follow me, but he didn't so after waiting there for a few minutes and inspecting my car, I left and did not see the taxi in the area. * See next page 1/2</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.

Paul Ladd

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

LICENSE PLATE: ACCIDENT DATE & TIME:
CONTACT NUMBER: E-MAIL ADDRESS:
LOCATION:
CONTINUED : 2/2

When I inspected my car, there was a very small black mark on the right back corner (bumper area). I'm not sure that this was caused by the taxi as I had not thought our cars touched. I also reviewed my car camera footage and it wasn't clear from this that our cars had touched.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Peter Sudd

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel













