# **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.

  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 14/03/2022 12:19 (SGT) Date of Accident 12/03/2022 15:40 (SGT) Exact Location of Accident Rochor Rd & Victoria St, Singapore Additional Location Information JUNCTION OF ROCHOR ROAD & VICTORIA ST Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SFJ3289R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SIM JUAT QUEE MICHAEL GABRIEL NRIC No. SXXXX751Z Email Address MDGJEM@GMAIL.COM Mobile Phone No (Phone) +65-87883996 Alternative Phone No (Home) +65-64573386

#### VEHICLE PARTICULARS

Manufacturer Audi Model A4 Variant 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 1984

## **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900253629-02 Cover Note Number

DRIVER

Name of Driver SIM KOK ZHONG, JOEL NRIC No. SXXXX867G

Date Of Birth 20/04/1990 Occupation Indoor Date Of Driving Pass 26/08/2009 Driving experience 12 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96933660 Alt. Phone Number Email Address JOEL.SIMKZ@GMAIL.COM Address 1 THONG SOON GREEN Address complement Postcode 787307 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 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? 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 PASSENGER 1 Name **CAIYUN LIN** 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 BOTH VEHICLES WERE STOPPED ALONG ROCHOR ROAD. AT THE JUNCTION OF ROCHOR ROAD AND VICTORIA ST. WHEN THE TRAFFIC LIGHT TURNED GREEN, BOTH VEHICLES MOVED INITIALLY. VEHICLE GBD 6941 D THEN CAME TO STOP. HOWEVER, OWN VEHICLE (SFJ 3289 R) WAS UNABLE TO STOP BEFORE COLLIDING INTO GBD 6941 D. 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 GBD6914D

Toyota

Hiace

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JIANG LEIGANG
Contact Number	(Phone) +65-93831105
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- (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
- (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 & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A:SFJ 3289R B: GBD6914D



escribe Circumstances of the Accident
BOTH VEHICLES WERE STOPPED BY FLONG ROCHOR ROOTS IN THE SUNCTION OF PROCEED ROAD AND VICTORIA STREET. WHEN THE TRAFFIL LIGHTS TURNED ROCHOR ROAD AND VICTORIA STREET. WHEN THE TRAFFIL LIGHTS TURNED ROCHOR ROAD THE THEOLOGY OF THE WAS UNABLE TO SEP
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GREEN, BOTH VEHICLES HONED INTERLY. VEHICLE (BOUTTED THEN ONE O A SCP, HOWEVER OWN VEHICLE (SKI322328912) WAS UNABLE TO SEP BEFORE COLLIDING INTO GBD 69410.
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# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



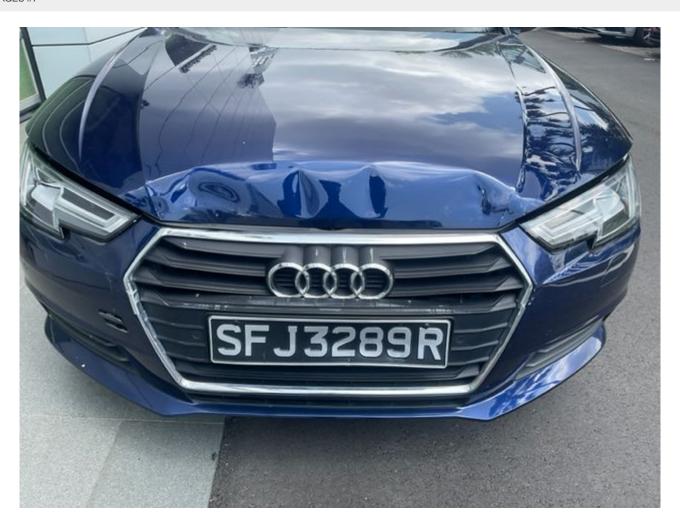


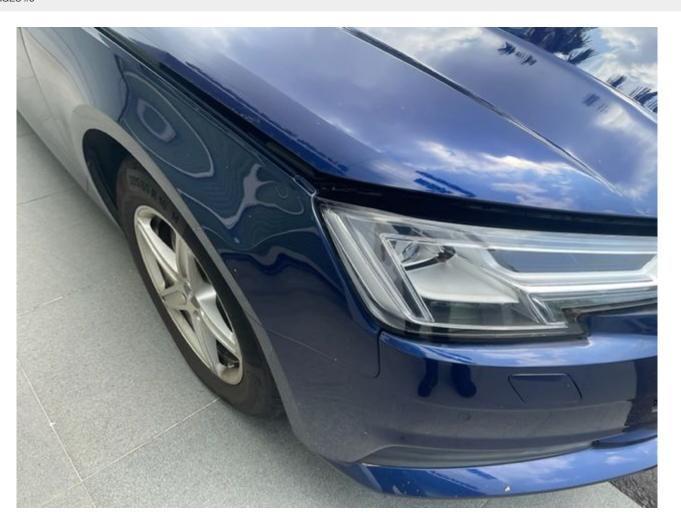






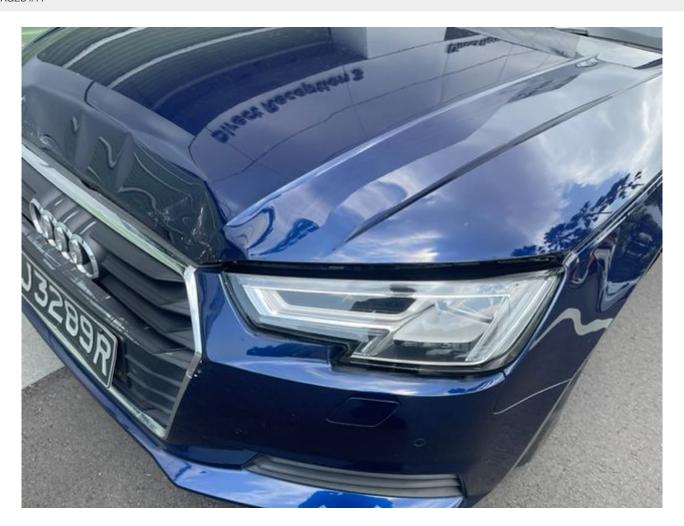




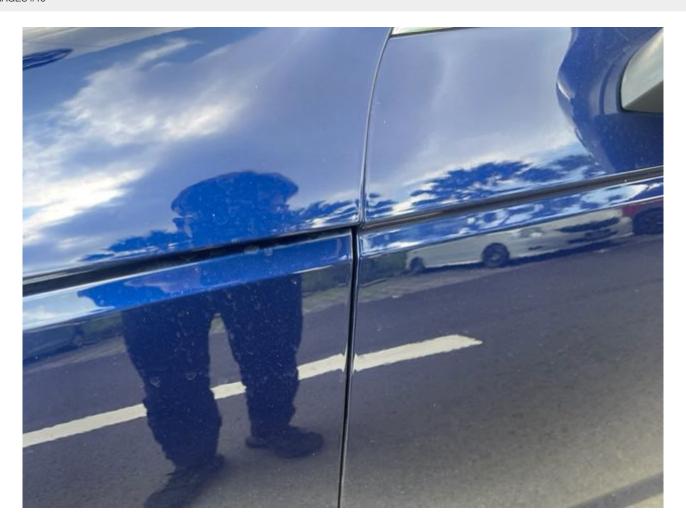


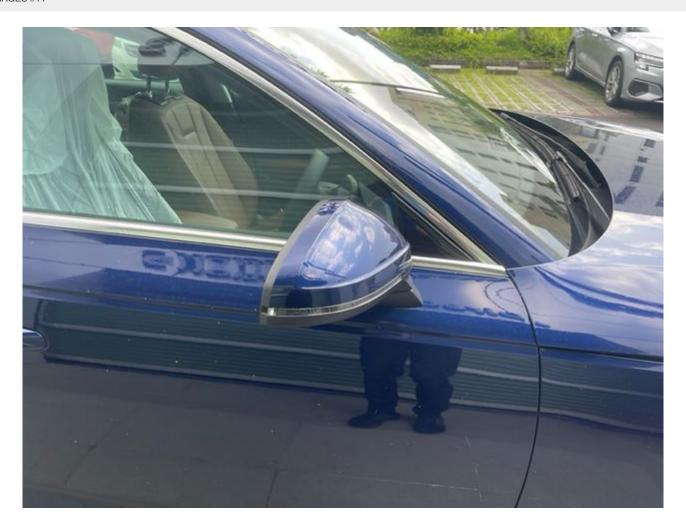














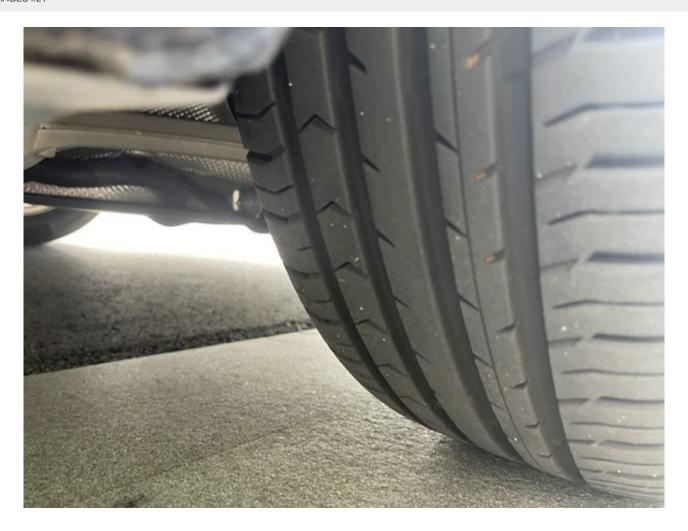




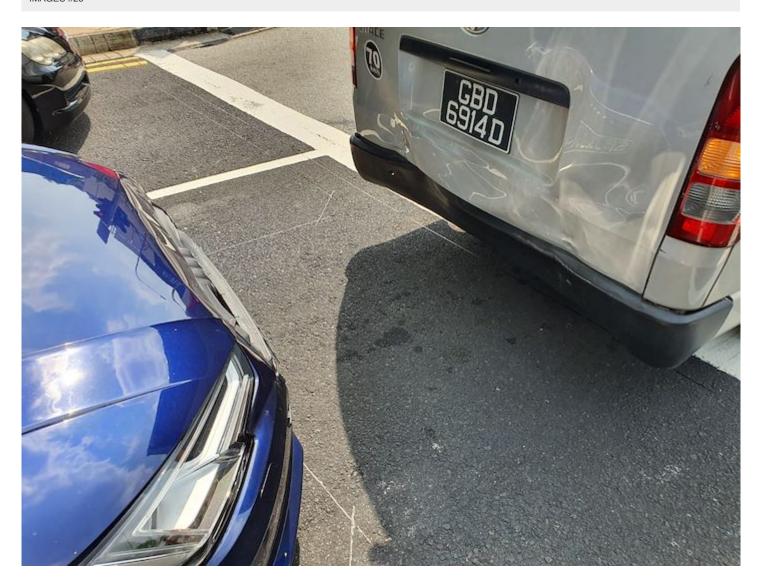




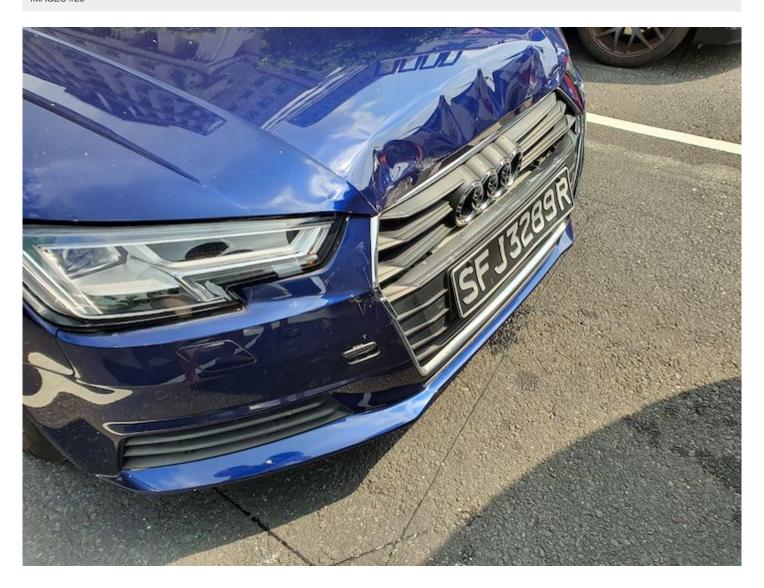






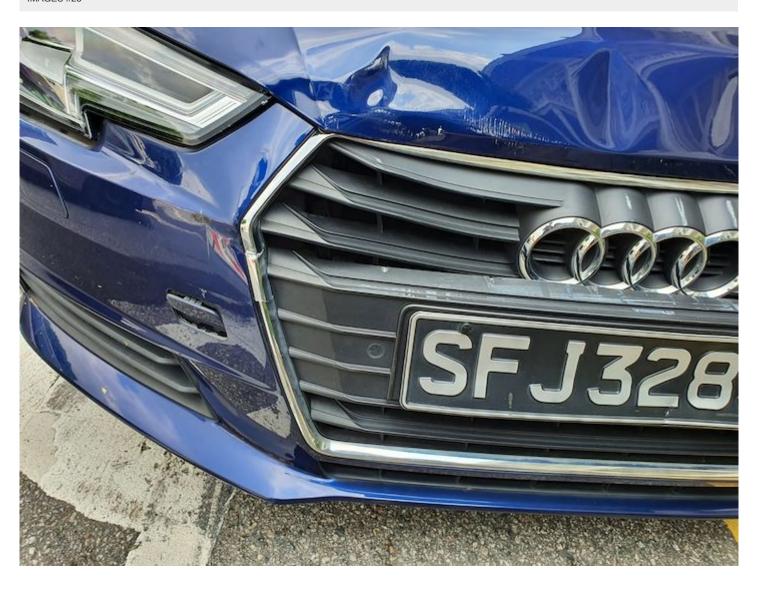


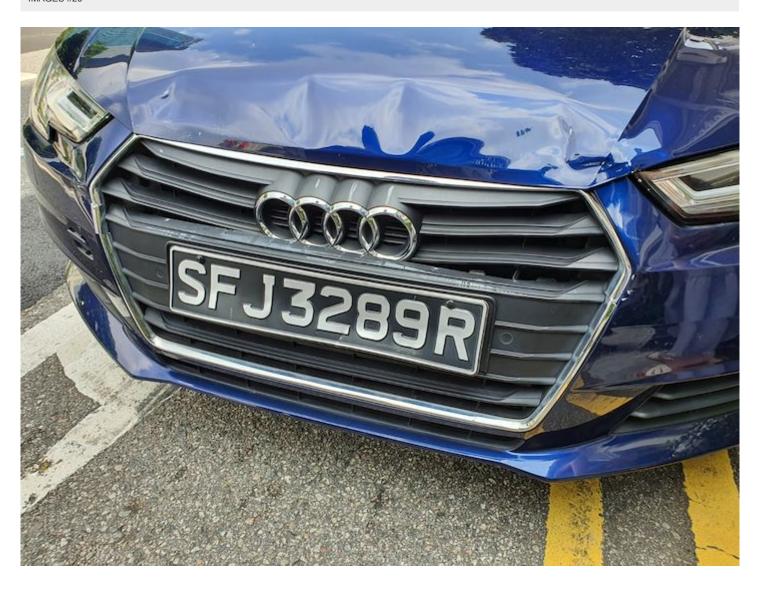














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / 651 Rev. No : M400017735

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	(A)		ERSONMAKINGTHEAMEND	
1289 Fc		Original Report No	SP0R223E0004	Vehicle Registration No: SFJ 3289 R
ACCOUNT :				SABRIEL NRIC/FIN/Passport No : SXXXXX751Z
		(*Vehicle Driver / Ve	ehicle Owner) (*) Please dele	ete as appropriate
		Address	: 1 THONG SOON GREE	NSingapore(787307
		Contact (Tel)	: 9633660	Mobile No.:
(В		Email Address	: JOEL.SIMKZ@GMAIL.C	ОМ
		Date of Accident	: 12/3/22	Time of Accident : 15;40
		Place of Accident	: JUNCTION OF ROCHO	R ROAD & VICTORIA ST
		Insurance Company	: AIG Asia Pacific Insurance	e Pte. Ltd.
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		Policyholder / Driver		Reporting Centre Personnels signature

Date: 16/3/22