

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 30/10/2021 15:54 (SGT)
Date of Accident 30/10/2021 10:30 (SGT)
Exact Location of Accident 60 Jurong West Street 41, Singapore 649407
Additional Location Information THE TRAFFIC JUNCTION AT 60 JURONG WEST 41
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2389A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MARGARET TEOH WEI LING
NRIC No S8379559Z
Email Address XIAOMAR@ICLOUD.COM
Mobile Phone No (Phone) +65-94758155
Alternative Phone No (Office) +65-94758155

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant AUDI A4 SEDAN 2.0
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100508372-04
Cover Note Number -

DRIVER

Name of Driver MARGARET TEOH WEI LING
NRIC No S8379559Z

Date Of Birth	10/08/1983
Occupation	Indoor
Date Of Driving Pass	08/02/2013
Driving experience	8 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94758155
Alt. Phone Number	(Office) +65-94758155
Email Address	XIAOMAR@ICLOUD.COM
Address	29 JURONG WEST STREET 41
Address complement	#01-14
Postcode	649411
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BELLE BRIELLE TAN
Gender	Female

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 TURNING INTO JURONG WEST STREET 41 FROM JURONG WEST STREET 51. THE VEHICLE SLH 1261 Y DROVE AT FAST SPEED STRAIGHT TO MY CAR AND HIT THE CAR.

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	SLH1261Y
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red

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

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 willful 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. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

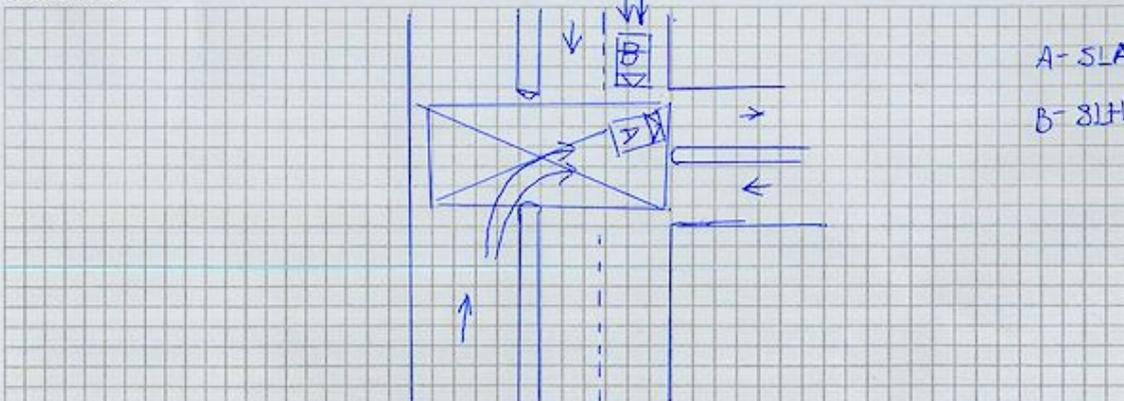
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Handwritten Signature]
 Policyholder's Signature / Date & Time
 30/10/21

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

[Circular Stamp: PREMIUM AUTOMOBILES PRIVATE LTD]
 Witnessed by Reporting Centre Personnel 30/10/2021 @ 1435

Sketch Plan



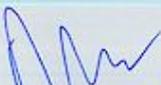
A- 5LA2389A
 B- 81H1261Y

Describe Circumstances of the Accident

I was turning into Juvong West Street 41 from Juvong West Street 51.
The vehicle ~~SLH~~ SLH 1261 Y drove ^{at fast speed} straight to ~~me~~ ^{my car} and hit the car at ~~fast speed~~.

Declaration

We declare the foregoing particulars are true in every respect.

 30/10/21

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
30/10/2024 @ 1435









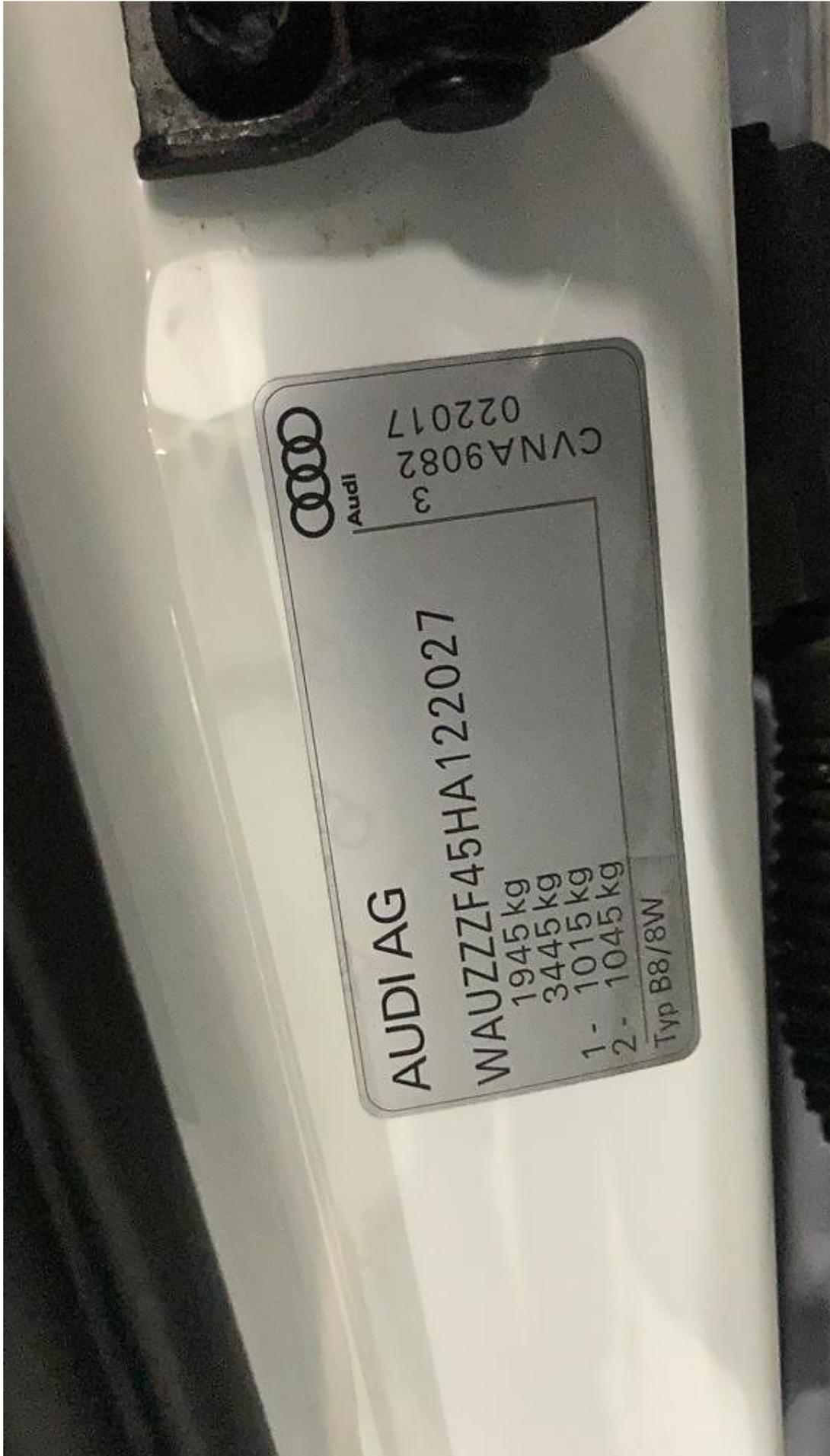














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665S0020G / GST Reg. No.: M400017735

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 : SP0R21AU0001 Vehicle Registration No: SLN2389A
 Name (as shown in NRIC) : MARGARET TEOH WEI LING NRIC/FIN/Passport No : SXXXX559Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 29 JURONG WEST STREET 41 #01-14 Singapore (649411)
 Contact (Tel) : 94758155 Mobile No. : _____
 Email Address : XIAOMAR@ICLOUD.COM
 Date of Accident : 30/10/2021 Time of Accident : 10:30
 Place of Accident : THE TRAFFIC JUNCTION AT 60 JURONG WEST 41
 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 CORRECT THE NAME OF POLICYHOLDER.

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: NONA KUNIA SENG
 NRIC/FIN No.: A7XXXX143X
 Date: 2/11/2021