

# 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 .....	05/07/2021 11:35 (SGT)
Date of Accident .....	03/07/2021 12:50 (SGT)
Exact Location of Accident .....	Near 56 Geylang Bahru, Block 56, Singapore 330056
Additional Location Information .....	BETWEEN 56 AND 60A GEYLANG BAHRU
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLQ2265H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG YUE NING MARIA
NRIC No .....	S8429454C
Email Address .....	maria.ong@live.com
Mobile Phone No .....	(Phone) +65-97699268
Alternative Phone No .....	+65-97699268

### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	Impreza
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 .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	1700022454-04
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG YUE NING MARIA
NRIC No .....	S8429454C

Date Of Birth .....	20/09/1984
Occupation .....	Indoor
Date Of Driving Pass .....	16/12/2004
Driving experience .....	16 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97699268
Alt. Phone Number .....	+65-97699268
Email Address .....	maria.ong@live.com
Address .....	233 UPPER PAYA LEBAR #16-33
Address complement .....	-
Postcode .....	533869
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 on collision
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 vehicle 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

KINDLY REFER TO THE ATTACHED

#### ATTACHMENT(S)

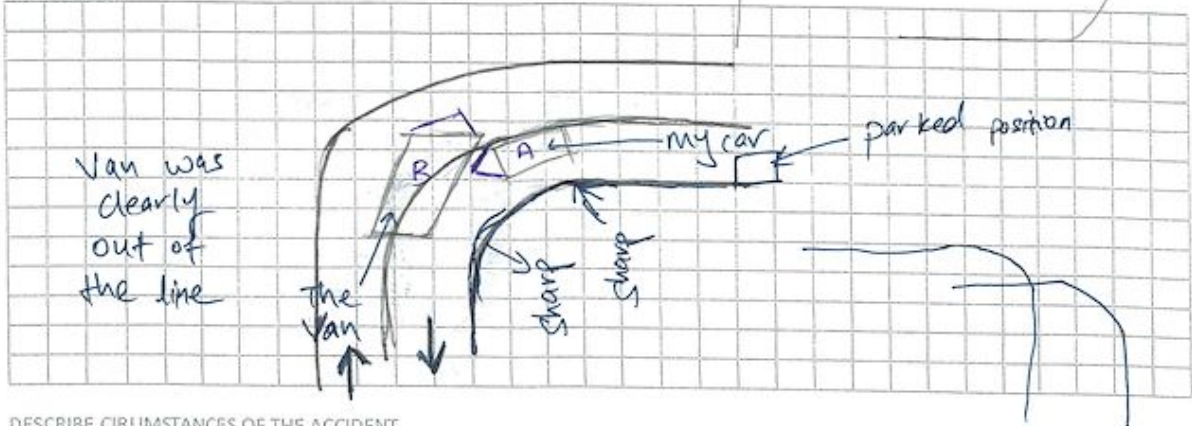
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK8298Z
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ASRI
Contact Number .....	(Phone) +65-87922081
Address .....	-
Address complement .....	-

Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	SLIGHT DAMAGE
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving to leave Blk 56 Geylang Bahru. There is a 2-way curved road to the exit. When I reached the curve and was about to turn left, I saw a van which was coming very close to my lane and was very fast. ~~the~~ The van driver was entering the curve from the other side of the road. The van was fast and was driving out of his lane. I stopped my car and wanted to sound my horn to alert him. However, before I could even sound the horn, his van banged into the front of my car on the driver side. The van driver looked shocked when he banged into my car, it looks like he couldn't control and stop his van in time due to the speed he was driving.

If you review the photos submitted, you could see that the van was very out of lane. the van was half way into my lane. It would not have been possible for me to steer my car to the ~~right~~ left as ~~the~~ the van is already in my lane. ~~I stopped my car~~ ~~the distance between~~ My car was close to the line as there was a sharp left which I had to take and so ~~the~~ I went a little wider but still within the lane.

The curve road has 2 sharp corners and so when I made the first turn, I'd to keep more right in order to

DECLARATION

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

not hit the kerb.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
If driver is not the policyholder:

  
Reporting Centre Personnel's Signature

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN NO.:





















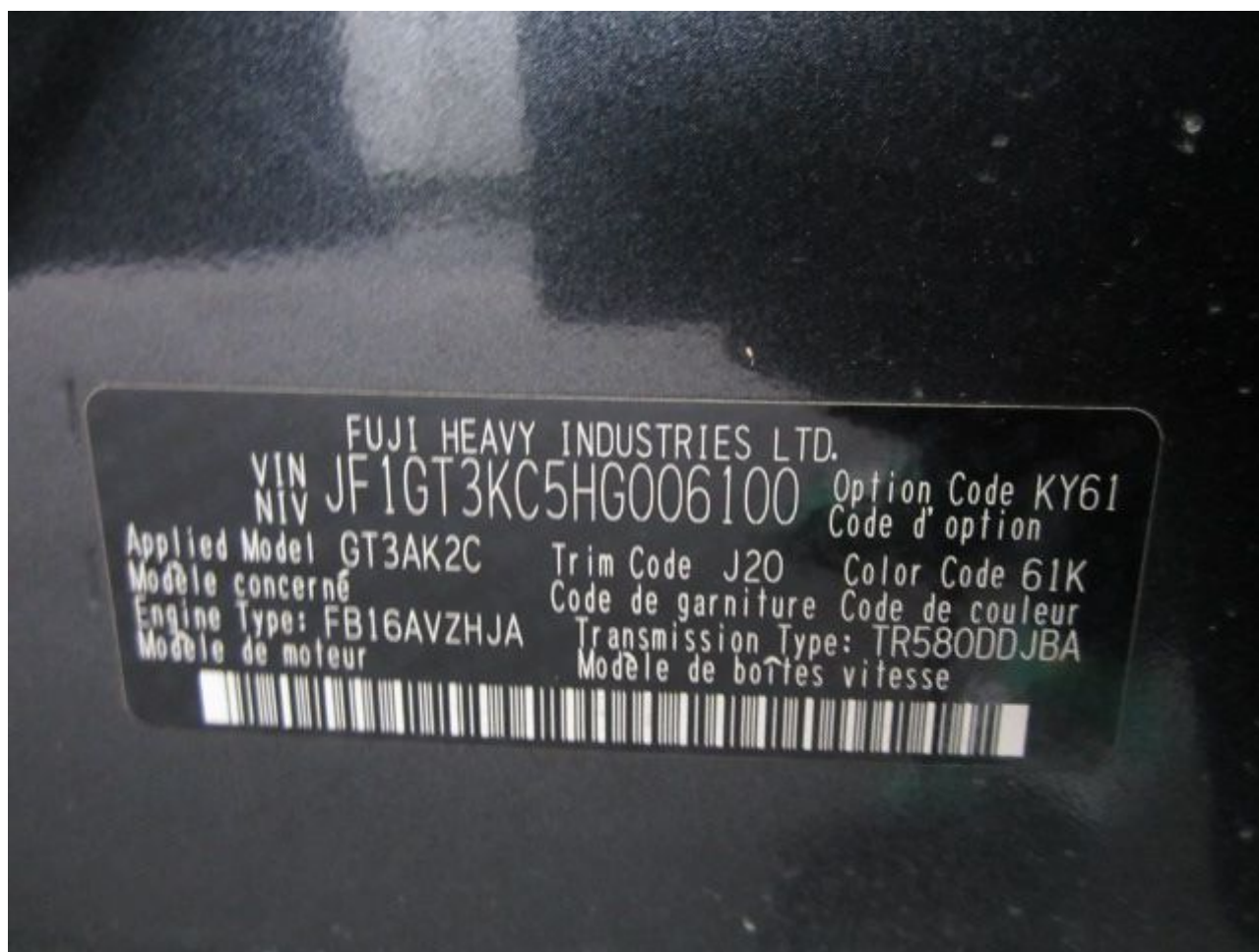










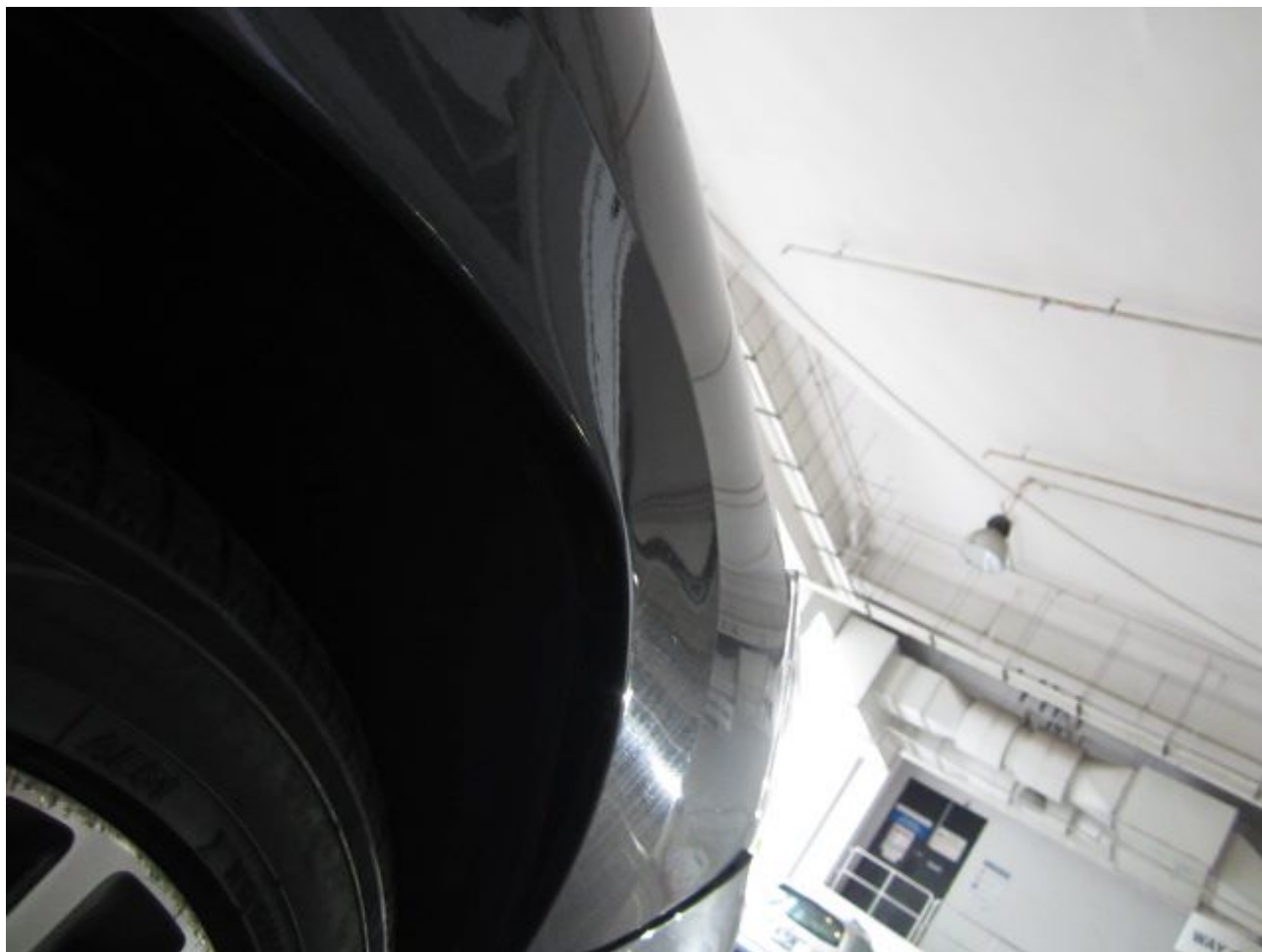


















































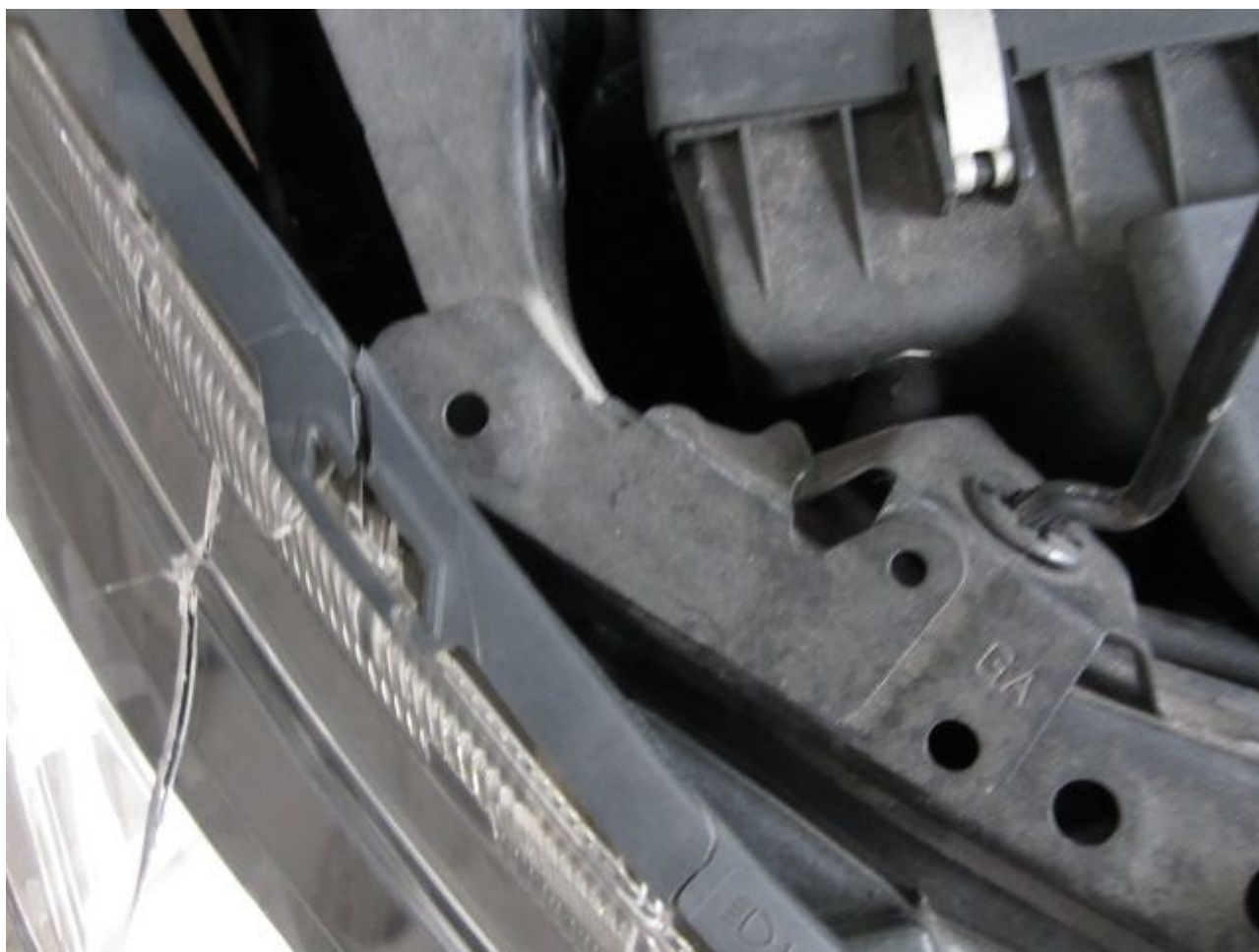


























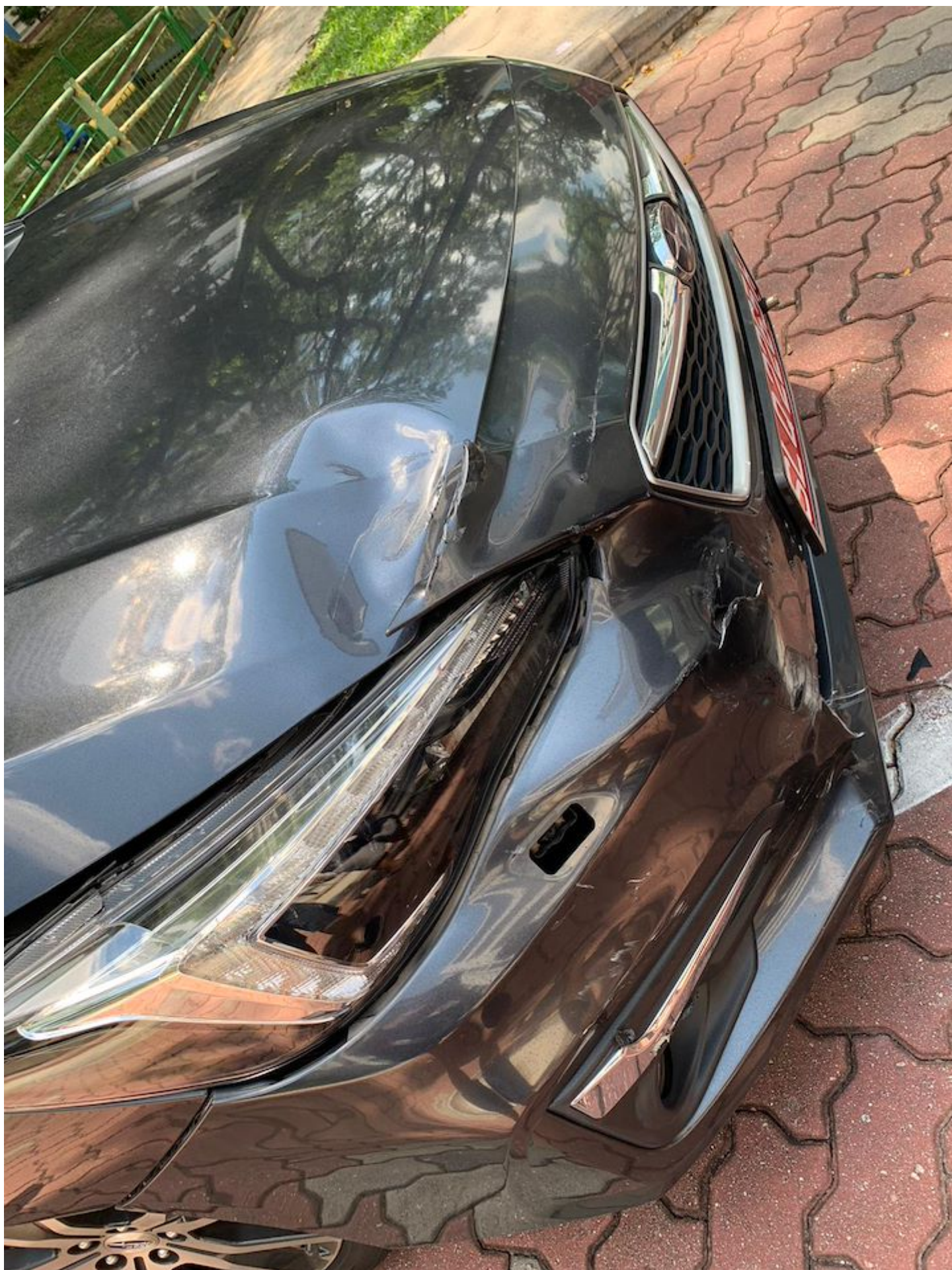






































## Block 56

56 Geylang Bahru, Singapore 330056  
Building · 2.6 km















**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 : SM0N21750002 Vehicle Registration No: SLH 2265 H  
Name (as shown in NRIC) : ONG YUE NING MARIA NRIC/FIN/Passport No : SXXXX454C  
~~(\*) Vehicle Driver / Vehicle Owner~~ (\*) Please delete as appropriate  
Address : 233 UPPER PAYA LEBAR #16-33 Singapore ( 533869 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9769 9268  
Email Address : maria.ong@live.com  
Date of Accident : 03 / 07 / 2021 Time of Accident : 12:50HRS  
Place of Accident : BETWEEN 56 AND 60A GEYLANG BAHRU  
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:

1. AMMEND VEHICLE NUMBER PLATE FROM SLQ2256H TO SLQ2265H

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: DANIEL A JUDE  
NRIC/FIN No.: SXXXX518D  
Date: 07 / 07 / 2021