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.

- 4. The issue and acceptance of this is form by instrained 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 27/01/2022 15:46 (SGT) Date of Accident 26/01/2022 15:15 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information ALONG CTE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMT357L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NERISSA TAY HUI LING** NRIC No S9314945I Email Address NERISSA.TAY93@GMAIL.COM Mobile Phone No (Phone) +65-96665910 Alternative Phone No (Office) +65-96665910

VEHICLE PARTICULARS

Manufacturer

Model Q2 Variant AUDI Q2 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070054674 Cover Note Number

DRIVER

Name of Driver **NERISSA TAY HUI LING** NRIC No S9314945I

Date Of Birth 05/04/1993 Occupation Indoor Date Of Driving Pass 02/10/2012 Driving experience 9 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96665910 Alt. Phone Number (Office) +65-96665910 Email Address NERISSA.TAY93@GMAIL.COM Address 23B WATTEN RISE Address complement Postcode 287334 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 Chain 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 Was anybody injured in the Accident? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT TRAVELLING ON THE RIGHTMOST LANE OF THE CTE WHEN THE CAR INFRONT OF ME JAMMED BRAKED. IN REACTION, I JAMMED BRAKE AND MANAGED TO NARROWLY MISS HIS CAR. IMMEDIATELY AFTER (SPLIT SECOND), THE CAR BEHIND CRASHED INTO ME AND I THINK THE IMPACT CAUSED MY CAR AND THE CAR INFRONT TO ROLL FORWARDS. PICTURES SHOW NOW SKID MARKS ON THE ROAD BETWEEN THE FRONT CAR AND MINTE BUT THE LAST CAR HAD SKID MARKS AND WAS A LARGE DISTANCE AWAY FROM US. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SLP357U

SLP357U

Private car

TAN PENG KWEE

Contact Number	(Phone) +65-91059150
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SGU5502S -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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. The 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.
- 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.

Policyholder's Signature / Date & Driver's

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

Witnessed by Reporting Centre Personnel

Sketch Plan

THE PROPERTY OF THE PROPERTY O

A-SMT3571 BSGU5502S C-SLP357V

THE .		
ravelling on the	rightmost lane of the CTE taken th	e car infront of me
amued brake.	n reaction. I amound brare and	marraged to narrowly
wiss his car.	immedicately after (split second), t	midad 100 at
rashed into ME	and I think the instact coursed	MIL Car and the
car inficint to 1	of forwards.	Trong Con Gates into
Pictures show	no skid marks on the mad be t the last cout had skid mar away from us.	unper the fight car
and hime bu	t the last call had skid mar	ts and was a
arge distance	away from us.	
	•	
A STATE OF THE PARTY OF THE PAR		
		The second second
claration		
declare the foregoing partic	alars are true in every respect.	
account the foregoing parts	and the first of respect.	
		* PREAS
		A STATE OF THE STA
1 ha : 27 Tan 20	22 llam	
Charlers Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Audio a oduarne i pare a	& Time	Personnel



































































































