

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 04/01/2022 16:26 (SGT)
Date of Accident 03/01/2022 18:05 (SGT)
Exact Location of Accident Tan Quee Lan St, Singapore
Additional Location Information ALONG TAN QUEE LAN STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SM2222U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CECILIA CHIA HYAU LIAN
NRIC No SXXXX509D
Email Address CECILIA@IPX.SG
Mobile Phone No (Phone) +65-96643833
Alternative Phone No (Office) +65-96643833

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant A3 SEDAN 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 2100379472-07
Cover Note Number -

DRIVER

Name of Driver CECILIA CHIA HYAU LIAN
NRIC No SXXXX509D

Date Of Birth	31/01/1962
Occupation	Indoor
Date Of Driving Pass	20/05/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96643833
Alt. Phone Number	(Office) +65-96643833
Email Address	CECILIA@IPX.SG
Address	41 HOLLAND DRIVE
Address complement	#04-25
Postcode	270041
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	Side Swipe
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	MS. SEE
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

AT APPROX 6.05PM ON 3/1/2021, I WAS ON TAN QUEE LAN ST (1 WAY STREET) GOING INTO A VANCANT PARKING LOT; I WAS SLOWLY REVERSING INTO THE LOT WITH MY EMERGENCY LIGHT FLICKERING WHEN A ONCOMING CAR MADE CONTACT WITH MY RIGHT SIDE FRONT WHILE HE WAS DRIVING STRAIGHT BUT VERY CLOSED TO MY CAR. HIS CAR FRONT PASSENGER DOOR WAS SLIGHTLY DENTED. NO PASSENGERS WAS IN HIS PRIVEATE HIRE CAR AT THAT TIME BUT AS THE ROAD WAS A WIDE ONE WAY STREET, THE CONTACT COULD HAVE BEEN AVOIDED IF HE HASN'T DIRVER SO CLOSE TO MY VEHICLE AS HE HAD LOTS OF SPACE ON THE RIGHT SIDE OF THE STREET. HE DID NOT SOUND HIS CAR HORN OR SLOW DOWN HIS VEHICLE.

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	SJG7332R
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Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR ONG
Contact Number	(Phone) +65-96860984
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.

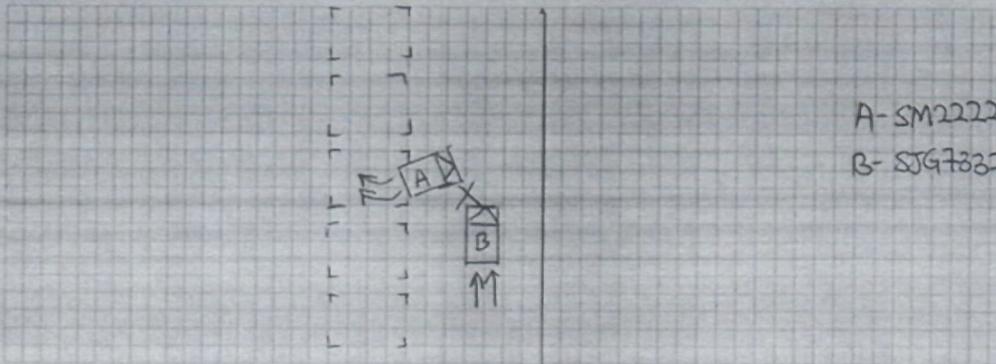
Policyholder's Signature / Date & Time
10.48 am

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Vehicle Model:
Vehicle Variant:
Vehicle Colour:
Vehicle Category:
Name of Driver:
Contact Number:

Describe Circumstances of the Accident

At approx 6:05 pm on 3/1/2021, I was on Tan Quee Lan St (1 way street) going into a vacant parking lot; I was slowly reversing into the lot with my emergency light flickering when a oncoming car made ~~contact~~ contact with my right side front while he was driving straight but very closed to my car. His car front passenger door was slightly dented. No passengers was in his private hire car at that time but as the road was a wide one-way street, the contact could have been avoided if he hadn't driven so close to my vehicle as he had lots of space on the right side of the street. He did not sound his horn or slow down his vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 4/1

Policyholder's Signature / Date & Time

10.40 am

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



Witnessed by Reporting Centre Personnel