# SINGAPORE ACCIDENT STATEMENT

MRORTANT NOTICE

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1. Please report core up the details of the period streed up the claims process.

2. This Form must be completed by the Polic tender, and for the Authorises Driver

3. Idon provided must be as truthful and appriate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance combanies to repudiate

portry 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/02/2022 11:48 (SGT) 10/02/2022 06:44 (SGT) Near 14 Jln Soo Bee, Singapore 488114 SIMEI AVENUE Singapore

BIK ANT KEW CHESCH

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMP5396L

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No TER LI ANN SXXXX741I LIANNT3R@GMAIL.COM (Phone) +65-97385021 +65-91850258

## VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission ... CC

Private use

Audi

A5

Yes Private car Auto 1984

# INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1900165810-02

#### DRIVER

Name of Driver NRIC No

FREDDIE LAM JIA SHENG SXXXX532F

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number

30/10/1984 Indoor 15/02/2006 16 YEARS Male (Phone) +65-91850258

466263

Spouse

No

No

FREDDIE LAM @GMAIL COM

BLK 431 KEW CRESCEN

Email Address
Address
Address romolement

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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 - Head to Rear Weather Conditions Raining
Road Surface Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

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

## PASSENGER 1

Name ISABELLE LAM YAN XIN Gender Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG SIMEI AVE WHEN SKG 264 M CAME TO A HALF. I DEPRESSED MY BRAKES FULLY BUT FAILED TO STOP AND COLLIDED WITH SKG 264 M.

## ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSKG264MVehicle ManufacturerSuzukiVehicle ModelSwiftVehicle Variant-Vehicle ColourWhite

Vehicle Category 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)

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

Private car

Vehicle Registration Number SMV5975J Vehicle Manufacturer Audi Vehicle Model A6 Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver TAN SIEW LING Contact Number Address Address complement ... Postcode Insurance Company Name

Driving expect of the 25 - 4 to 15 to 16 to 17 to 1

SKETCH PLEN

### IMPORTANT NOTICE

BUX 13 FREW CHIESE

- 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
- 3. Information provided must be as truthful and accurate as possible. Any wiful insrepresentation or withholding of metarist facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not att admission of policy tablety on the part of the insurance companies
  - 6 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
  - 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at this dentire 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' 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;
- (ii) 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

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

2024 Kum 11

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