

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 09/11/2021 15:19 (SGT)
Date of Accident 08/11/2021 19:00 (SGT)
Exact Location of Accident Near 18 Bishopsgate, Singapore 249981
Additional Location Information JERVOIS ROAD BEFORE BISHOPSGATE (OUTSIDE DORMER PARK CONDO)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDQ3339S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN QIU HAO, ASHLEY
NRIC No SXXXX989E
Email Address ASHLEYQTAN@GMAIL.COM
Mobile Phone No (Phone) +65-91875336
Alternative Phone No (Home) +65-67352202

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210054279
Cover Note Number -

DRIVER

Name of Driver FANESSA LIAW KE XIN

NRIC No	SXXXX695J
Date Of Birth	14/07/1990
Occupation	Indoor
Date Of Driving Pass	28/07/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94742727
Alt. Phone Number	-
Email Address	FANESSALIAW@GMAIL.COM
Address	25 TAN KIM CHENG ROAD
Address complement	#10-25
Postcode	266625
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	GIRLFRIEND
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 - Head on collision
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	TAN QIU HAO ASHLEY
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 DRIVING ALONG JERVOIS ROAD (FROM JERVOIS LANE TOWARDS BISHOPSGATE). GBH 8441 S WAS DRIVING IN THE OPPOSITE DIRECTION. HE SWERVED INTO MY LANE FROM THE OPPOSING TRAFFIC. IT WAS A HEAD ON COLLISION.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8441S
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	LIM KEE CHEOW
Contact Number	(Phone) +65-98561218
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")

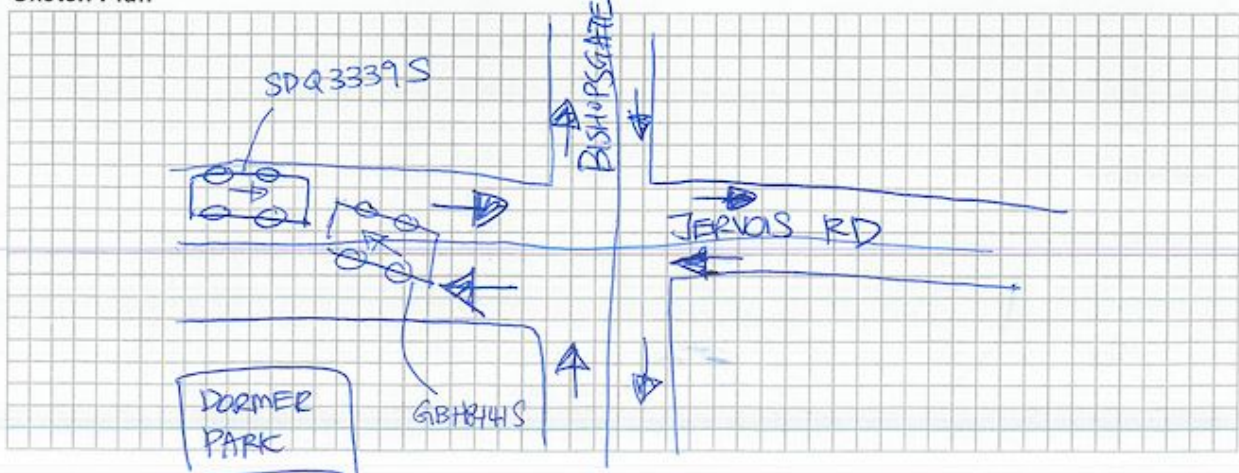
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

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

I ~~was~~ was driving along Jervais Rd (from Jervais Lane towards Bishopsgate).
GRH 8441S was driving in the opposite direction.
He swerved into my lane from the opposite direction. It was a queuing traffic.
It was a head on collision.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 9 NOV 2021
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel











































