

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	27/09/2021 17:33 (SGT)
Date of Accident	27/09/2021 08:15 (SGT)
Exact Location of Accident	Near Marina Blvd, Singapore
Additional Location Information	JUNCTION OF MARINA BLVD AND MARINA GARDENS DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7016P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN XIUYUN (CHEN XIUYUN)
NRIC No	SXXXX977H
Email Address	TANXIUYUNJEN@GMAIL.COM
Mobile Phone No	(Phone) +65-98734833
Alternative Phone No	+65-98734833

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100494510-04
Cover Note Number	-

DRIVER

Name of Driver	TAN XIUYUN (CHEN XIUYUN)
NRIC No	SXXXX977H

Date Of Birth	18/08/1986
Occupation	Indoor
Date Of Driving Pass	29/07/2005
Driving experience	16 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98734833
Alt. Phone Number	+65-98734833
Email Address	TANXIUYUNJEN@GMAIL.COM
Address	34 UPPER CROSS STREET
Address complement	#12-146
Postcode	050034
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	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 (SLJ 7016 P) WAS DRIVING THE VEHICLE ALONG MARINA BLVD ON THE 3RD LANE AND HAD THE INTENTION TO TURN TOWARDS MARINA GARDENS DR. I TURN ON THE LEFT SIGNAL BEFORE REACHING THE JUNCTION OF MARINA BLVD AND MARINA GARDENS DR. WHEN APPROACHING THE JUNCTION, I SLIDE MY VEHICLE TO THE LEFT AND HAD A COLLISION WITH THE VEHICLE TO MY LEFT (SNA 6342 A)

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	SNA6343A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91835745

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:

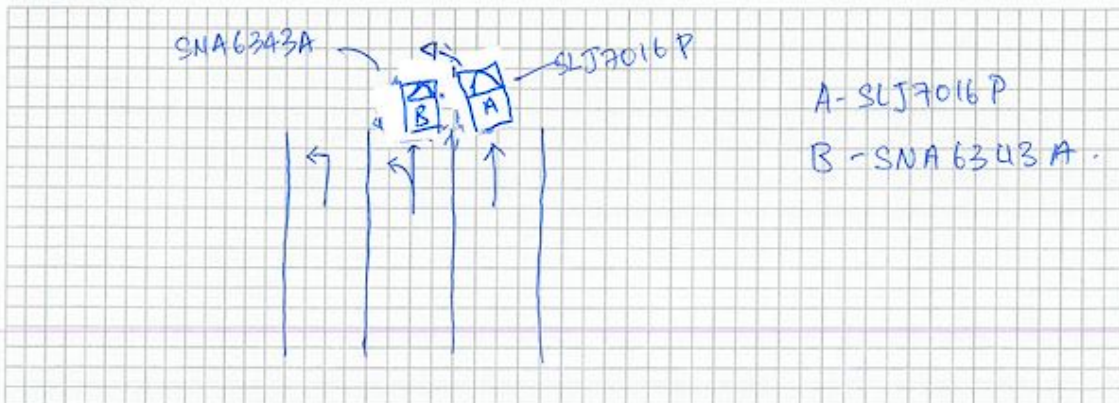
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all 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.

[Signature] 1:39 pm
27.09.21
Policyholder's Signature / Date & Time

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

[Signature] 20.09.2021
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

on the 3rd lane

I (SIS706P) was driving the vehicle along Marina Blvd and had the intention to turn towards Marina Gardens Dr. I signal the turn on the left signal before ~~turning~~ reaching the junction of Marina Blvd and Marina Gardens Dr. and when approaching the junction, I slide my vehicle to the left and ~~the~~ had a collision with the vehicle to my left. (SWA6342A)

Declaration

We declare the foregoing particulars are true in every respect.

 1:39pm
27-09-21
Policyholder's Signature / Date & Time

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



 2004 Kum.
Witnessed by Reporting Centre Personnel





































