

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 17:23 (SGT)
Date of Accident	09/11/2021 08:35 (SGT)
Exact Location of Accident	Fort Canning Rd, Singapore
Additional Location Information	ALONG FORT CANNING ROAD AFTER THE TRAFFIC JUNCTION OF BENCOOLEN ST WITH STAMFORD RAOD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7868C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DENNIS BELING
Passport No/FIN	GXXXXX206W
Email Address	DENNIS.BELING@GMAIL.COM
Mobile Phone No	(Phone) +65-88904750
Alternative Phone No	(Office) +65-88904750

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	Q3 1.4 TFSI
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	1400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070126304
Cover Note Number	-

DRIVER

Name of Driver	PARCHMENT DEVIKA KENISHA
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Passport No/FIN	GXXXX054L
Date Of Birth	25/03/1981
Occupation	Indoor
Date Of Driving Pass	25/10/2000
Driving experience	21 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88895474
Alt. Phone Number	-
Email Address	DEVIKA.PARCHMENT@GMAIL.COM
Address	201 OCEAN DRIVE
Address complement	#04-06, THE AZURE
Postcode	098584
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

UPON APPROACHING THE JUNCTION OF BENCOOLEN ST WITH STAMFORD RD, ORCHARD RD AND FORT CANNING RD, I FORMED UP IN THE LEFT MOST LANE OF BENCOOLEN ST. AS I APPROACHED THE TRAFFIC LIGHT JUNCTION, THE LIGHT WAS ON GREEN SO I PROCEEDED ON THROUGH THE JUNCTION ON TO THE LEFT MOST LANE OF FORT CANNING RD. JUST UPON EXITING THE CORNER OF THE JUNCTION I OBSERVED THE VEHICLE TO MY IMMEDIATE RIGHT SWITCHING INTO MY LANE. THIS HAPPENED ALL VERY QUICKLY UPON EXITING THE JUNCTION AND I DO NOT RECALL OBSERVING A LEFT HAND INDICATOR SIGNAL FROM THAT VEHICLE. LIKELY BECAUSE I WAS SUFFICIENTLY AHEAD NOT TO BE ABLE TO ANY LONGER SEE HIS REAR LIGHTS. I ATTEMPTED TO MOVE FORWARD TO AVOID COLLISION BUT THE DRIVER ON MY RIGHT CONTINUED MERGING INTO MY LANE, DENTING AND SCRATCHING THE RIGHT SIDE OF MY VEHICLE AND IN THE PROCESS THE FRONT LEFT SIDE OF HIS FRONT BUMPER CAME APART. I SUSPECT I MAY HAVE BEEN IN THE OTHER DRIVER BLIND SPOT AND HE DID NOT SEE ME AS HE SWITCHED 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	GBL5822A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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:

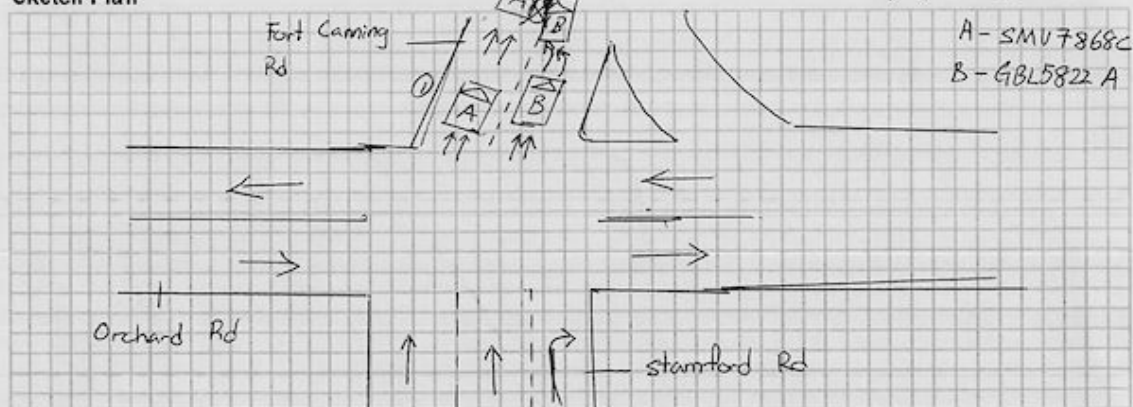
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

9/11/2022 @ R55

Sketch Plan

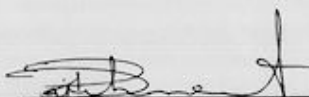
Describe Circumstances of the Accident

Upon approaching the junction of Benscooter St with Stamford Rd, Orchard Rd and Fort Canning Rd, I formed up in the left most lane of Benscooter St. As I approached the traffic light junction, the light was on green so I proceeded ~~through~~ on through the junction ~~on~~ to the left most lane of Fort Canning Rd. Just upon exiting the corner of the junction I observed the vehicle to my immediate right ~~switching~~ into my lane. This happened all very quickly upon exiting the junction and I do not recall observing a left hand indicator signal from that vehicle. ^{likely} because I was sufficiently ahead ~~that~~ ^{not} to be able to any longer see his rear lights. I attempted to move forward to avoid collision but the driver on ~~the~~ my right continued merging into ^{my} lane, denting and scratching the right side of my vehicle and in the process the ~~left~~ ^{front} left side of his front bumper came apart. I suspect I may have been in the other driver's blind spot and he did not see me as he ~~did~~ switched lanes.

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

9/11/2021 @ 1255



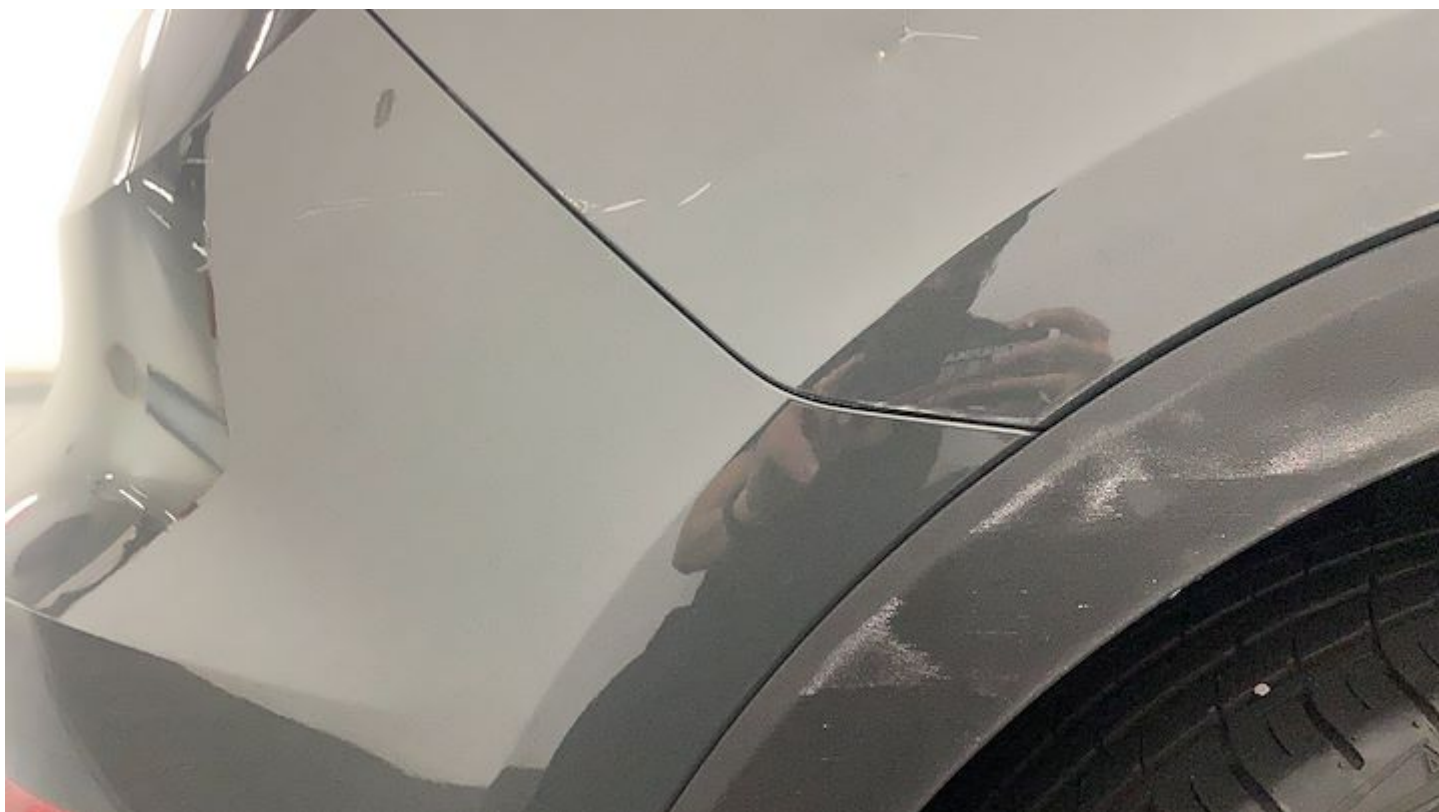
























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 9:00 - 17:00
 UEN: S53550620G / GST Reg. No.: M400017735

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 : SP0R21B90002 Vehicle Registration No: SMU 7868 C
 Name (as shown in NRIC) : DENNIS BELING NRIC/FIN/Passport No : GXXXXX206W
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 27 OXLEY WALK #03-26 Singapore (238596)
 Contact (Tel) : _____ Mobile No.: 88895474
 Email Address : devikaparchment@gmail.com
 Date of Accident : 9/11/2021 Time of Accident : 08:35AM
 Place of Accident : FORT CANNING RD
 Insurance Company: AIG INSURANCE

(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 CONVERT TO OWN POLICY CLAIM AND RECOVERY LATER.

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: Lim Bee Seng
 NRIC/FIN No.: GXXXXX156AM
 Date: 5/1/2021

GIAENC addendumform_v3