

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 witholding 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.

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 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 22/01/2022 10:20 (SGT) Date of Accident 21/01/2022 21:25 (SGT) Exact Location of Accident 38 St Michael's Rd, Singapore 328008 JUNCTION OF ST MICHAEL'S ROAD/JALAN TAMAN/ST Additional Location Information FRANCIS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMT440D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN GUAN LONG NRIC No S8848204B Email Address TANGUANLONG@GMAIL.COM Mobile Phone No (Phone) +65-92326290 Alternative Phone No +65-91541035

VEHICLE PARTICULARS

Model A5 Variant SEDAN 1.0 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 999

Manufacturer

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070052821-01 Cover Note Number

DRIVER

Name of Driver TAN GUAN LONG



NRIC No S8848204B Date Of Birth 01/12/1988 Occupation Indoor Date Of Driving Pass 29/09/2008 Driving experience 13 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-92326290 Alt. Phone Number +65-91541035 Email Address TANGUANLONG@GMAIL.COM Address BLK 26A ST. GEORGE'S LANE Address complement #21-15 Postcode 321026 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 DRIVING FROM ST FRANCIS ROAD TOWARDS JALAN TAMAN. MISSED STOP LINE AT JUNCTION. HIT INTO THIRD PARTY VEHICLE AT JUNCTION. THIRD PARTY VEHICLE TRAVELING ALONG ST MICHAEL'S ROAD TOWARDS SERANGOON ROAD. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SKN4264A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 PHAN POH YEE

 Contact Number
 (Phone) +65-98007668

Address	<u>-</u>
Address complement	-
Postcode	<u>-</u>
nsurance Company Name	<u>-</u>
Nature Of Damage	
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 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)

Lunderstand, 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.

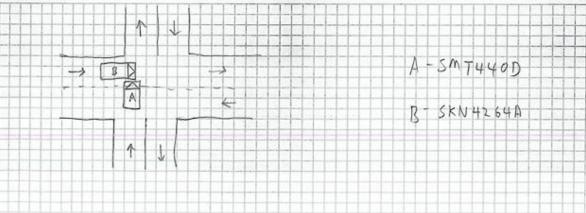
Luf 22JAW 2012 0830

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Teny Foons

Sketch Plan



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