

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 29/04/2021 12:41 (SGT)
Date of Accident 28/04/2021 17:20 (SGT)
Exact Location of Accident Near 2 Bayfront Ave, Singapore 018972
Additional Location Information MARINA BOULEVARD TURNING TO SHERES AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT296P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAN KWANG SIEW, ROGER
NRIC No SXXXX050A
Email Address HKS.ROGER@GMAIL.COM
Mobile Phone No (Phone) +65-96633105
Alternative Phone No (Home) +65-65823050

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
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 1984

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 HAN KWANG SIEW, ROGER
NRIC No SXXXX050A

Date Of Birth	27/02/1962
Occupation	Indoor
Date Of Driving Pass	19/04/1983
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-96633105
Alt. Phone Number	(Home) +65-65823050
Email Address	HKS.ROGER@GMAIL.COM
Address	213 PASIR RIS ST 21
Address complement	#05-202
Postcode	510213
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)	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

1) IM STOPPING AT THE MARINA BLVD / SHEARES AVE TRAFFIC JUNCTION, INTENDED TO TURN LEFT TOWARDS THE DIRECTION OF ECP CHANGI AIRPORT

2) THE TOYOTA ALTIS SKD 5366 K WAS AT THE FIRST LEFT LANE, AND I WAS AT THE SECOND LEFT LANE AT THE MARINA BLVD/SHEARES AVE TRAFFIC JUNCTION. (BOTH CAR WAS THE FIRST CAR AT THE TRAFFIC JUNCTION)

3) UPON TRAFFIC TURN GREEN, I DROVE FOWARD SLOWLY WHILE TURNING LEFT SLIGHTLY AND LOOK OUT MY LEFT BLINDSPOT & SAW THE TOYOTA ALTIS DROVE STRAIGHT TOWARD MY SIDE OF THE CAR.

REAR VIEW CAMERA CAPTURED INVERTED VIDEO.

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	SKD5366K
Vehicle Manufacturer	Toyota

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)	-

WITNESS DETAILS

WITNESS 1

Name	JOSEPH HAN
Phone	(Phone) +65-94383212
Email	JOSEPHHYF@GMAIL.COM

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

29/4/01 11:34am

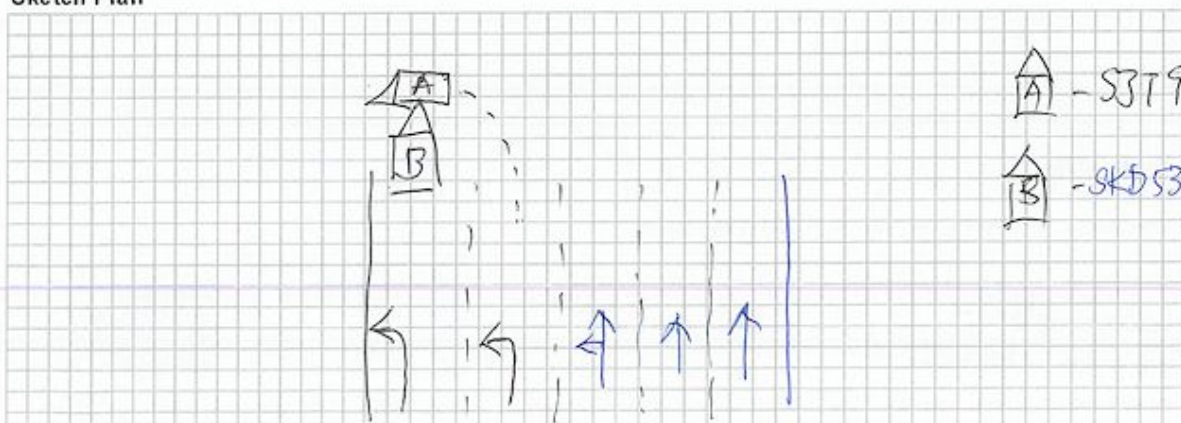
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Date: 28/4/2021 Time 5:20pm

- 1) I'm stopping at the Marina Blvd/ Sheares Ave traffic junction, intended to turn left toward the direction of ECP Changi Airport.
- 2) The Toyota Altis SKD 5366K was at the first left lane, and I was at the second left lane at the Marina Blvd/ Sheares Ave traffic junction. (Both car was the first car at the traffic junction).
- 3) Upon traffic turn green, I drove forward slowly while turning left slightly and look out my left blind spot, ~~but~~ and saw the Toyota Altis drove straight toward my side of the car.

* Rear View Camera captured in ~~an~~ inverted video.

Declaration

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

Lawson
29/4/01 11:34am

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel









