

# 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 .....	09/07/2021 20:10 (SGT)
Date of Accident .....	09/07/2021 11:30 (SGT)
Exact Location of Accident .....	Near 1 Merryn Dr, Singapore 298541
Additional Location Information .....	WHITLEY RD TOWARDS PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCL579Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KUROFUCHI YUTAKA
NRIC No .....	S2685565I
Email Address .....	sinkurufuchi@singnet.com
Mobile Phone No .....	(Phone) +65-97333305
Alternative Phone No .....	+65-96263850

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
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 .....	2995

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210018297
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KUEK SIEW HA
NRIC No .....	S1181532D

Date Of Birth .....	08/08/1955
Occupation .....	Indoor
Date Of Driving Pass .....	03/10/1977
Driving experience .....	43 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96263850
Alt. Phone Number .....	-
Email Address .....	sinkurufuchi@singnet.com
Address .....	BLK 333 KANG CHING RD
Address complement .....	#05-268
Postcode .....	610333
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	AUTHORISED DRIVER
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 .....	Side Swipe
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

I AM DRIVING ALONG WHITLEY RD TOWARDS PIE, THERE IS ODSTRUCTION ALONG THE LEFT LANE, FRONT VEHICLES SLOW DOWN AND TRY TO FILTER INTO SECOND LANE, I FOLLOW SUIT, I AM TRYING TO GIVE WAY TO THE LEFT LANE VEHICLE, I START TO GO INTO THE MOST RIGHT LANE, THERE IS A MERCEDES WAS DRIVING VERY FAST, SHE DID NOT SLOW DOWN AND TRY TO SQUEEZE THRU FROM MY RIGHT, THEREFORE COLLIDED TO MY RIGHT HAND REAR.

#### 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 .....	SLT6067X
Vehicle Manufacturer .....	Mercedes
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

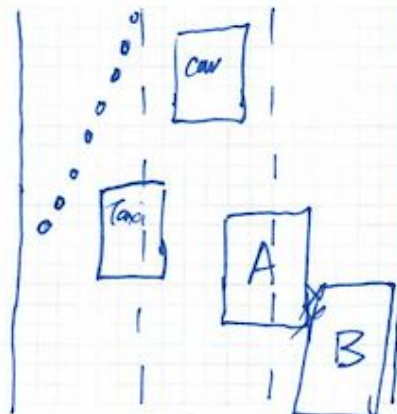
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A = SCL 579 Z  
B = SLT 6067 X

## Describe Circumstances of the Accident

I am driving along Whitley Rd towards PIE, there is obstruction along the left lane, front vehicles slow down and try to filter into second lane, I follow suit, I am trying to give way to the left lane vehicle, I start to go into the most right lane, there is a mercedes was driving very fast, she ~~is~~ did not slow down and try to squeeze thru from my right, therefore collided to my right hand rear.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Chang Que Sing  
17 Jan



























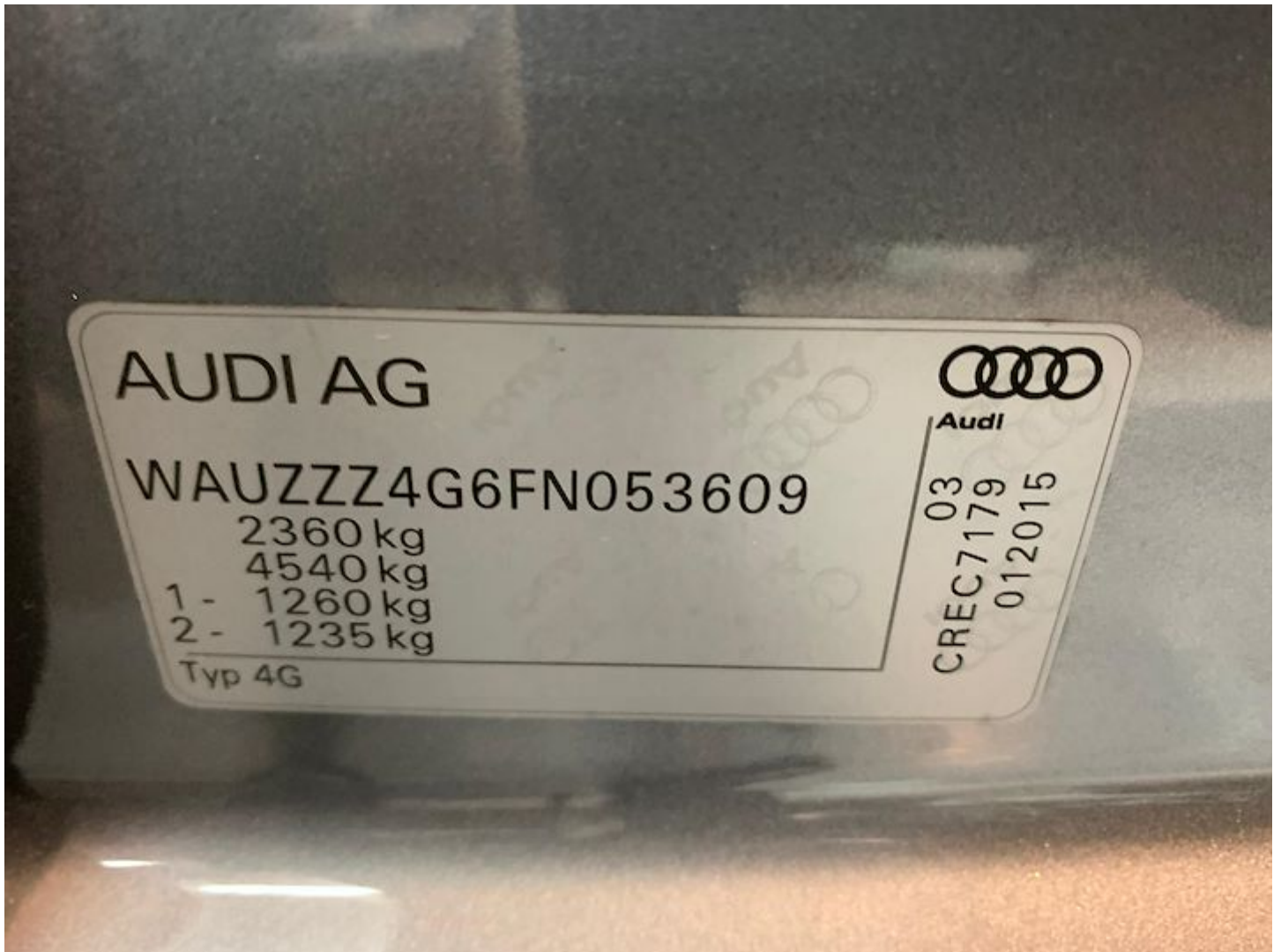






















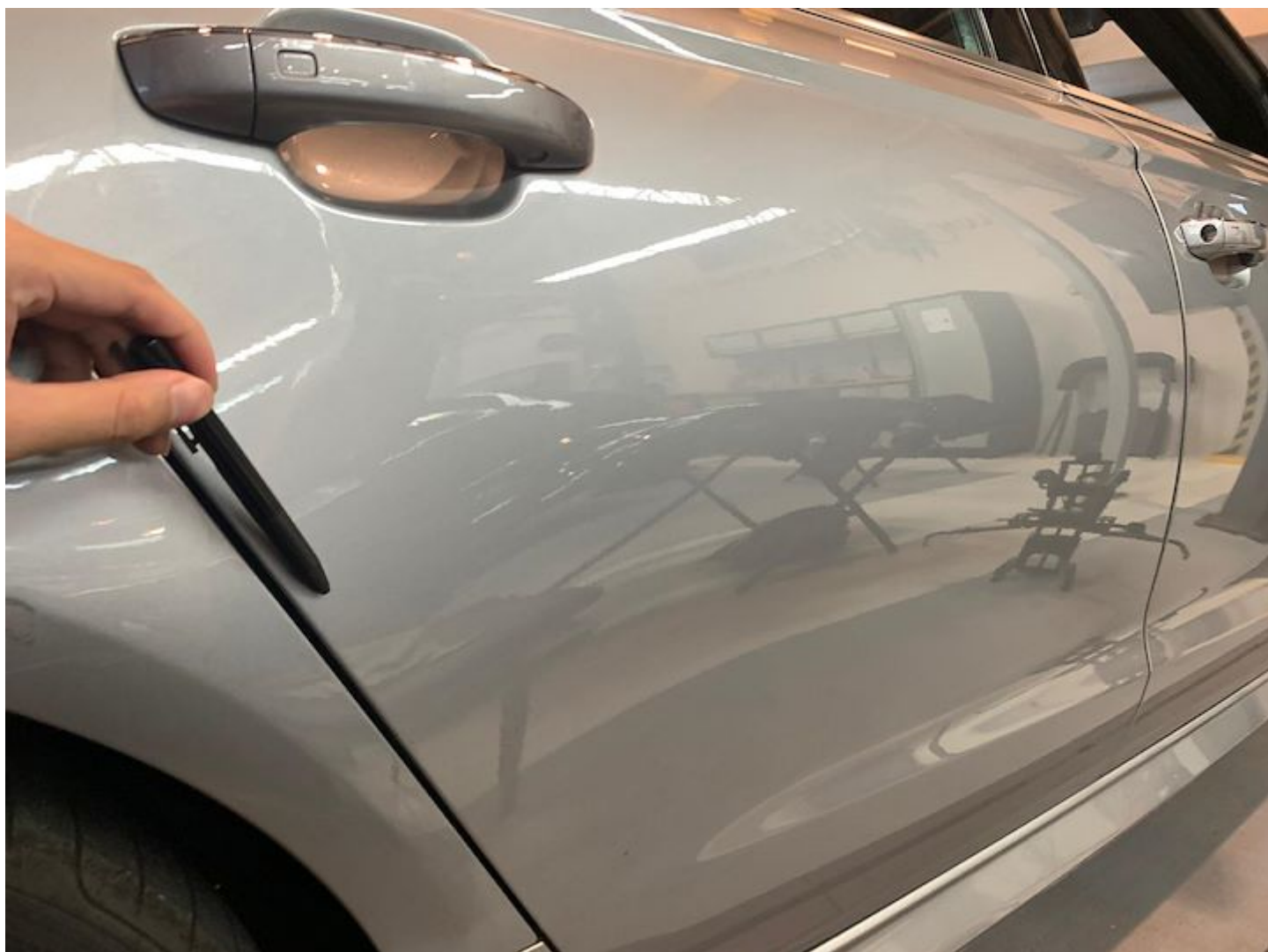
























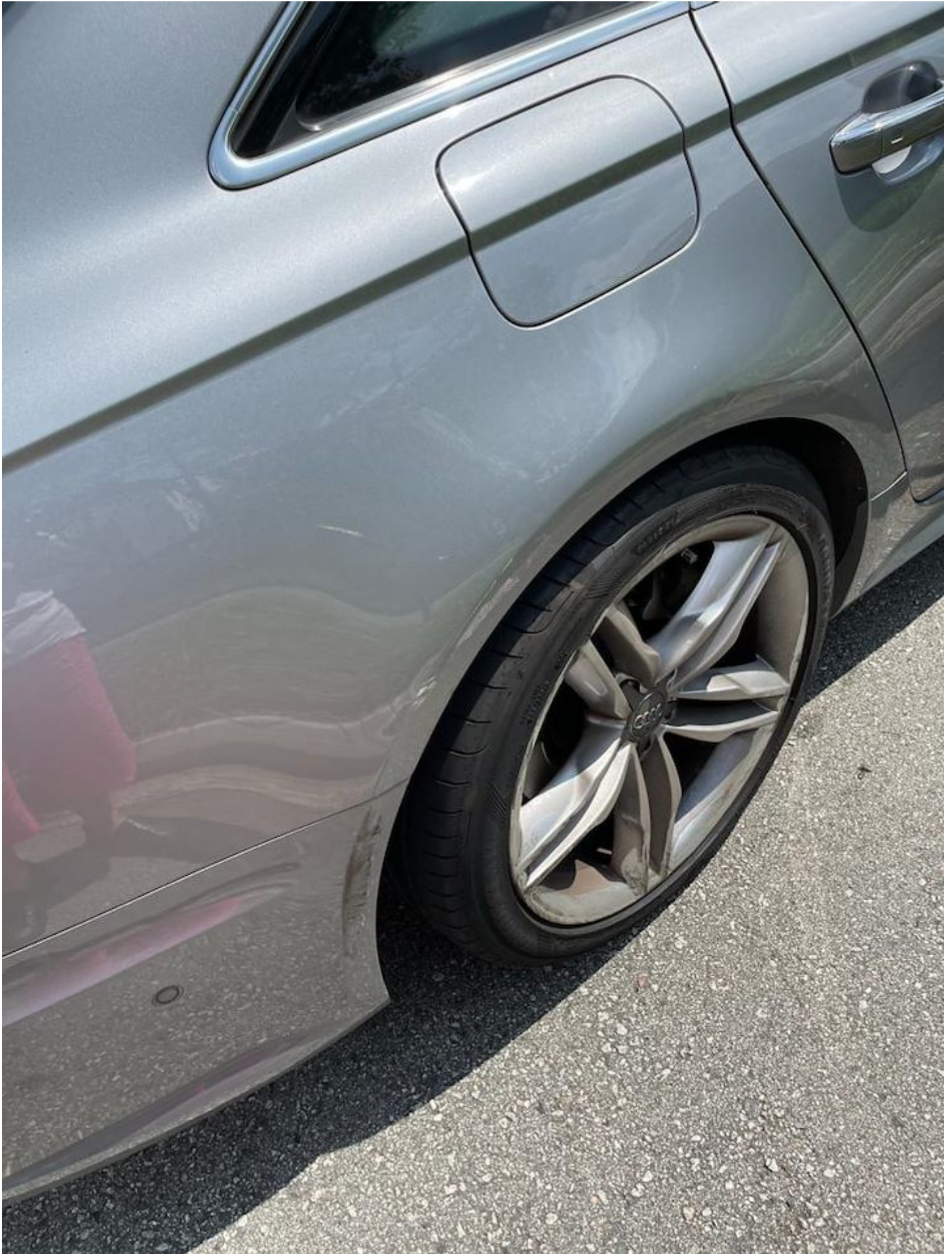




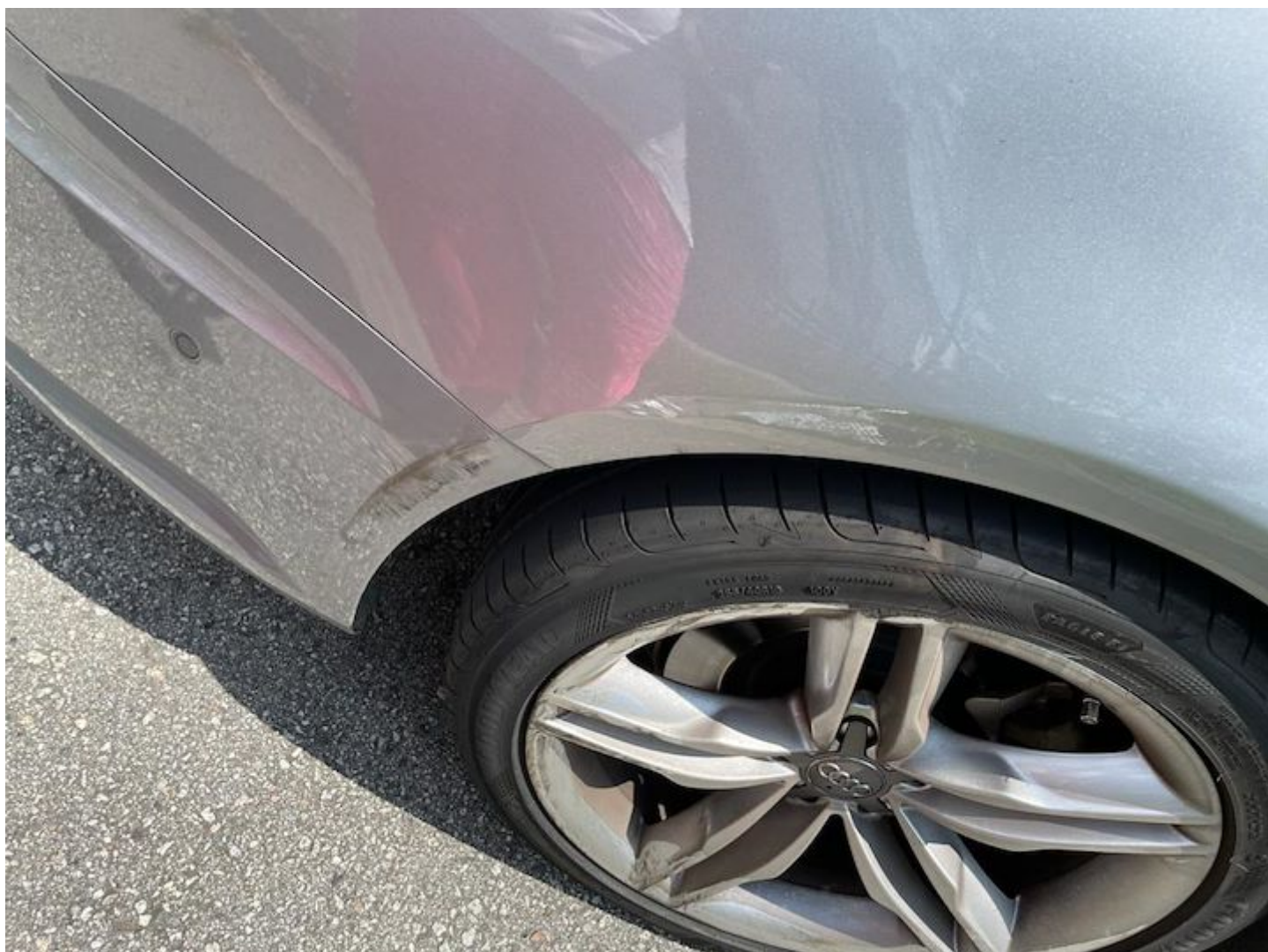




















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SP0R21790002 Vehicle Registration No: SCL 579Z

Name (as shown in NRIC): Kuek Siew Ha NRIC/FIN/Passport No: SXXXX532D

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 96263850

Email Address: \_\_\_\_\_

Date of Accident: 9/7/2021 Time of Accident: 11:30

Place of Accident: Near 1 Merlyn Dr, Singapore 298541 (Whitley Rd ends PIE)

Insurance Company: AGF 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:

I would like to revert to 'Own Damage'

claim to fix my car first & recover later.

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name: Tung Peng  
NRIC/FIN No.: SXXXX448E  
Date: 12/7/21

Accident Report Addendum Form