

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	01/12/2021 18:05 (SGT)
Date of Accident	01/12/2021 15:10 (SGT)
Exact Location of Accident	Neil Road Park, Singapore
Additional Location Information	JUNCTION OF NEIL ROAD AND CANTONMENT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY806P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EZEKIEL PAUL JAMES EMMANUEL
NRIC No	SXXXX167E
Email Address	PJEZEKIEL@GMAIL.COM
Mobile Phone No	(Phone) +65-91298563
Alternative Phone No	(Home) +65-66340556

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	2.0 TFSI S-TRONIC
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070162597
Cover Note Number	-

DRIVER

Name of Driver	CHIA SOON ENG CECILIA
NRIC No	SXXXX385C

Date Of Birth	03/12/1963
Occupation	Indoor
Date Of Driving Pass	12/06/1986
Driving experience	35 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98247450
Alt. Phone Number	-
Email Address	CECILIAEZE@GMAIL.COM
Address	50 TANAH MERAH KECHIL AVE
Address complement	#03-04
Postcode	SINGAPORE 465524
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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 WAS AT THE JUNCTION OF CANTONMENT ROAD AND NEIL ROAD. I WAS AT THE TRAFFIC LIGHT AND STOPPED AS IT WAS A RED LIGHT. I WAS IN THE 2ND LANE FROM THE LEFT. THE LORRY WAS ON MY RIGHT, ON THE THIRD LANE. WHEN THE LIGHT TURNED GREEN, I MOVED AHEAD.

AFTER A SHORT DISTANCE FROM THE TRAFFIC LIGHT, I COULD SEE THAT THE LORRY WAS COMING INTO MY LANE. I COULD NOT SWERVE TO THE LEFT AS THERE WAS ANOTHER CAR ON THE LEFT. I THEN SAW THE LORRY COMING INTO MY RIGHT SIDE AND HITTING ME. THEN I STOPPED MY CAR. THE LORRY ALSO STOPPED AFTER HITTING MY RIGHT SIDE OF THE CAR. WE STOPPED IN THE MIDDLE OF THE JUNCTION AND BOTH GOT OUT OF THE CAR. HE KNEW HE HAD COME INTO MY LANE AND HIT MY CAR.

HE WAS AVOIDING ANOTHER CAR ON HIS RIGHT AND THAT WAS WHY HE CAME INTO MY LANE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6811S
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	BALASUBRAMANIAN S/O SUNDERAJU
Contact Number	(Phone) +65-87627005
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' 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
01/12/21

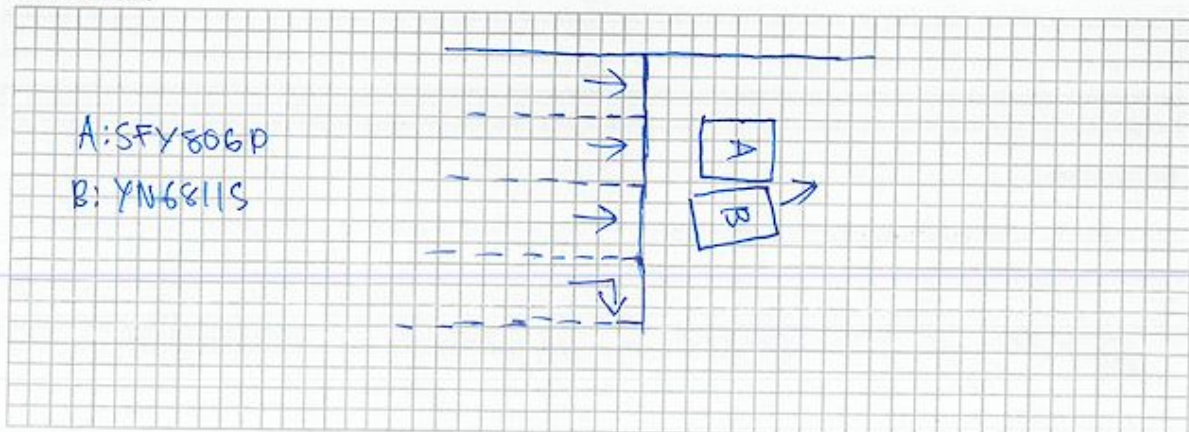
 11/12/21

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 at the junction of Cantoment Rd & Neil Rd.
I was at the traffic light and stopped as it was a red light.

I was in the 2nd lane from the left. The lorry was on my right, on the 3rd lane.
When the light turned green, I moved ahead.


After a short distance from the traffic light, I could see that the lorry was coming into my lane.


I could not swerve to the left as there was another car on the left.

I then saw the lorry coming into my right side & hitting me. Then I stopped my car. The lorry also stopped after hitting my right side of the car. We ~~st~~ stopped in the middle of the junction and both got out of the car. He knew he had come into my lane & hit my car.
He was avoiding another car on his right and that was why he came into my lane.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
1/12/21


Driver's Signature (If driver is not the policyholder) / Date & Time
1/12/21


Witnessed by Reporting Centre Personnel



















