

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	11/10/2021 17:14 (SGT)
Date of Accident	10/10/2021 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERVICE ROAD OF BLK 879A TAMPINES ST 86 TOWARD THE CAR PARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6449G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NGO WAN YET
NRIC No	S1488795D
Email Address	ngowanyet@gmail.com
Mobile Phone No	(Phone) +65-92711195
Alternative Phone No	+65-92711195

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO 1.6(A) LX
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900244472-01
Cover Note Number	28/11/2020 TO 27/11/2021

DRIVER

Name of Driver	NGO WAN YET
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NRIC No	S1488795D
Date Of Birth	24/01/1961
Occupation	Outdoor
Date Of Driving Pass	15/02/1984
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92711195
Alt. Phone Number	+65-92711195
Email Address	ngowanyet@gmail.com
Address	APT BLK 184A RIVERVALE CRESCENT #05-161 (S) 541184
Address complement	-
Postcode	-
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	Collided into Property
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

REFER WITH ATTACHED.

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

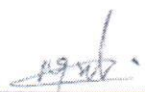
Vehicle Registration Number	SMZ3325C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-


Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

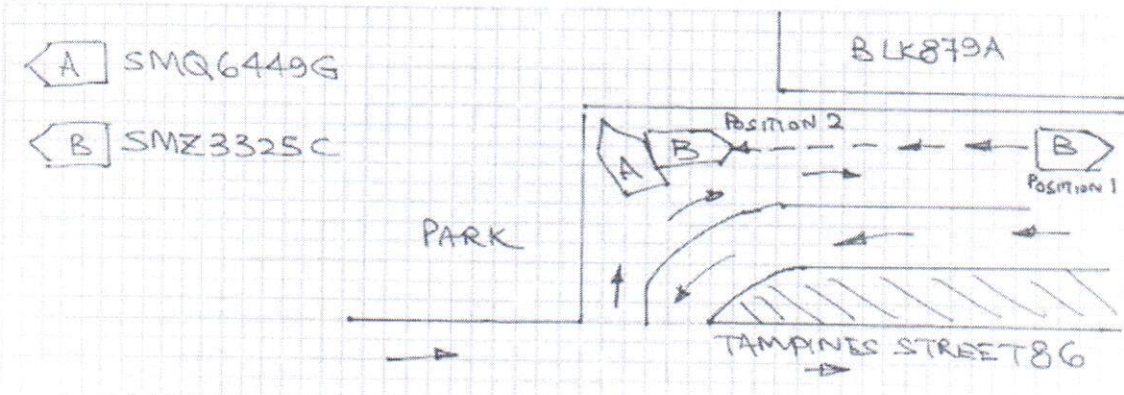
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

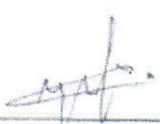


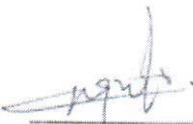
Describe Circumstances of the Accident

PLEASE REFER TO THE ATTACHED

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

ON 10/10/2021 AT ABOUT 1740 HOURS, I WAS DRIVING ALONG THE SERVICE ROAD OF BLK 879A TAMPINES STREET 86 TOWARDS THE CAR PARK EXIT. AT THAT TIME, I NOTICED ANOTHER VEHICLE (REGN NO: SMZ3325C) HAD STOPPED ON THE OTHER SIDE OF THE ROAD NEAR THE RUBBISH CHUTE. SINCE I WANTED TO GO THE NEARBY COFFEESHOP TO RELIEVE MYSELF, I DECIDED TO MAKE A 3-POINT TURN AT THE BIG OPEN SPACE JUST AFTER THE ENTRANCE. AFTER CHECKING THAT IT WAS CLEAR AND SAFE FOR ME, I STARTED TO MAKE MY FIRST TURN AND STOPPED. JUST THEN, THE OTHER VEHICLE (SMZ3325C) WHICH WAS QUITE A DISTANCE AWAY, SUDDENLY REVERSED HIS VEHICLE AND IN MY DIRECTION AT A FAST SPEED WITHOUT NOTICING MY STATIONARY VEHICLE (SMQ6449G). I IMMEDIATELY SOUNDED MY HORN BUT TO NO AVAIL. AS A RESULT, THE REAR PORTION OF SMZ3325C COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

NEXT I ALIGHTED TO CHECK ON THE DAMAGES AND EXCHANGED PARTICULARS. THE DRIVER OF SMZ3325C KNEW THAT THE ACCIDENT WAS DUE TO HIS FAULT AND APOLOGISED. HE ALSO OFFERED TO COMPENSATE ME FOR MY REPAIRS.

HE THEN ARRANGED FOR ME TO GO TO HIS WORKSHOP FOR ASSESSMENT. HOWEVER, AS I WAS WANTED TO REPLACE A BRAND NEW DOOR FOR MY 2-YEAR OLD VEHICLE, THE REPAIR COSTS WAS BEYOND HIS BUDGET.

HENCE I AM LODGING A CLAIM AGAINST HIS INSURANCE.