

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	21/05/2021 10:38 (SGT)
Date of Accident	20/05/2021 07:30 (SGT)
Exact Location of Accident	Siglap, Singapore
Additional Location Information	JUNCTION OF FIRST AND SECOND STREET BEHIND SIGLAP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA479E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHOON YEE WEI
NRIC No	SXXXX295C
Email Address	YEEWEI1985@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90661311
Alternative Phone No	+65-90661311

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1398

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100452593-05
Cover Note Number	-

DRIVER

Name of Driver	PHOON YEE WEI
NRIC No	SXXXX295C

Date Of Birth	06/02/1983
Occupation	Indoor
Date Of Driving Pass	16/10/2003
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90661311
Alt. Phone Number	+65-90661311
Email Address	YEEWEI1985@HOTMAIL.COM
Address	114F FIDELIO STREET
Address complement	-
Postcode	458488
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 - Cross Junction
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

ACCIDENT HAPPENED ON 20/5/21 AT 7.30AM. DRIVER/POLICYHOLDER WAS MOVING OUT FROM THE JUNCTION OF FIRST STREET WITH SECOND STREET BEHIND SIGLAP CENTRE. COLLISION HEAD-ON OVER RIGHT SIDE OF FRONT BUMPER WITH RIGHT SIDE OF A LORRY WHICH WAS MOVING STRAIGHT ALONG SECOND STREET. 3RD PARTY DAMAGES HAVE BEEN SETTLED VIA MUTUAL SETTLEMENT AND NO ADDITIONAL CLAIM WILL BE MADE HENCEFORTH.

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	GBB6529T
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

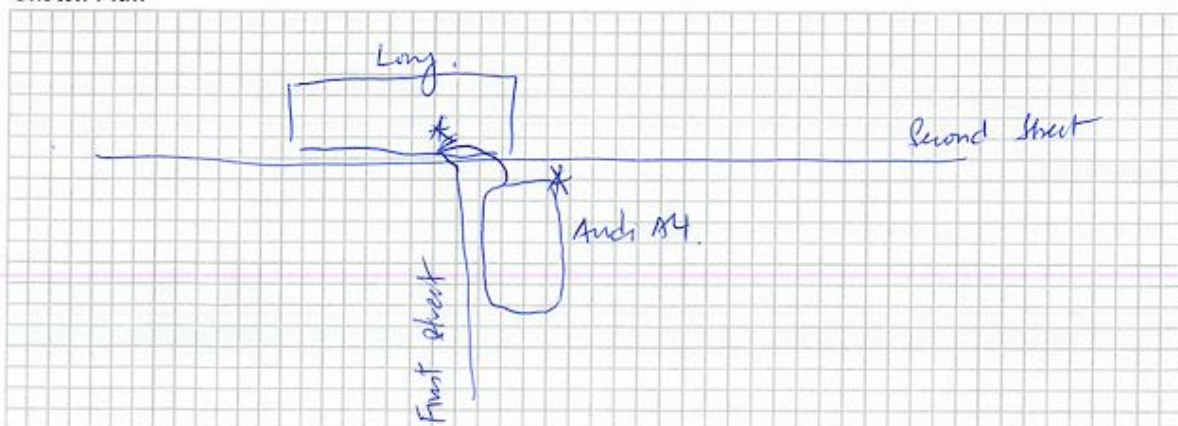
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 21/5/21
 9:40am

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

Witnessed by Reporting Centre Personnel
 Tony Fong

Sketch Plan



Describe Circumstances of the Accident

- Accident happened on 20/5/21 at 7:30am.
- Driver / Policyholder was moving out from the junction of First Street with Second Street behind Siglap Centre.
- Collision head-on over right side of front bumper with right side of a lorry which was moving straight along Second Street.
- 3rd party damages have been settled via mutual settlement and no additional claims will be made henceforth.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

21/5/21

9.40am

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



Witnessed by Reporting Centre Personnel Tony Poon













