

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 12/04/2021 08:29 (SGT)
Date of Accident 10/04/2021 11:49 (SGT)
Exact Location of Accident Yishun Ave 8, Singapore
Additional Location Information ALONG YISHUN AVENUE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDZ7071P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TENG CHEE HIAN (DING ZHIXIAN)
NRIC No SXXXX005G
Email Address ERICTENGCH@GMAIL.COM
Mobile Phone No (Phone) +65-96177366
Alternative Phone No (Office) +65-96177366

VEHICLE PARTICULARS

Manufacturer Audi
Model Q8
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 2995

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900020192-01
Cover Note Number -

DRIVER

Name of Driver TENG CHEE HIAN (DING ZHIXIAN)
NRIC No SXXXX005G

Date Of Birth	06/03/1974
Occupation	Indoor
Date Of Driving Pass	02/04/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-96177366
Alt. Phone Number	(Office) +65-96177366
Email Address	ERICTENGCH@GMAIL.COM
Address	81 PUNGGOL CENTRAL
Address complement	#07-87
Postcode	828760
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	Side Swipe
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	JASMINE LIM
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

I WAS DRIVING ALONG THE RIGHT LANE ALONG YISHUN AVE8 AND THERE IS ROAD WORKS ON THE LEFT LAND. THE LORRY VEHICLE NUMBER NO : YN 8615 D IS IN FRONT OF ME ON THE LEFT LANE AND SIGNALLING TO THE RIGHT. THEREFORE I SLOW DOWN MY VEHICLE AND STOP TO GIVE WAY TO THE LORRY FOR 5 - 6 SECONDS. HOWEVER THE LORRY IS STILL IN STATIONARY POSITION SO I DECIDED TO MOVE FORWARD. SUDDENLY THE LORRY SWERVED OUT INTO MY LANE WHEN MY CAR PASSING BY THE LORRY AND SWIPE AGAINST MY VEHICLE. PLEASE REFER TO THE UPLOADED VIDEO FOOTAGE

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	YN8615D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

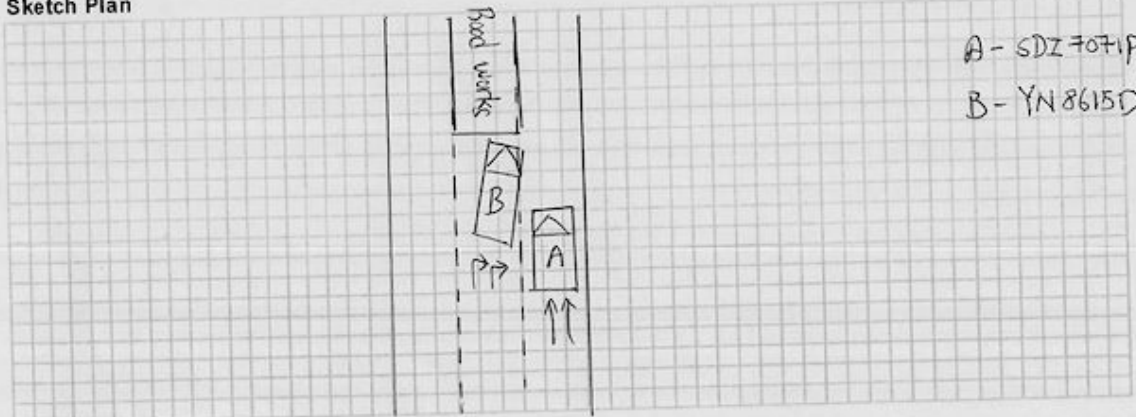
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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.

[Signature] 01/04/21-5pm
Policyholder's Signature / Date & Time

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

[Stamp: AUTOMOBILE PREMIUM]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along the right lane along Yishun Ave 8 and there is road works on the left lane.


The lorry vehicle number no: YN 8615D is in front of me on the left lane and signalling to the right. Therefore I slow down my vehicle and stop to give way to the lorry for 5-6 seconds.

However the lorry is still in stationary position so I decided to move forward. Suddenly the lorry swerved out into my lane when my car was passing by the lorry and swipe against my vehicle.

Please refer to the uploaded video footage.

Declaration

We declare the foregoing particulars are true in every respect.

 10/04/21 - 5pm

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel













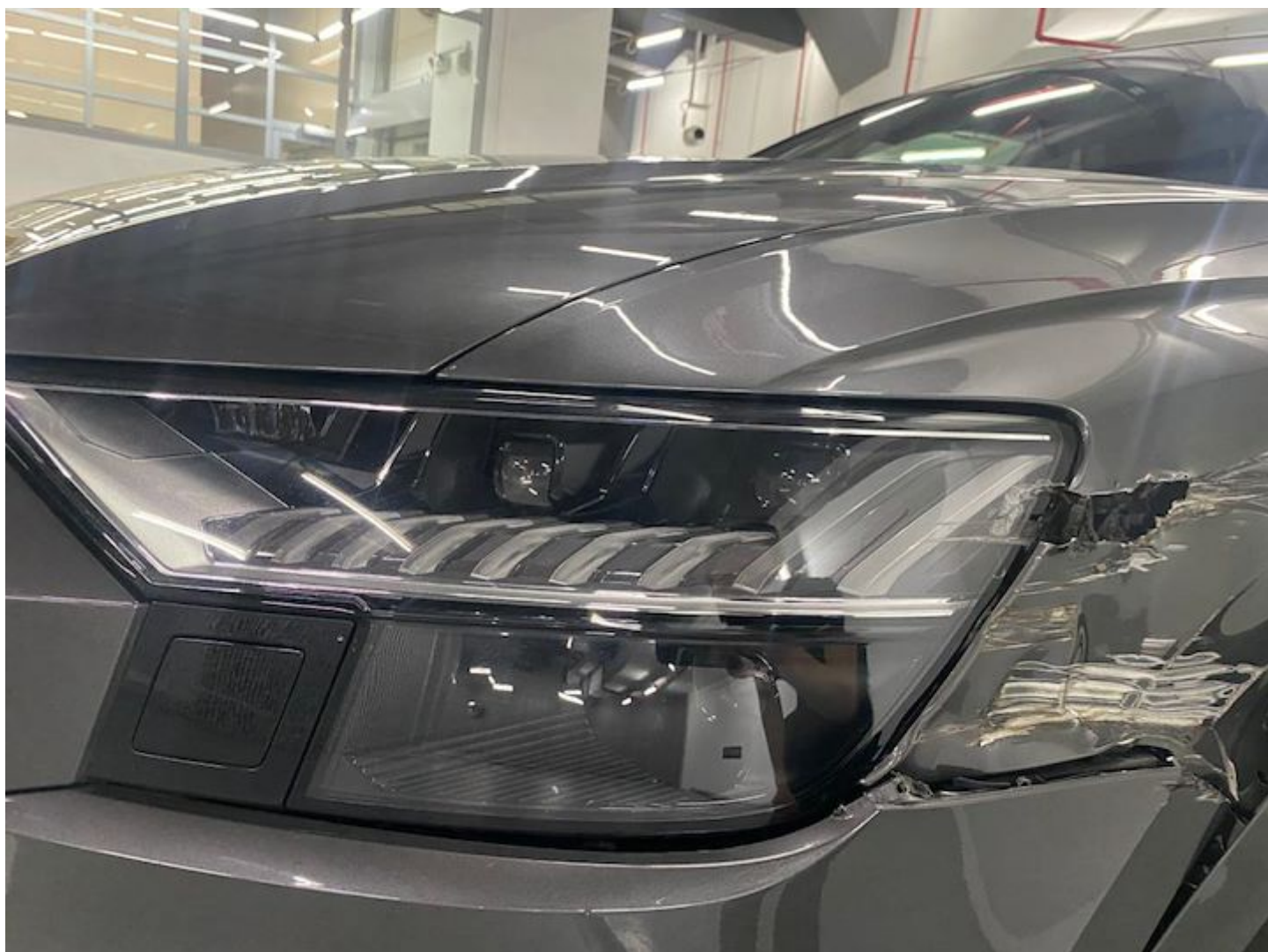


















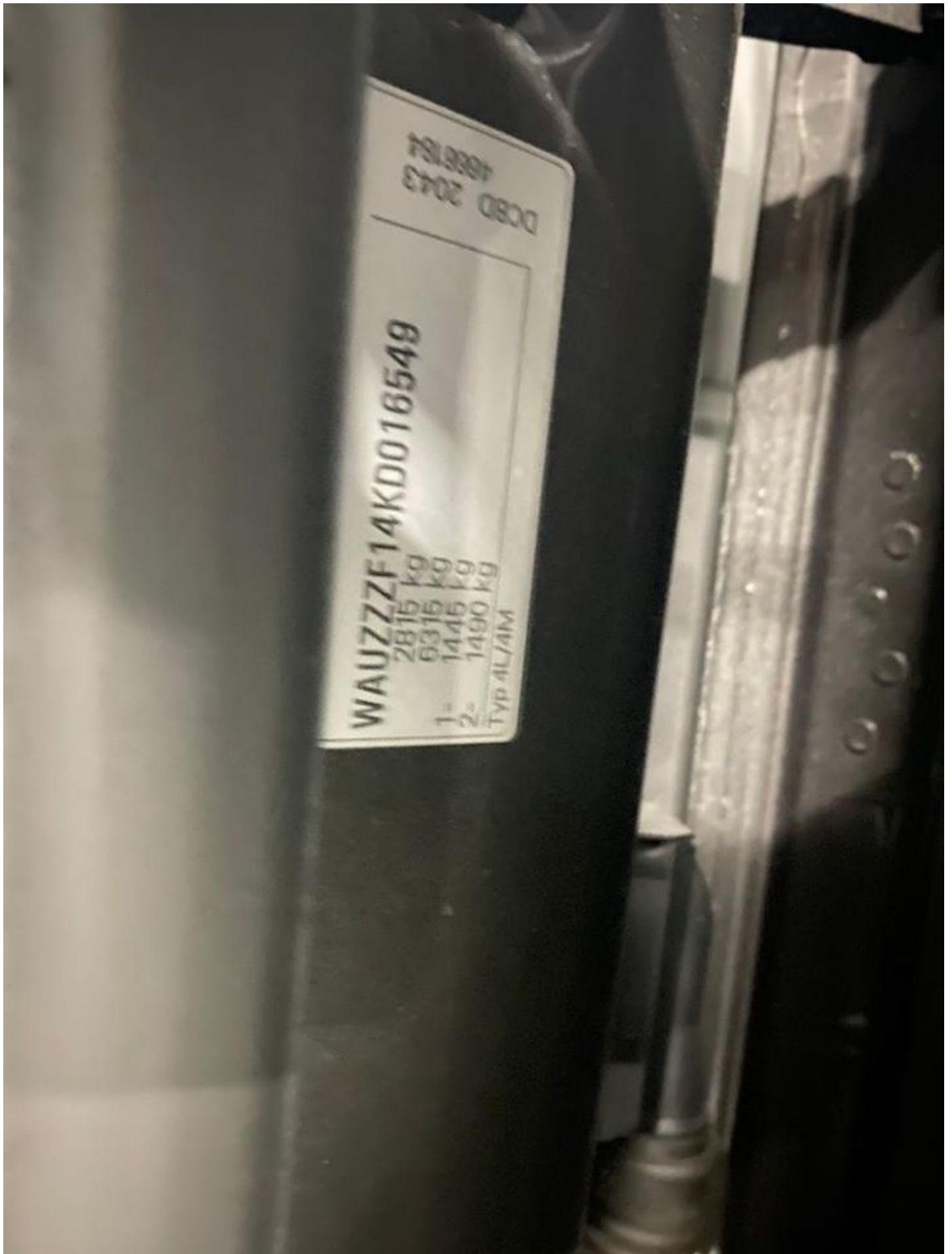








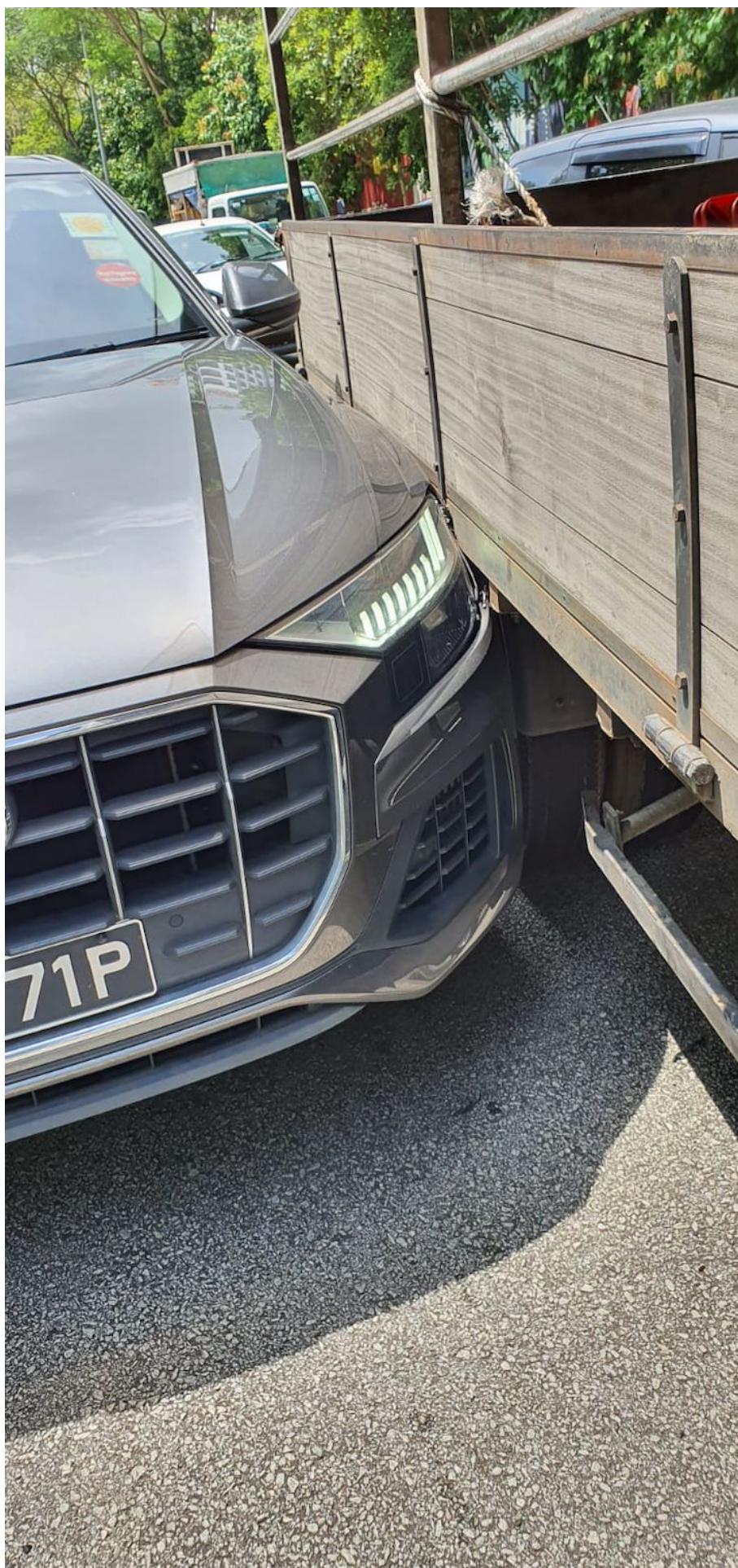






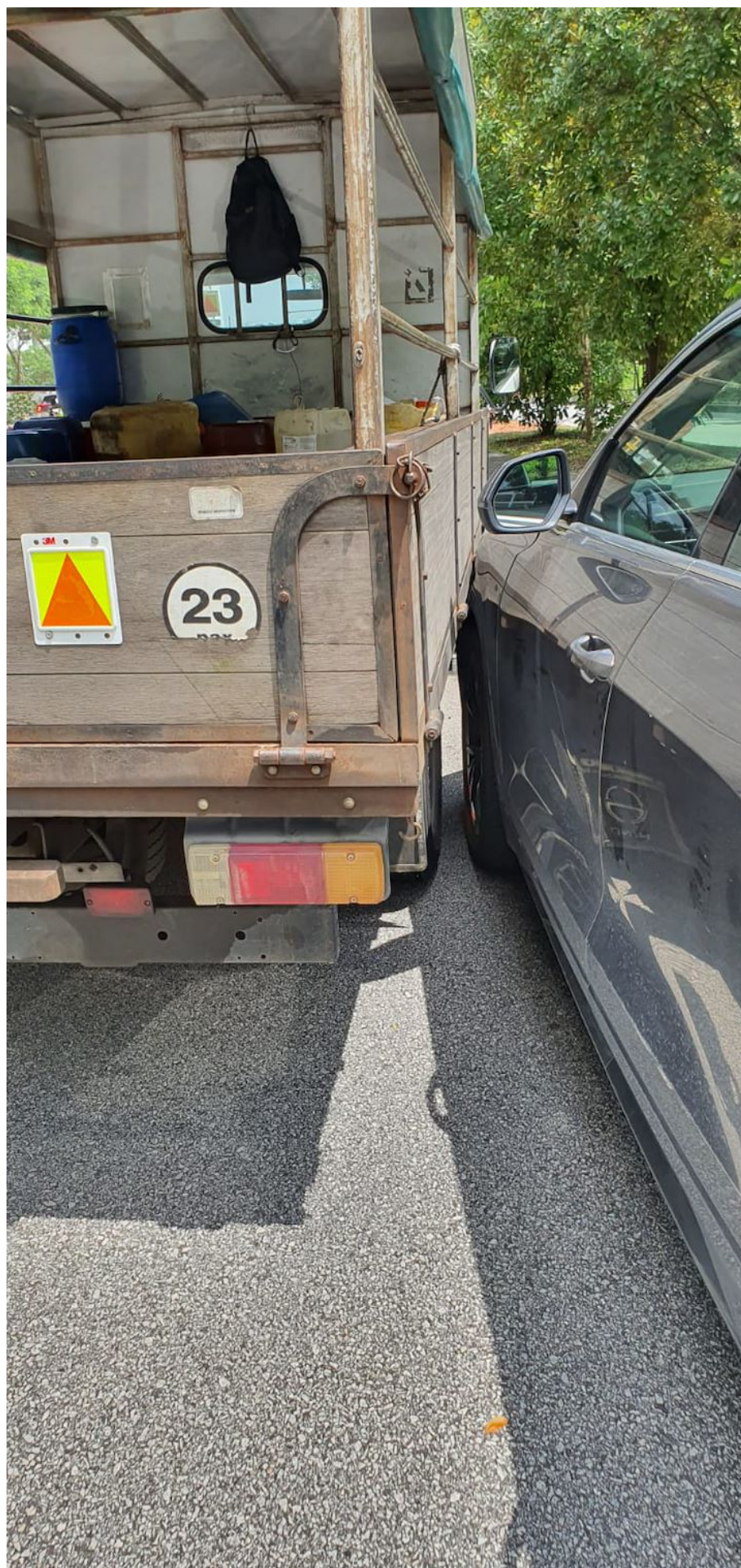
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP0R214A0003-01 Vehicle Registration No: SDZ7071P
Name(as shown in NRIC) : TENG CHEE HIAN NRIC/FIN/Passport No : SXXXX005G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : ERICTENGCH@GMAIL.COM
Date of Accident : 10/04/2021 Time of Accident : 11:49
Place of Accident : ALONG YISHUN AVENUE 8
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 REPORT TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature

Name: Tom Foong
NRIC/FIN No.: SXXXX 948 E
Date: 05/05/21