

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 09/04/2021 17:53 (SGT)
Date of Accident 09/04/2021 12:05 (SGT)
Exact Location of Accident 25 Still Rd, Singapore 423961
Additional Location Information EAST COAST RD TO KARIKAL LANE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY2622G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YAO SISI
NRIC No SXXXX788H
Email Address MANDY.SISI.Y@GMAIL.COM
Mobile Phone No (Phone) +65-81382627
Alternative Phone No +65-81382627

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
Variant Q3 1.4 TFSI S TRONIC
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 1395

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 YAO SISI
NRIC No SXXXX788H

Date Of Birth	14/11/1987
Occupation	Indoor
Date Of Driving Pass	21/11/2019
Driving experience	1 YEAR AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81382627
Alt. Phone Number	+65-81382627
Email Address	MANDY.SISI.Y@GMAIL.COM
Address	80 BAYSHORE ROAD
Address complement	#06-27
Postcode	S469992
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	Collided into Motorcyclist
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 vehicle 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	ETHERED NEOH LITING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS TURNING INTO KARIKAL LANE THEN A MOTORCYCLE DASH OUT AND COLLIDED TO MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK8454P
Vehicle Manufacturer	-

Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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.

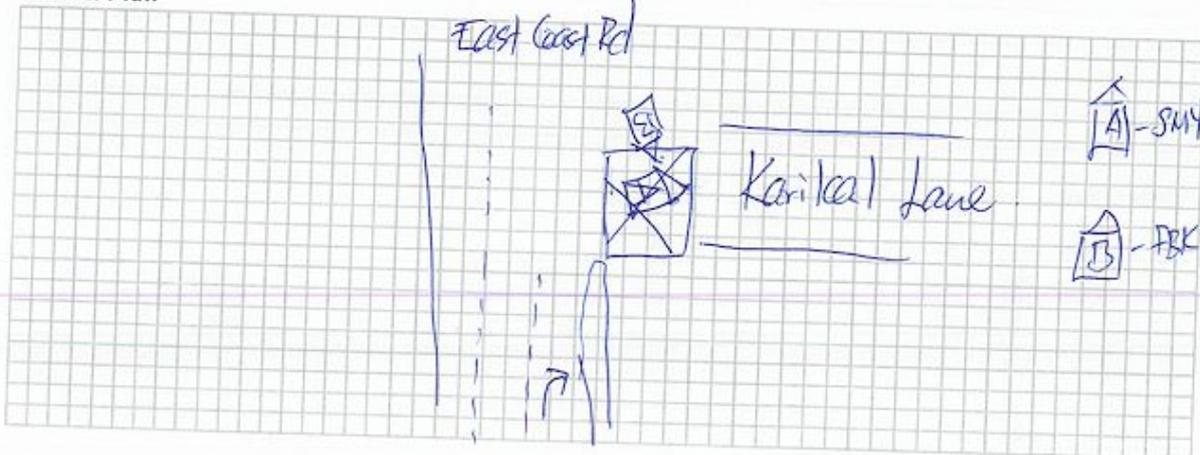
Policyholder's Signature / Date & Time



Witnessed by Reporting Centre Personnel

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

Sketch Plan

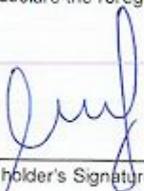


Describe Circumstances of the Accident

My vehicle was turning into Karika Ln, then a motorcycle dash out & collided to my car.

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





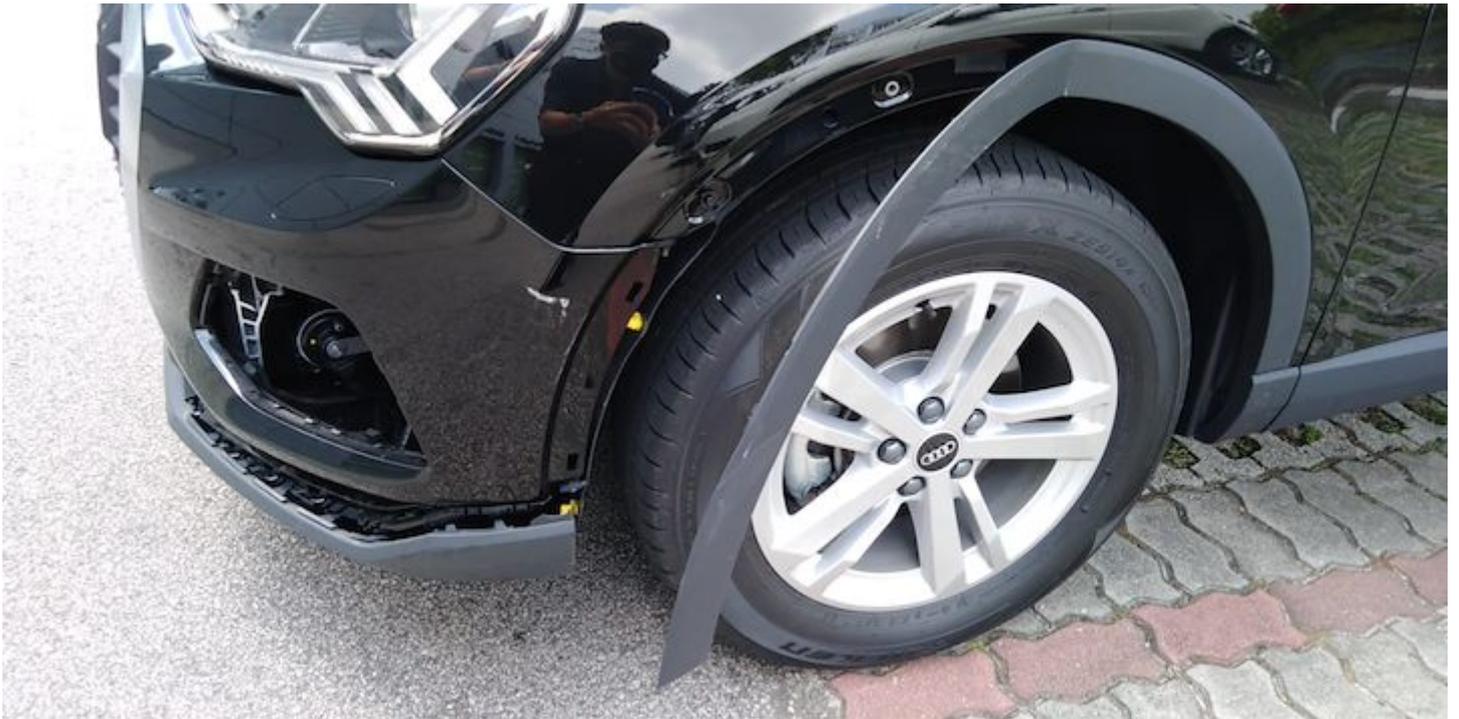










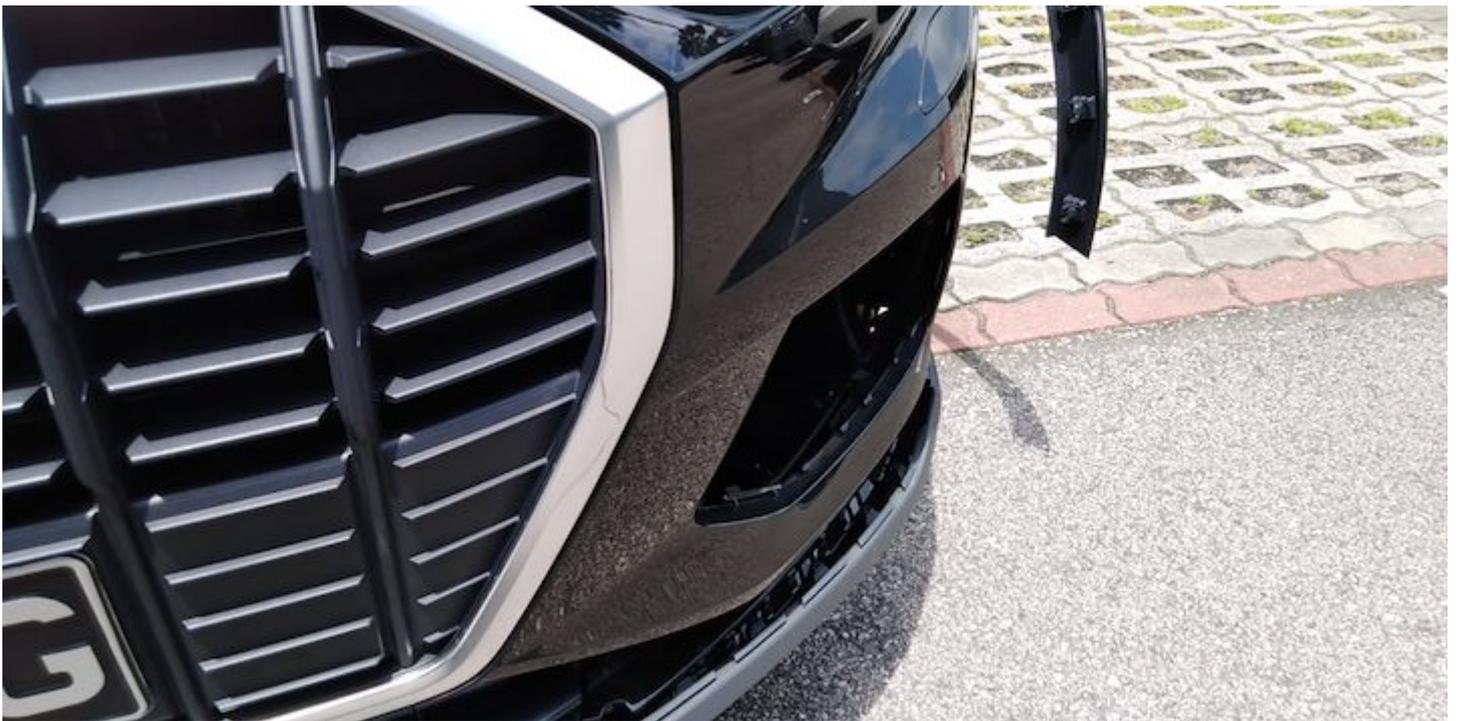




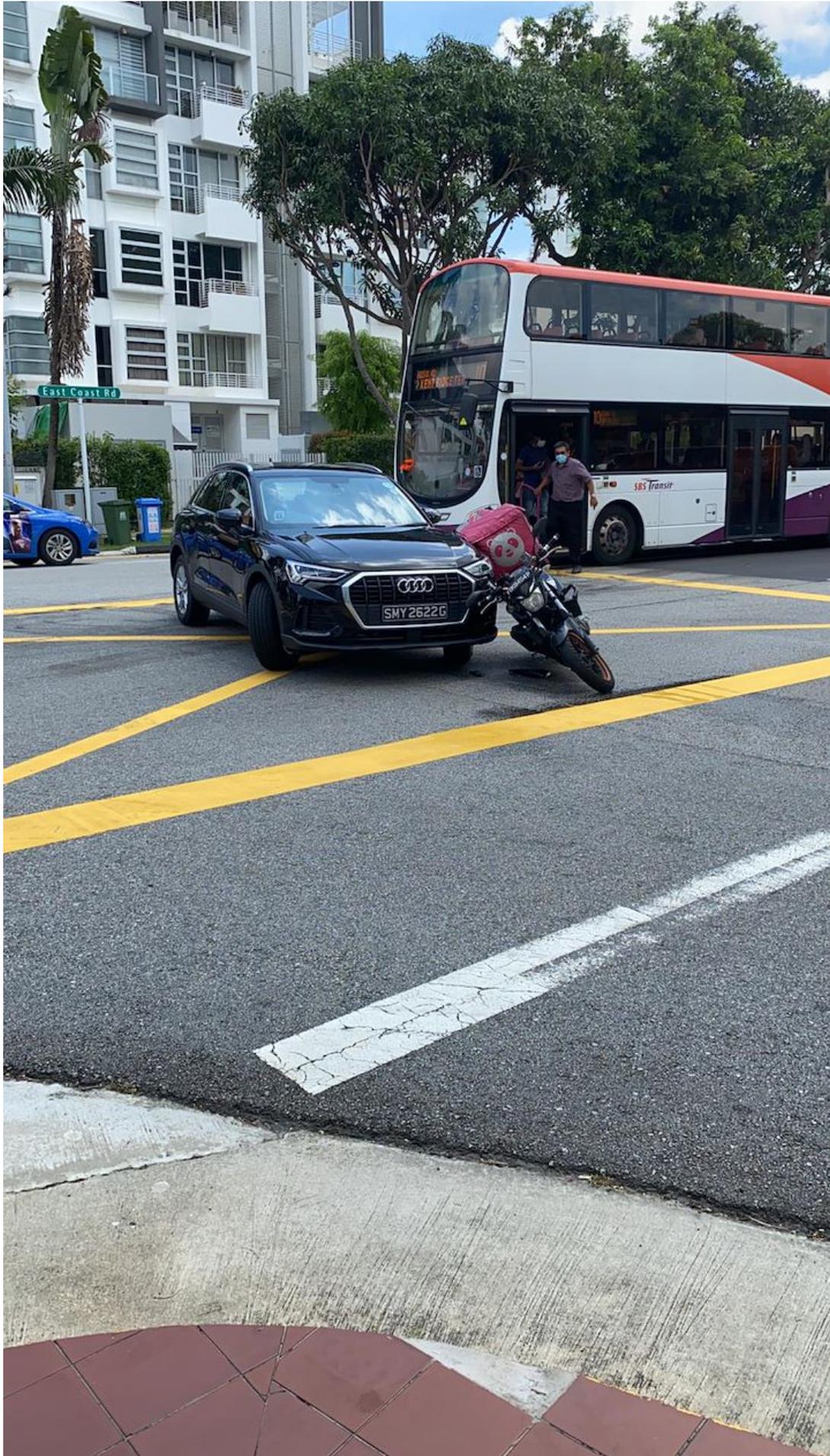








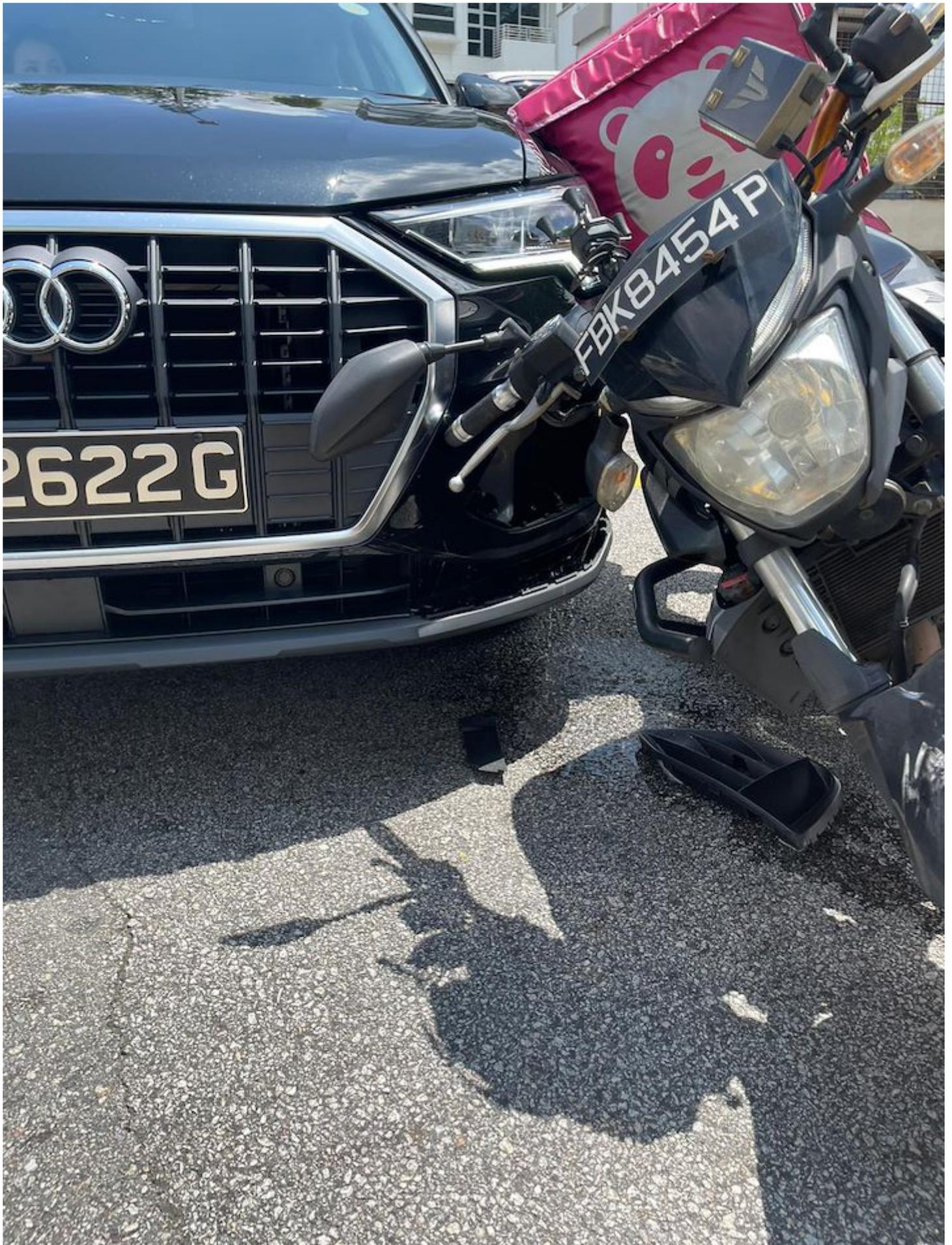
















**SINGAPORE
POLICE FORCE**



T/20210409/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210409/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2021 15:20	Vide Report No.: G/20210409/0087	Station Diary No.:
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Informant's Particulars

Name of Informant: YAO SISI		Address: 80 BAYSHORE ROAD #06-27 SINGAPORE 469992	
ID Type / ID No.: NRIC NO / S8773788H		Contact No.: Home/Office: Mobile: 81382627	
Nationality: SINGAPORE CITIZEN		Email: mandy.sisi.y@gmail.com	
Sex: Female	Age: 33	Date of Birth: 14/11/1987	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales supervisor		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2021 12:05	Type of Location: X-Junction
Location: KARIKAL LANE			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMY2622G	Car	AUDI	Q3	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY2622G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210019451	25/02/2021	24/02/2022



**SINGAPORE
POLICE FORCE**



T/20210409/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210409/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	YAO SISI	ID No.	S8773788H
Related Vehicle	NIL	Contact No.	81382627
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

TP on site, Report number G/2021408/0087

Turning from east coast road to Karikal Ln, a motorcycle dashed out & hit the vehicle.

Called TP & given memory card for investigation



**SINGAPORE
POLICE FORCE**



T/20210409/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210409/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
09/04/2021 15:20

Officer In Charge Of Case:
TP / TPIB /
DAVID YAP
Contact No.: 96192349

Classification Of Case:

Authentication Stamp
NP168



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 : SP0R21490001 Vehicle Registration No: SMY2622G
Name (as shown in NRIC) : YAO SISI NRIC/FIN/Passport No : SXXXX788H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 80 BAYSHORE ROAD #06-27 Singapore (469992)
Contact (Tel) : 81382627 Mobile No. : _____
Email Address : MANDY.SISI.Y@GMAIL.COM
Date of Accident : 09/04/2021 Time of Accident : 12:05
Place of Accident : EAST COAST RD TO KARIKAL LANE
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 WITHDRAW CLAIM

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: LIM KEE SIANG
NRIC/FIN No.: GXXXX689M
Date: 27/10/21