

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 Police and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	30/08/2021 16:39 (SGT)
Date of Accident	30/08/2021 08:35 (SGT)
Exact Location of Accident	1 Woodleigh Ln, Singapore 357684
Additional Location Information	GATE 2 EXIT AT STAMFORD AMERICAN INTERNATIONAL SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE688J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW SIEW TEE SERENE MRS SERENE SORESENSEN
NRIC No	SXXXX267F
Email Address	SERENESORENSEN@GMAIL.COM
Mobile Phone No	(Phone) +65-96774880
Alternative Phone No	(Office) +65-96774880

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
Variant	AUDI Q7 2.0 TFSI QU
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2000002749-01
Cover Note Number	-

DRIVER

Name of Driver	LARS SEYFFART SORESENSEN
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NRIC No	SXXXX796B
Date Of Birth	21/03/1965
Occupation	Indoor
Date Of Driving Pass	27/10/1997
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96232538
Alt. Phone Number	
Email Address	SERENESORENSEN@GMAIL.COM
Address	15 CASSIA DRIVE
Address complement	
Postcode	289708
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 - 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	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

ON 30 AUGUST 2021 AT 8:35AM APPROXIMATELY, I WAS DRIVING ALONG SLOWLY TOWARDS THE EXIT AT STAMFORD AMERICAN INTERNATIONAL SCHOOL (SAIS) LINCOLN GATE 2. I WAS WAITING IN LINE TO EXIT AND FOLLOWING THE TRAFFIC FLOW WHEN SUDDENLY A MINI BUS (PA7053G) CAME FROM THE REAR RIGHT HANDSIDE AND HIT MY CAR. WHEN THIS HAPPENED, MY CAR WAS STATIONARY. PHOTOS AND VIDEO WERE IMMEDIATELY TAKEN TO PROVE THAT I WAS FOLLOWING THE ROAD DIRECTIONS WHICH WERE MARKED BY ARROWS THAT SHOWS I WAS ON THE CORRECT TRACK. THE MINI BUS WAS CLEARLY ATTEMPTING TO CUT INTO THE LANE AND CUT THE QUEUE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7053G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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)

Bus

LIM SOO POH

(Phone) +65-94501914

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SINGAPORE ACCIDENT STATEMENT



SKETCH PLAN

NRIC:

Date of Birth:

Occupation:

Date of Driving Pass:

Driving Experience:

Gender:

Mot to Number:

SKETCH PLAN: Number of

Enter Address:

Address:

Address Completed:

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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
30/5/2010 1353

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Please refer to the below sketch




Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Name of Assessor

Describe Circumstances of the Accident

On 30 August 2021 at 8.35am approximately I was driving slowly towards the exit at Stamford American International School (SAIS) Lincoln Gate 2. I was waiting in line to exit and following the traffic flow when suddenly a mini bus (PA70336) came from the rear, right hand side and hit my car. When this happened, my car was stationary. Photos and videos were immediately taken to prove that I was following the road directions which were marked by arrows that shows I was on the ~~right~~ correct track. The mini bus was clearly attempting to cut into the lane and cut the queue.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
30/8/2021 @ 1358



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



Witnessed by Reporting Centre Personnel