

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	17/05/2021 17:55 (SGT)
Date of Accident	15/05/2021 15:34 (SGT)
Exact Location of Accident	Sembawang Road, Singapore
Additional Location Information	NEXT TO MASJID AHMAD IBRAHIM MOSQUE TOWARDS THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1899U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA ZHIHAO, ABEL
NRIC No	SXXXX451B
Email Address	ABELCHIAZH@GMAIL.COM
Mobile Phone No	(Phone) +65-86114475
Alternative Phone No	+65-91139192

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?	Yes
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	7210029039
Cover Note Number	-

DRIVER

Name of Driver	CHIA ZHIHAO, ABEL
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NRIC No	SXXXX451B
Date Of Birth	07/09/1991
Occupation	Indoor
Date Of Driving Pass	28/12/2011
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86114475
Alt. Phone Number	+65-91139192
Email Address	ABELCHIAZH@GMAIL.COM
Address	308 ANG MO KIO AVE 1
Address complement	#16-411
Postcode	561308
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

I WAS DRIVING STRAIGHT ALONG SEMBAWANG ROAD TOWARDS THOMSON ROAD ON THE MOST RIGHT LANE. VEHICLE SLN7136E CAME OUT FROM SPRINGSIDE ROAD (MINOR ROAD) AND DID NOT KEEP IN THE PROPER LANE. SHE THEN CUT INTO MY LANE WHEN I WAS JUST BEHIND HER.

MY VEHICLE THEN HIT THE CURB ON THE REAR RIGHT RIM AND THE WHOLE CAR SWERVED TO THE LEFT SIDE OF THE ROAD AND HIT THE LEFT CURB ON THE ROAD. VEHICLE THEN STOPPED.

FRONT PART OF THE CAR WAS SMASHED AND REAR RIGHT RIM WAS DAMAGED AS A RESULT.

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	SLN7136E
Vehicle Manufacturer	Honda

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHI ZHIHAO, ABEL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLA1899U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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] 17/5/21
1215 PM

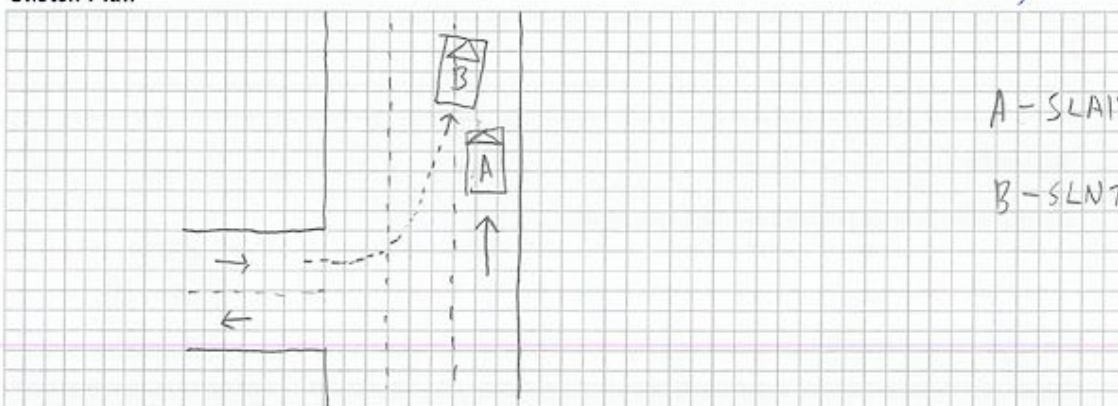
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Tony Foong

Sketch Plan

A - SLA1899U

B - SLN7136U

Describe Circumstances of the Accident

I was driving straight along Sembawang road towards Thomson road on the most right lane.


Vehicle SLN 7136 E came out from Spring side road (minor road) and did not keep in the proper lane. She then cut into my lane when I was just behind her.

My vehicle then hit the curb on the rear right rim & the whole car swerved to the left side of the road & hit the left curb on the road. Vehicle then stopped.

Front part of the car was smashed & rear right rim was damaged as a result.

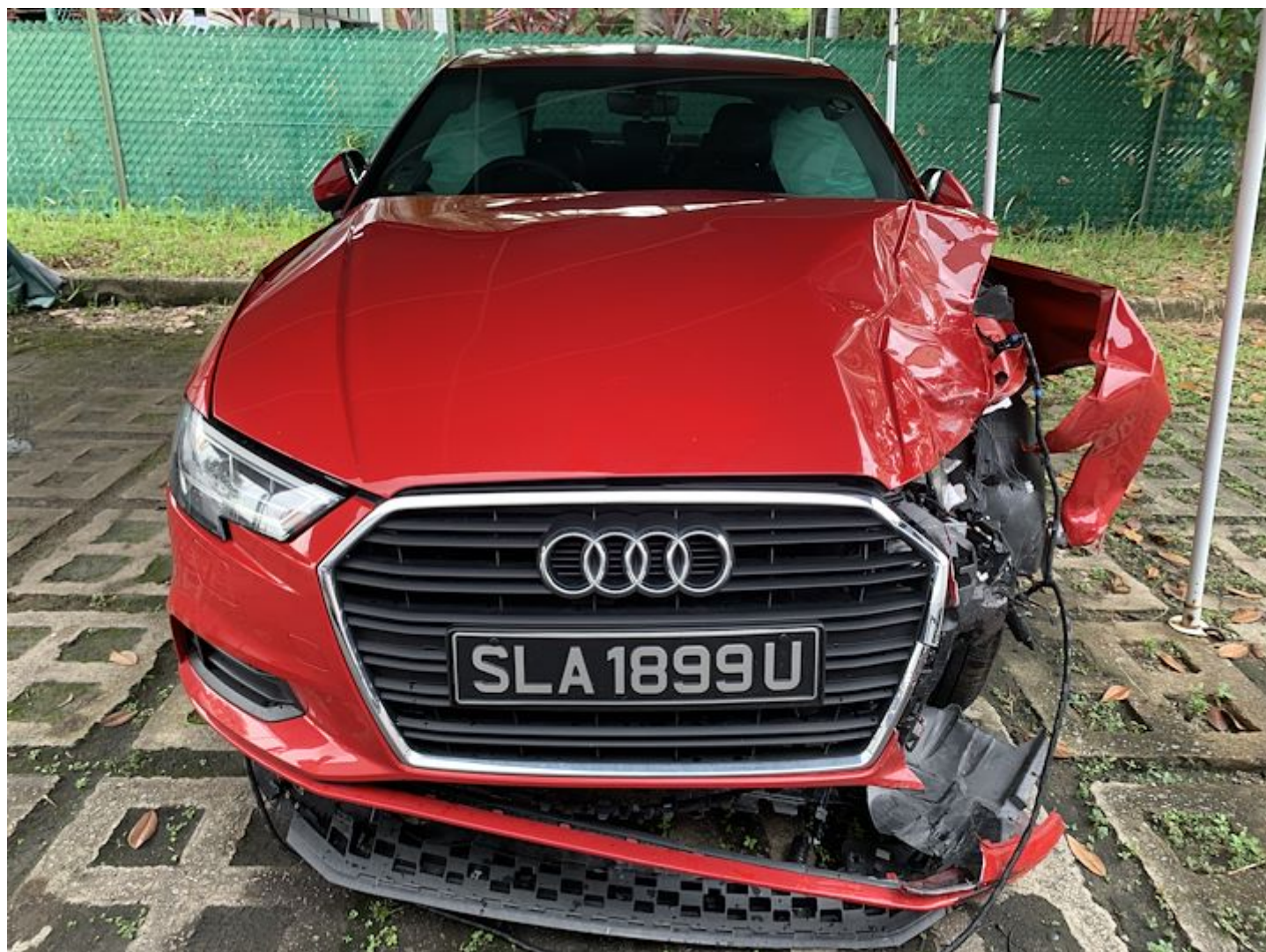
Declaration

We declare the foregoing particulars are true in every respect.

 17/5/21
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



























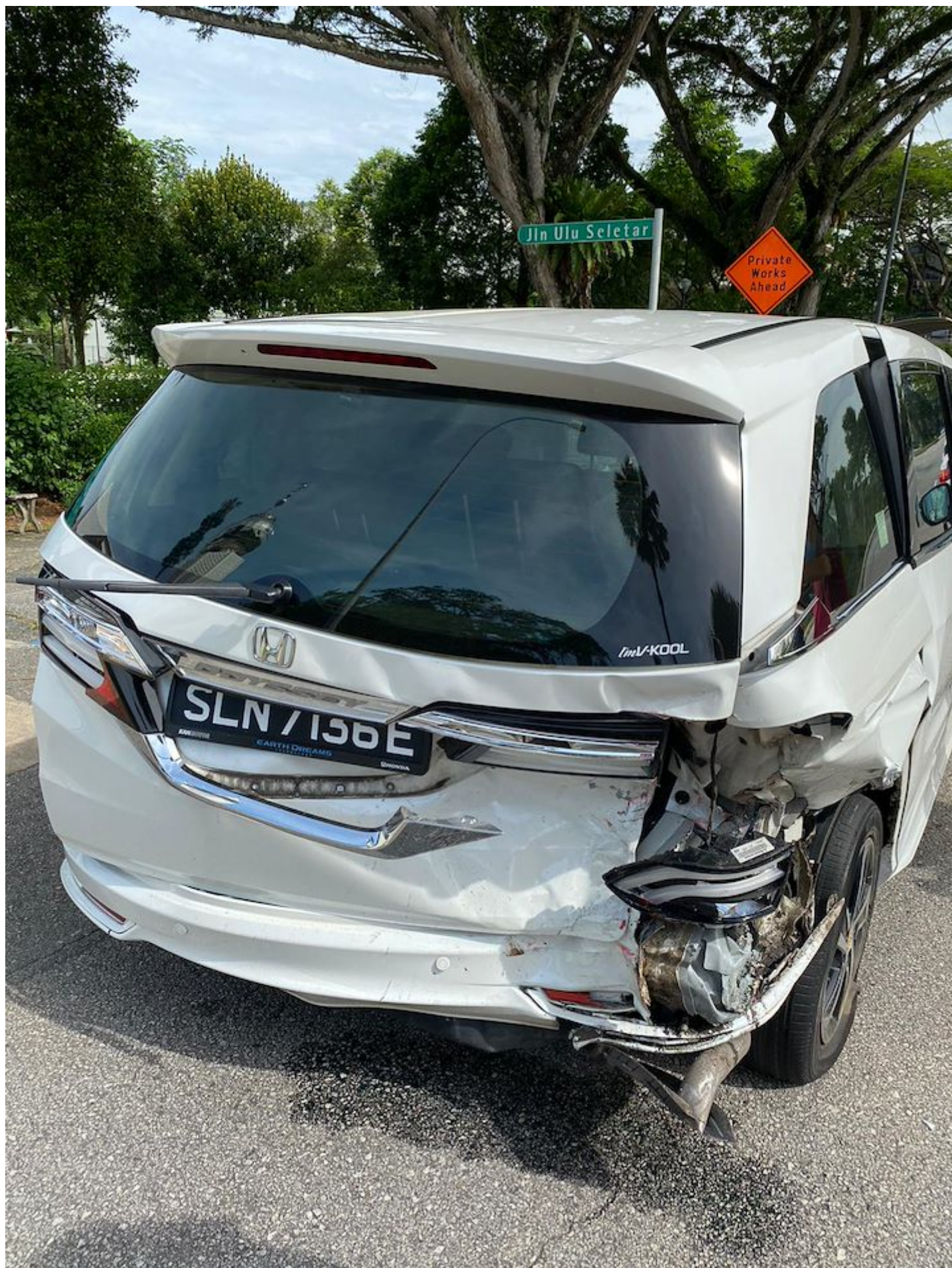




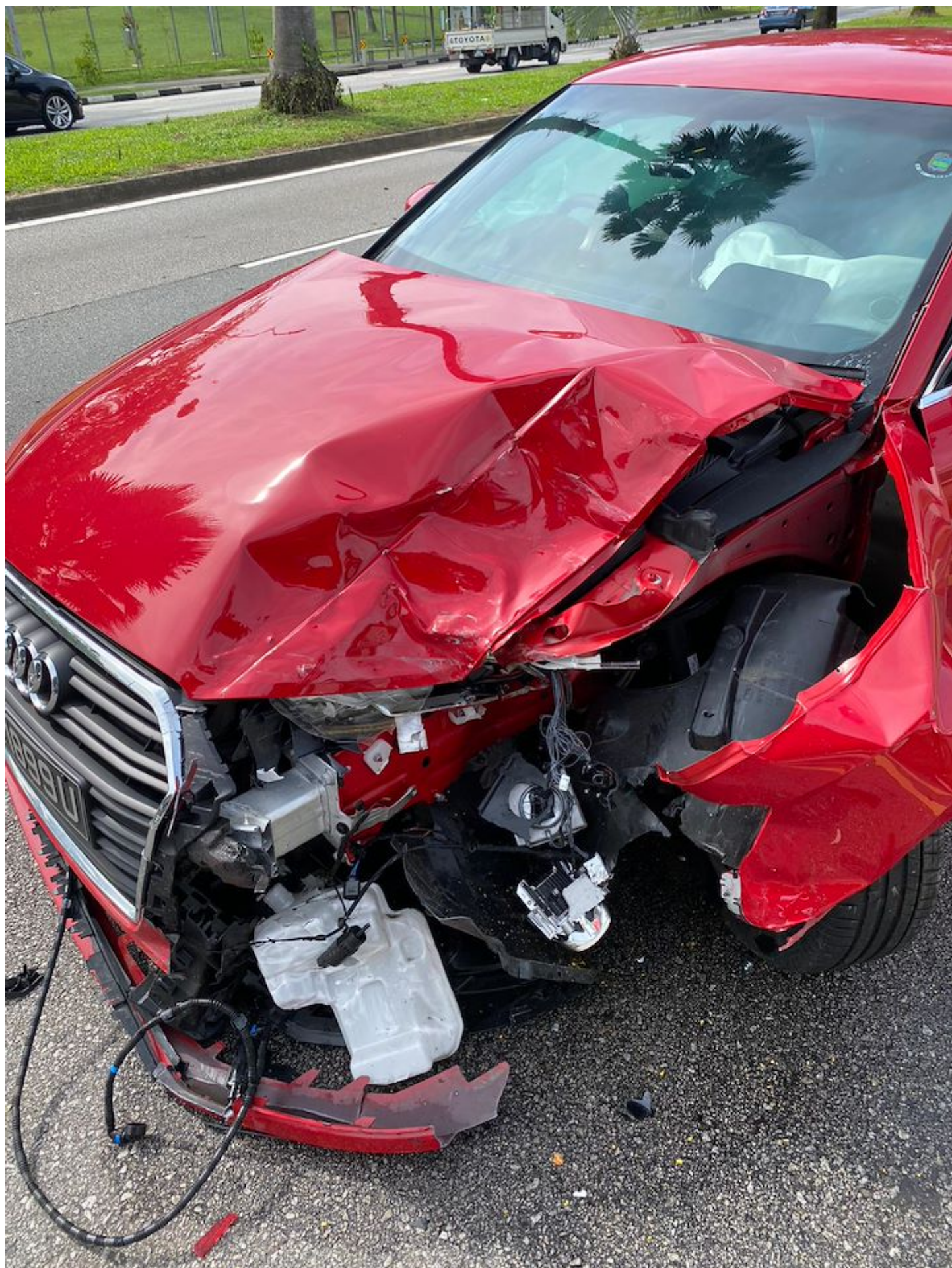




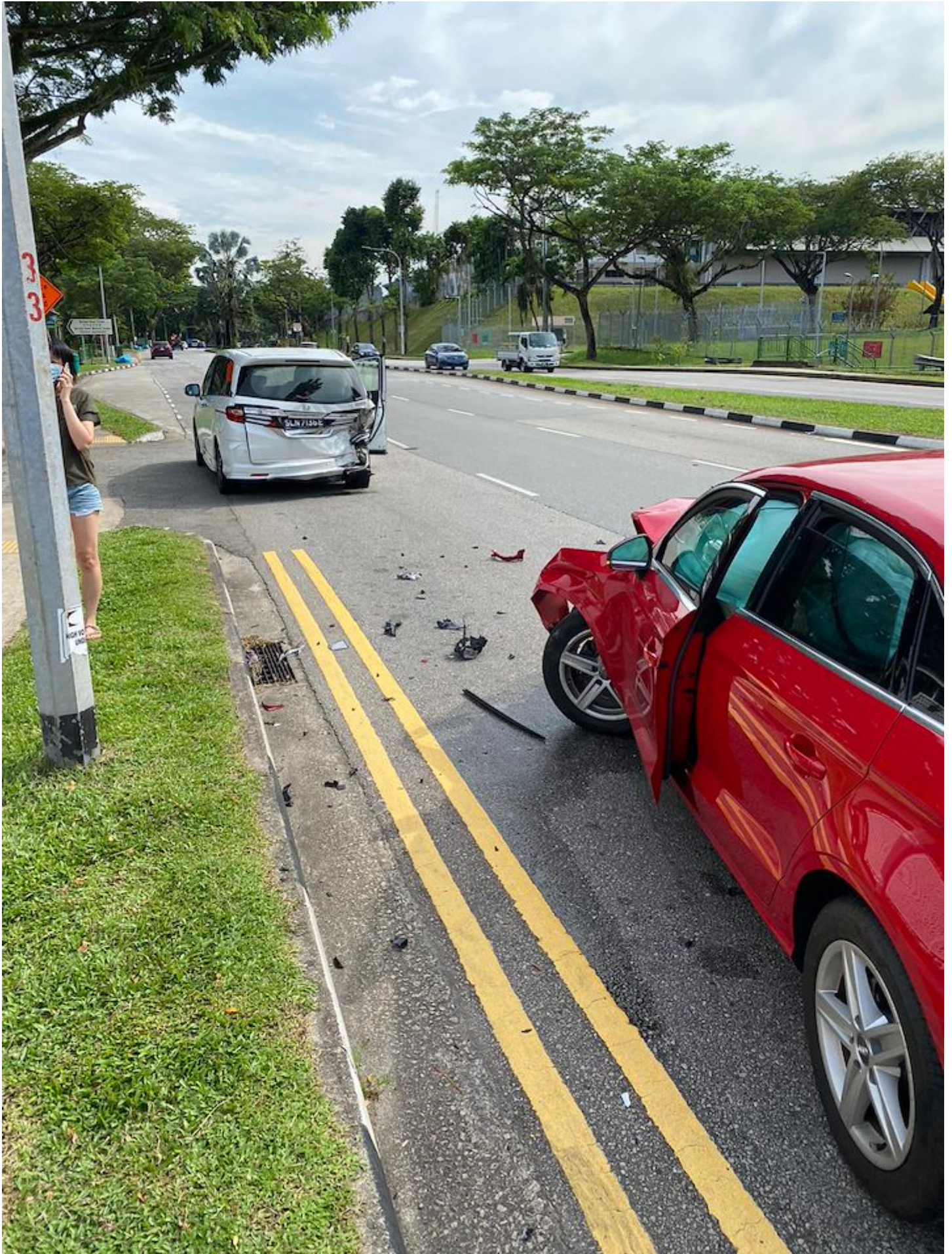


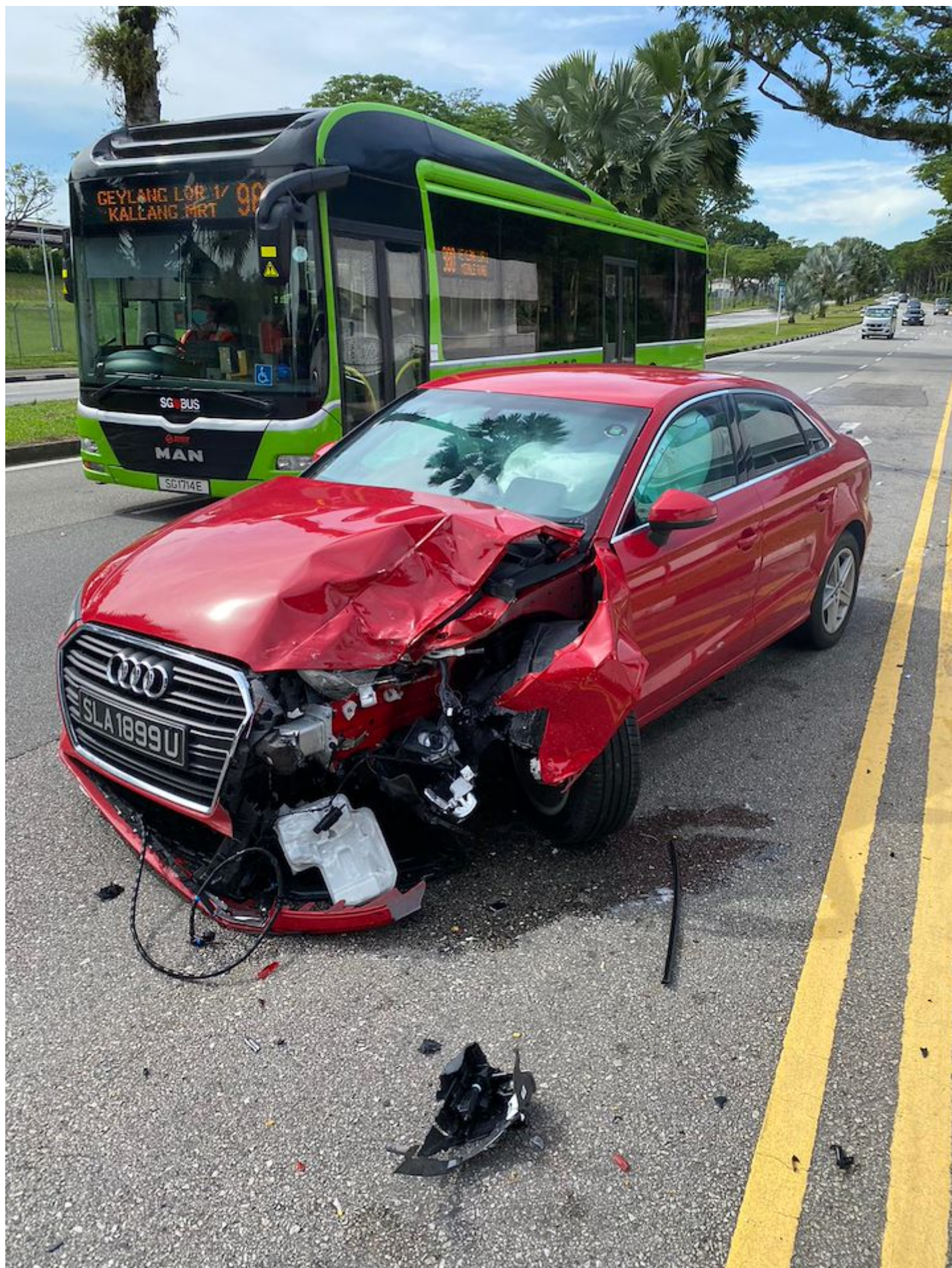


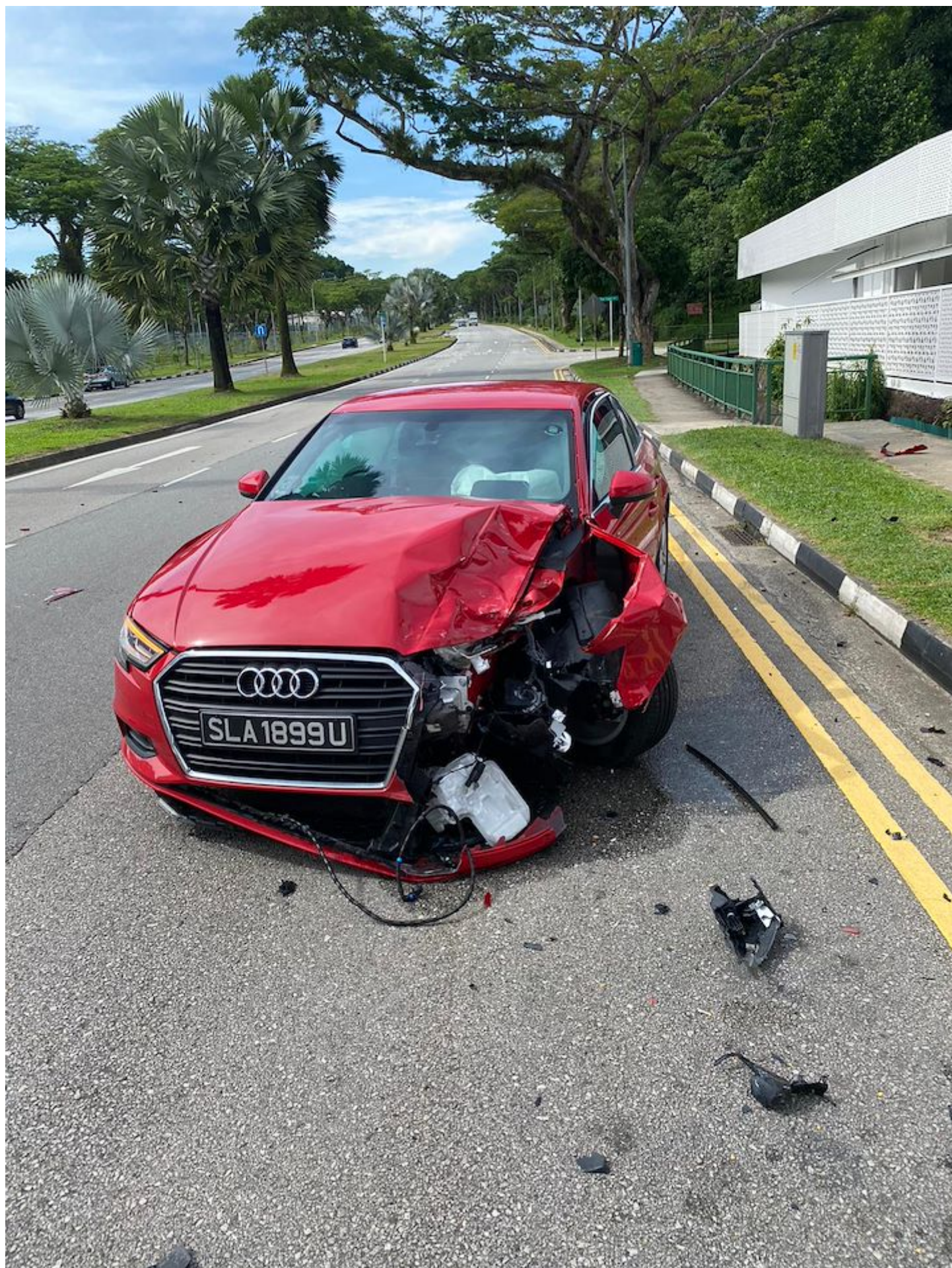














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

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 : SP0R215H0003 Vehicle Registration No: SLA1899U
 Name (as shown in NRIC) : CHIA ZHIHAO, ABEL NRIC/FIN/Passport No : SXXXX451B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 15/05/2021 Time of Accident : 15:34
 Place of Accident : Sembawang Road
 Insurance Company: AIG Asia Pacific Insurance

(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 Amend accident statement

Policyholder / Driver's Signature
 Date:



TONY FOONG

Reporting Centre Personnel's Signature
 Name: Tony Foong
 NRIC/FIN No.:
 Date: