

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	11/05/2021 17:22 (SGT)
Date of Accident	10/05/2021 17:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BUKIT TIMAH ROAD, JUNCTION OF BALMORAL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM9200B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW YING LENG
NRIC No	SXXXX453H
Email Address	THERESA_CHUA_LOW@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96191720
Alternative Phone No	(Office) +65-96191720

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	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100216570-10
Cover Note Number	-

DRIVER

Name of Driver	LOW YING LENG
NRIC No	SXXXX453H

Date Of Birth	27/03/1949
Occupation	Indoor
Date Of Driving Pass	06/01/1975
Driving experience	46 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96191720
Alt. Phone Number	(Office) +65-96191720
Email Address	THERESA_CHUA_LOW@YAHOO.COM.SG
Address	1 TREVOSE PLACE
Address complement	-
Postcode	297985
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MARICEL VERDEJO
Gender	Female

PASSENGER 2

Name	CHUA ELIZABETH
Gender	Female

PASSENGER 3

Name	LIOW XINYING
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 WAITING AT THE JUNCTION OF BUKIT TIMAH ROAD / BALMORAL RD JUNCTION WHEN THE TRAFFIC LIGHT CHANGED FROM RED TO GREEN. WHEN THE TRAFFIC LIGHT CHANGED FROM RED TO GREEN, I STARTED TO MOVE MY CAR FORWARD ACCORDING TO THE FLOW, WHEN THERE WAS A SUDDEN STOPPING OF THE CARS IN FRONT. I HIT THE CAR IN FRONT OF MINE. THE BACK OF HIS CAR WAS SLIGHTLY DAMAGED DENTED. I HAVE A PHOTOGRAPH TO SHOW THE CONDITION. TIME OF ACCIDENT - APPROXIMATELY 5.55PM OF MONDAY, 10 MAY 2021.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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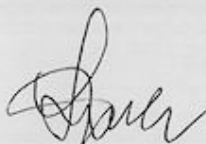
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK5922T
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) -

SKETCH PLAN**IMPORTANT NOTICE**

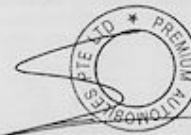
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.



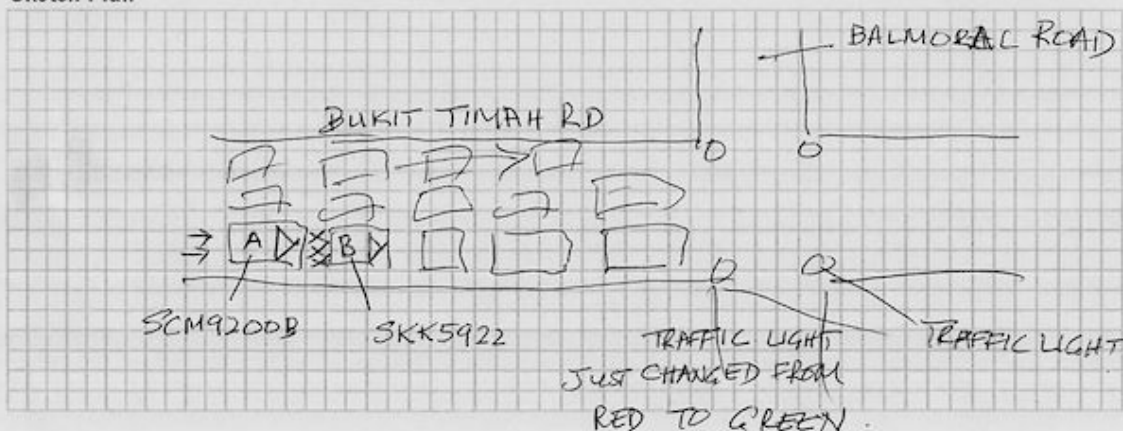
Policyholder's Signature / Date & Time

 11 MAY 2021
3.55 PM

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was waiting at the junction of Bukit Timah Road/
Balmoral Rd junction when the traffic light changed
from Red to Green.

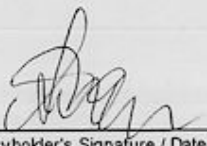
When the traffic light changed from RED to GREEN,
I started to move my car forward according to
the flow, when there was a sudden stopping of
the cars in front. I hit the car in front
of mine.

~~The~~ The back of his car was slightly damaged -
DENTED. I have a photograph to show the
condition.

TIME OF ACCIDENT — APPROXIMATELY 5.55 pm.
OF MONDAY, 10 MAY 2021

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time
11 MAY 2021
4 pm.

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


Witnessed by Reporting Centre
Personnel



































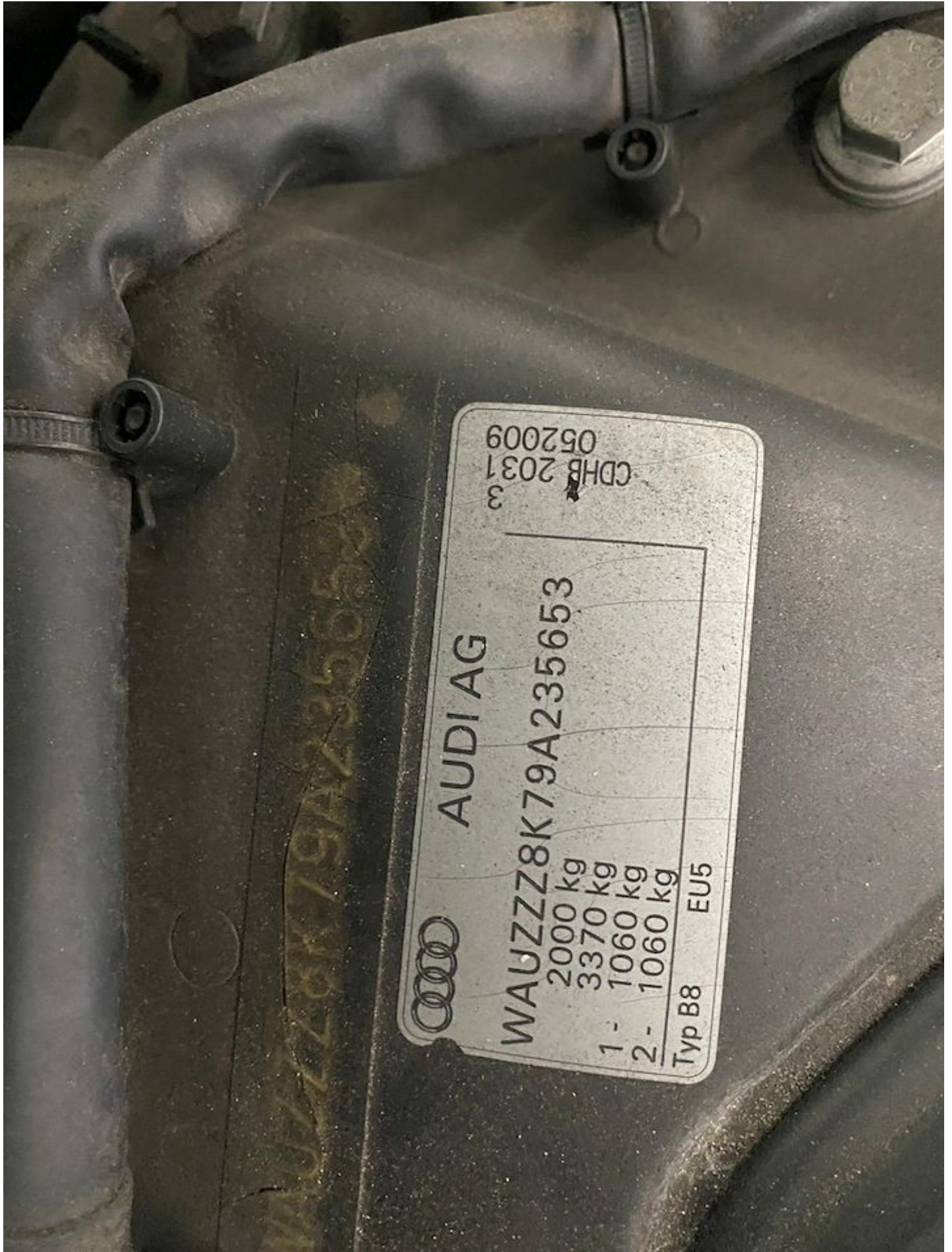
























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

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 : SP0R215B0002 Vehicle Registration No: SCM9200B
 Name (as shown in NRIC) : LOW YIN LENG NRIC/FIN/Passport No : SXXXX453H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 1 TREVOSE PLACE Singapore (297985)
 Contact (Tel) : 96191720 Mobile No. : _____
 Email Address : THERESA_CHUA_LOW@YAHOO.COM.SG
 Date of Accident : 10/05/2021 Time of Accident : 17:50
 Place of Accident : BUKIT TIMAH ROAD, JUNCTION OF BALMORAL ROAD
 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 REPORTING ONLY TO OWN POLICY CLAIMS.

Policyholder / Driver's Signature
 Date: 19 May, 2021



Reporting Centre Personnel's Signature
 Name: George Wong
 NRIC/FIN No.: GXXXX143X
 Date: 19/5/2021

GIA/IRIC addendum form v.3