GIA SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report underlined 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 witholding 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	05/04/2021 15:52 (SGT)
Date of Accident	03/04/2021 13:00 (SGT)
Exact Location of Accident	Geylang Road, Singapore
Additional Location Information	CROSS JUNCTION @ GEYLANG RD / TANJONG KATONG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2020D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PECK JEN JEN
NRIC No	SXXXX162C
Email Address	PECKJENJEN@GMAIL.COM
Mobile Phone No	(Phone) +65-96366271
Alternative Phone No	+65-96366271

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Tt
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
Transmission	Auto
CC	1795

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800097991-02
Cover Note Number	-

DRIVER

Name of Driver	PECK JEN JEN
NRIC No	SXXXX162C

Date Of Birth	15/07/1977
Occupation	Indoor
Date Of Driving Pass	25/02/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96366271
Alt. Phone Number	+65-96366271
Email Address	PECKJENJEN@GMAIL.COM
Address	33 PHENG GECK AVE
Address complement	#15-11
Postcode	348228
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)	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 3/4/2021, 1500 HRS, WAS HEADING TO POTONG PASIR AFTER LUNCH. THE TRAFFIC FROM UPPER CHANGI ROAD TO GEYLANG WAS VERY HEAVY. NOT RAINING THOUGH.

AS I APPROACHED CROSS JUNCTION @ GEYLANG RD / TANJONG KATONG RD, I FILTERED / SIGNALLED LEFT. HOWEVER THE FRONT CAR JAMMED BRAKE. I COULD NOT BAKE IN TIME AND HIT ITS LEFT REAR BUMPER. BOTH PARTIES EXCHANGED CONTACT DETAILS TO CLAIM INSURANCE.

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	SKZ3886Z
Vehicle Manufacturer	Mercedes
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) .... -

Accident report **SP0R21450005**

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.

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

On 3/4/2021, 1500hrs, ~~etc~~ I was heading to Potong Pasir after lunch. The traffic from Upper Chang. Rd to Geylang was very heavy. No raining though.

As I approached cross-junction @ Geylang Rd / Tanjong Katong Rd, I filtered / signalled left.

However the front car jammed brake. I could not brake in time, and hit its left rear bumper.

~~toll detail~~ Both parties exchanged contact details & agreed to claim insurance.

Declaration

I/We declare the foregoing particulars are true in every respect.

_____ 5/4/2021
Policyholder's Signature / Date & Time

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

_____
Witnessed by Reporting Centre Personnel