

# 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 .....	02/10/2021 10:33 (SGT)
Date of Accident .....	01/10/2021 20:55 (SGT)
Exact Location of Accident .....	Punggol Dr., Singapore
Additional Location Information .....	Punggol Drive, Edgefield Junction
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB8879C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Foo Jong Yi
NRIC No .....	S8981095G
Email Address .....	foo89@hotmail.com
Mobile Phone No .....	(Phone) +65-97300762
Alternative Phone No .....	(Home) +65-90834578

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
Variant .....	1.5 SKYACTIV
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210110889
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Foo Jong Yi
NRIC No .....	S8981095G

Date Of Birth .....	17/10/1989
Occupation .....	Indoor
Date Of Driving Pass .....	20/08/2021
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97300762
Alt. Phone Number .....	(Home) +65-90834578
Email Address .....	foo89@hotmail.com
Address .....	37 Punggol Field #11-36
Address complement .....	-
Postcode .....	828809
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 - U-Turn
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Lee Shi Teng
Gender .....	Female

#### PASSENGER 2

Name .....	Foo Chuan Jin
Gender .....	Male

#### 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

Please refer to the attached sketch plan

#### 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 .....	SLV3351J
Vehicle Manufacturer .....	Kia

Vehicle Model .....	Carens
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) .....	-

**Describe Circumstances of the Accident**

At Pungai drive - adkeold plain junction, I saw green light and U-turn sign, I made my u-turn to Pungai drive, from to this I didn't see any car coming from the opposite. When I finished making my u-turn, a car hit me at the left front bumper, damaging my headlight. The other car was coming from title lane and was turning to its left.

Fortunately, no one was injured.


In a summary,


I was making a u-turn with no oncoming vehicle going straight with my right of way, vehicle SLV33513 came out of title lane without checking and collided into me.

**Declaration**

We declare the foregoing particulars are true in every respect.

 2/10/2021 850am  
Policyholder's Signature / Date & Time

 2/10/2021 850am  
Driver's Signature (If driver is not the policyholder) / Date & Time

 2/10/2021  
Witnessed by Reporting Centre Personnel

## SKETCH PLAN

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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.

 2/10/2021 850am

Policyholder's Signature / Date & Time

 2/10/2021

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

 2/10/2021

Witnessed by Reporting Centre Personnel

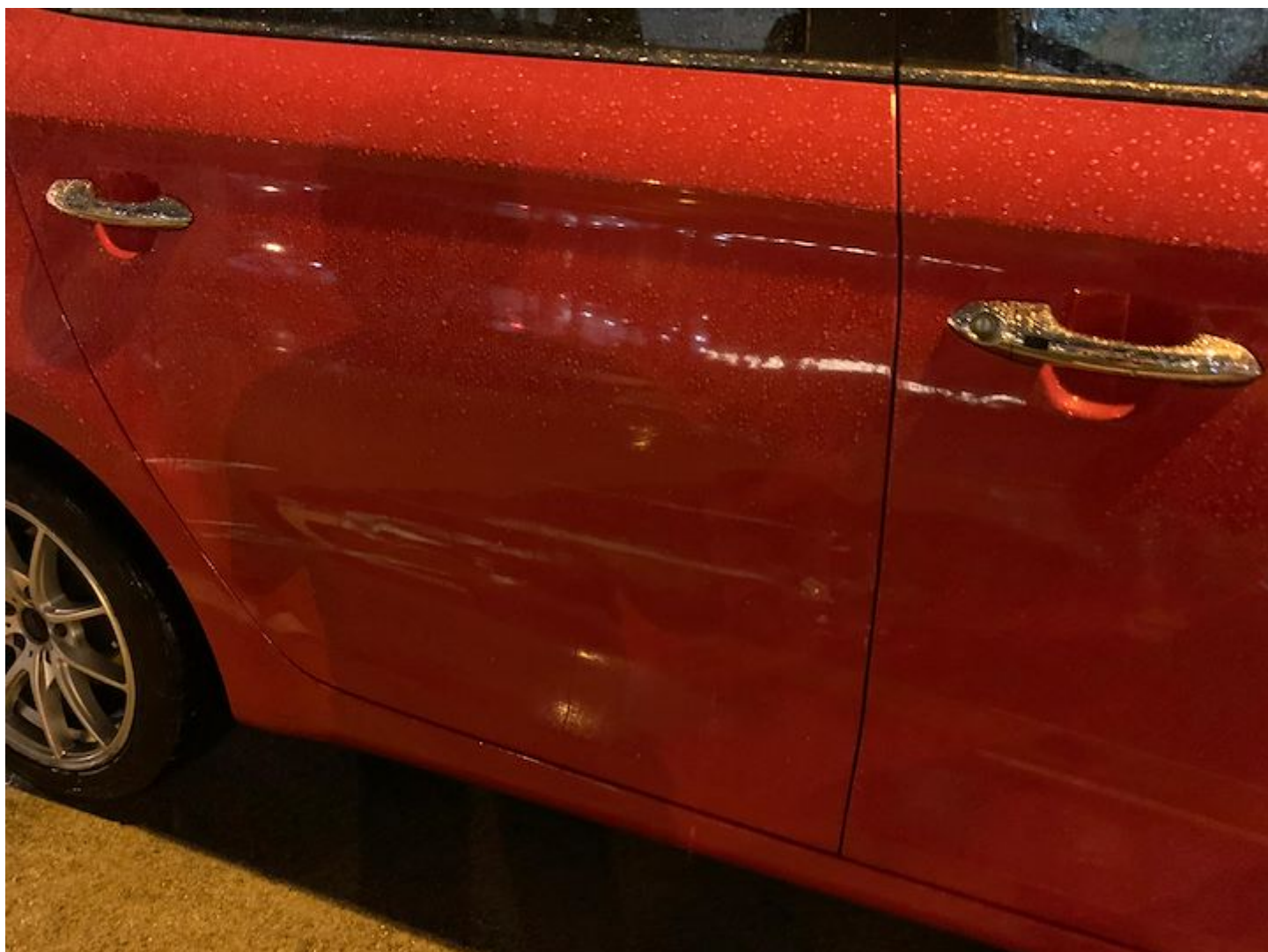
### Sketch Plan



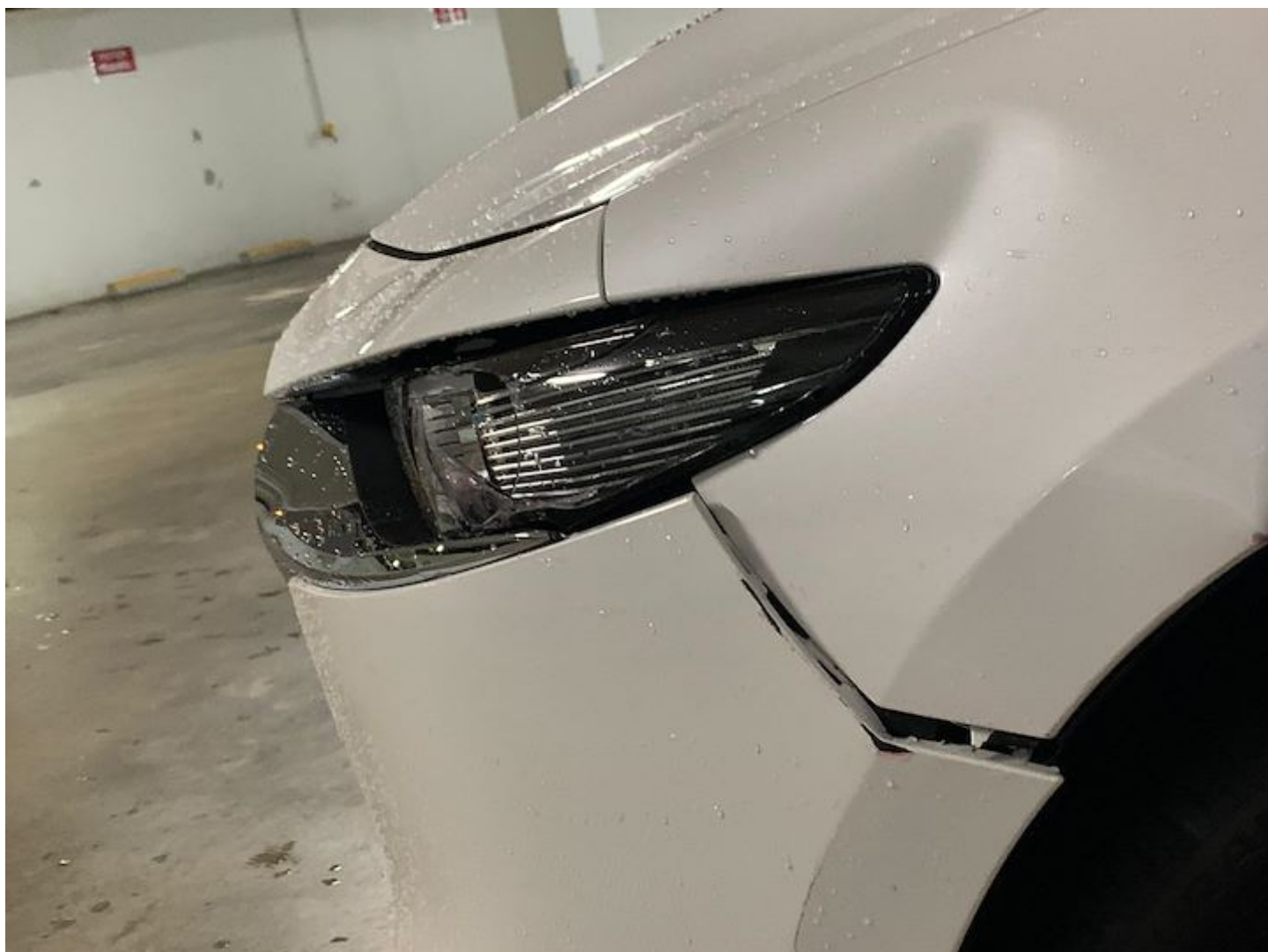
















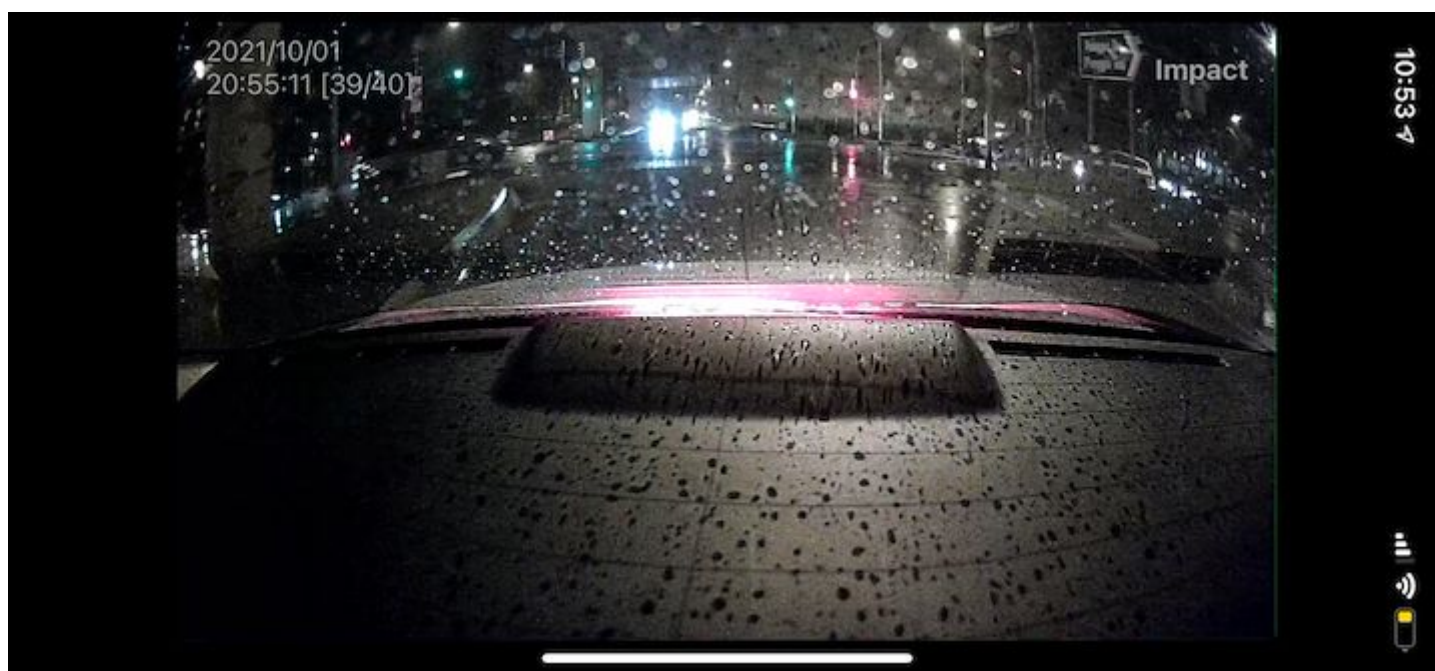






























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: ST0A21A200001 Vehicle Registration No: SNB8879C  
 Name (as shown in NRIC): Foo Jeng Yi NRIC/FIN/Passport No: 889810950  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 37 Punggol Field #11-36 828809 Singapore ( )  
 Contact (Tel): 9730 0762 Mobile No.: —  
 Email Address: foo84@hotmail.com  
 Date of Accident: 01/10/2021 Time of Accident: 20 55  
 Place of Accident: Punggol Drive X Edgefield  
 Insurance Company: AIG

**(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:

Changing of type of claim to CDUL

Policyholder / Driver's Signature  
Date:

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

SIARMC Addendum Form