

## 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	13/09/2021 16:20 (SGT)
Date of Accident	12/09/2021 16:08 (SGT)
Exact Location of Accident	Near 350 Clementi Ave 2, Block 350, Singapore 120350
Additional Location Information	JUNCTION OF CLEMENTI AVENUE 2 AND AVENUE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1173B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GAN GUAN HONG STANLEY
NRIC No	SXXXX626F
Email Address	GANHUB@GMAIL.COM
Mobile Phone No	(Phone) +65-98485144
Alternative Phone No	+65-98485144

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1985

### INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210000999
Cover Note Number	-

### DRIVER

Name of Driver	CHRISTINA LEE KIT MUN
NRIC No	SXXXX179G

Date Of Birth	24/09/1961
Occupation	Indoor
Date Of Driving Pass	17/02/1981
Driving experience	40 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97421234
Alt. Phone Number	-
Email Address	CHRISTINALEEKM@GMAIL.COM
Address	18 PING GROVE
Address complement	#08-06 CAVENDISH PARK
Postcode	597594
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 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

INSURED'S CAR SKW 1173 B WAS DRIVING ALONG CLEMENTI AVE 2 REACHING TOWARDS CLEMENTI ROAD. OTHER CAR SNB 6307 A WAS DRIVING ALONG CLEMENTI AVE 2 IN THE OPPOSITE DIRECTION. WHEN INSURED'S CAR REACHED THE JUNCTION OF CLEMENTI AVE 2 AND CLEMENTI AVE 5 AND GOING STRAIGHT TOWARDS CLEMENTI ROAD. OTHER CAR TURNED RIGHT INTO CLEMENTI AVE 5. OTHER CAR COLLIDED INTO THE FRONT RIGHT SIDE OF INSURED'S CAR. TIME OF ACCIDENT ABOUT 1608 ON 12 SEP 21.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB6307A
Vehicle Manufacturer	-
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

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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 insurers 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 purposes(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 and 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

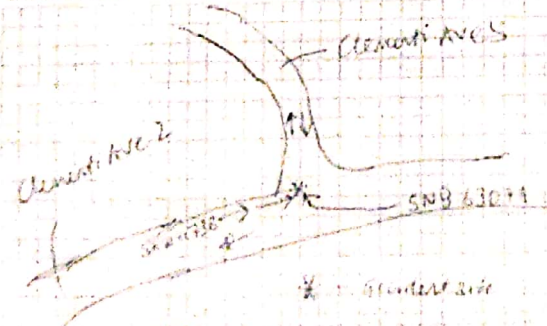
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Pratibha*  
13 Sep 2021 10:56 am  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan





Describe Circumstances of the Accident


- (A) Insured's car (SNW 11378) was driving along Clement Ave L heading towards Clement Road
- (B) Other car (SNB 6377A) was driving along Clement Ave L in the opposite direction
- (C) When insured's car reached the junction of Clement Ave L and Clement Ave S and going straight towards Clement Road, other car turned right into Clement Ave S
- (D) <sup>Other</sup> insured's car collided into the front right side of insured's car
- (E) Time of accident about 4:08pm on 12 Sep 2021

Declaration

We declare the foregoing particulars are true in every respect

  
13 Sep 2021 11:09am  
Policyholder's Signature / Date & Time

  
13 Sep 2021 11:09am  
Driver's Signature (If driver is not the policyholder) / Date & Time

 2014 KVM  
Witnessed by Reporting Officer / Personnel