

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	27/08/2021 18:16 (SGT)
Date of Accident	26/08/2021 21:10 (SGT)
Exact Location of Accident	Near 29 Jln Eunus, Singapore 419494
Additional Location Information	JUNCTION OF SIMS AVE AND JALAN EUNOS TOWARDS SIMS AVE EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8800C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOO CHONG EN, JOEL (QIU CHONG'EN)
NRIC No	SXXXX500H
Email Address	JOELKOO88@GMAIL.COM
Mobile Phone No	(Phone) +65-93863323
Alternative Phone No	(Home) +65-64424061

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900114974-02
Cover Note Number	-

DRIVER

Name of Driver	KOO CHONG EN, JOEL (QIU CHONG'EN)
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NRIC No	SXXXX500H
Date Of Birth	19/09/1988
Occupation	Indoor
Date Of Driving Pass	20/05/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93863323
Alt. Phone Number	(Home) +65-64424061
Email Address	JOELKOO88@GMAIL.COM
Address	30 JALAN SELAMAT
Address complement	-
Postcode	418558
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 - Change/cross lane
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 WAS MOVING OFF FROM THE TRAFFIC LIGHT JUNCTION AT SIMS AVE AND JLN EUNOS TOWARDS SIMS AVE EAST. WHEN I WAS DRIVING STRAIGHT IN MY LANE, THE VEHICLE (SFW 5757) OVERTOOK ME FROM THE RIGHT AND CUT ABRUPTLY INTO MY LANE. THE VEHICLE HIT MY DRIVER SIDE WING MIRROR, WHEELS ARCH, FENDER, FRONT BUMPER AND BONNET. AFTER THE IMPACT, I IMMEDIATELY KEPT RIGHT TO FOLLOW THE OTHER VEHICLE TO STEP AT THE RIGHT SIDE OF THE ROAD.

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	SFW5757A
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**IMPORTANT NOTICE**

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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)**

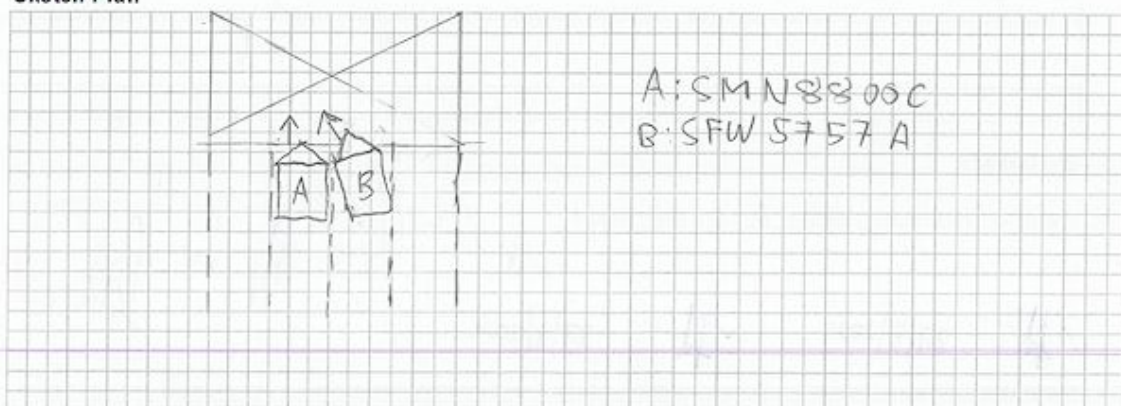
I understand, acknowledge, agree and consent that:

- (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.

 27/8/2021
Policyholder's Signature / Date & Time

 27/8/2021
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 moving off from the traffic light junction at Sims Avenue and Jalan Eunos towards Sims Avenue East when I was driving straight in my lane, when the vehicle (SFN 5757A) overtook me from the right and cut abruptly into my lane. The vehicle hit my driver side wing mirror, wheel arch, fender, front bumper and bonnet. After the impact, I immediately kept right to ~~stop at the right side of the road~~ to follow the other vehicle to stop at the right side of the road.

Declaration

We declare the foregoing particulars are true in every respect.

 27/8/2021

Policyholder's Signature / Date & Time

 27/8/2021

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

Witnessed by Reporting Centre Personnel







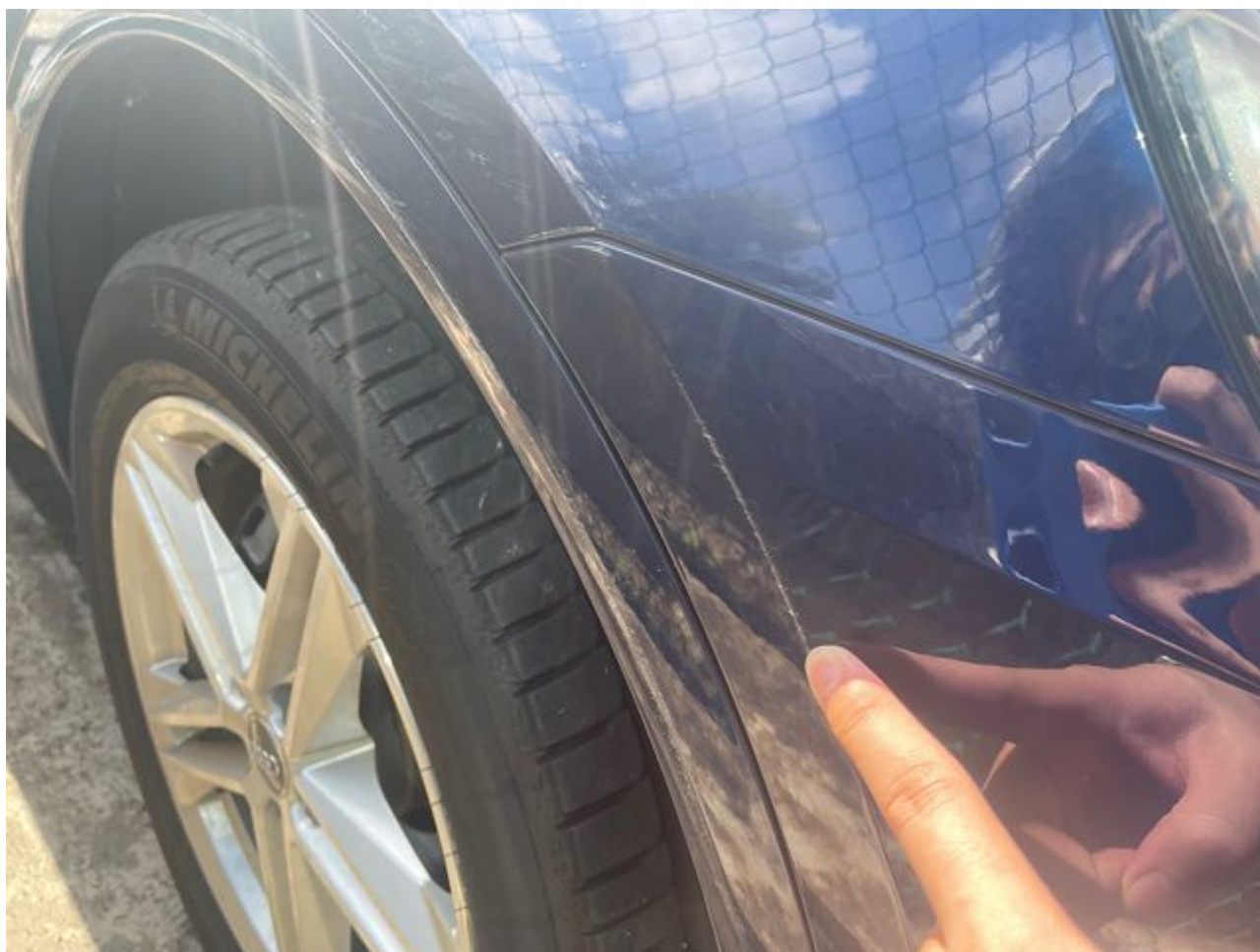




































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP0218R0001 Vehicle Registration No: SMN 8800 C
Name (as shown in NRIC) : MR KOO CHONG EN, JOEL NRIC/FIN/Passport No : SXXXX500H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 30 JALAN SELAMAT Singapore (418558)
Contact (Tel) : 64424061 Mobile No. : 93863323
Email Address : joelkoo88@gmail.com
Date of Accident : 26/8/2021 Time of Accident : 21:10hrs
Place of Accident : Near 29 Jln Eunus, SG 419494
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 TO OWN POLICY CLAIM

Policyholder / Driver's Signature

Date: 22/9/2021 11 AM



Reporting Centre Personnel's Signature

Name: Lim Bee Seng

NRIC/FIN No.: GXXXX569H

Date: 22/9/2021