

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 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 GlA 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	27/04/2022 12:26 (SGT)
Date of Accident	26/04/2022 16:50 (SGT)
Exact Location of Accident	Near 18 Tomlinson Rd, Singapore
Additional Location Information	CUSCADEN ROAD IN THE DIRECTION OF TANGLIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ2233J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SNG SOK CHENG ANGELYN
NRIC No	SXXXX731C
Email Address	ANGELYN SNG@GMAIL.COM
Mobile Phone No	(Phone) +65-96839922
Alternative Phone No	+65-96839922

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100463055-06
Cover Note Number	-

DRIVER

Name of Driver	SNG SOK CHENG ANGELYN
NRIC No	SXXXX731C

Date Of Birth	25/10/1959
Occupation	Indoor
Date Of Driving Pass	14/04/1981
Driving experience	41 YEARS
Gender	Female
Mobile Number	(Phone) +65-96839922
Alt. Phone Number	+65-96839922
Email Address	ANGELYSNG@GMAIL.COM
Address	22 CASSIA DRIVE
Address complement	-
Postcode	289715
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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

AFTER TURN FROM ORCHARD BOULEVARD INTO TOMLINSON ROAD IN THE ALTERNATION TANG LIN ROAD. I SIGNALLLED LEFT TO MOVE FROM RIGHT LANE TO LEFT LANE. SEEING THAT THE ROAD IS CLEAR AND NO VEHICLE BESIDE ME. HEARD HONKING AT SAME TIME THAT I FEEL SCRAPING NOISE AT LEFT OF CAR. I DROVE A FEW FEET FURTHER TO STOP MY CAR TO INSPECT DAMAGE TO THE OTHER CAR - A TAXI LIGHT BLUE. THERE SEEMS TO BE LITTLE DAMAGE TO OTHER CAR. DAMAGE TO FRONT DRIVER'S SIDE WHEEL SOME SUPERFICIAL SCRATCHES TO BODY ABOVE SAME WHEEL, SLIGHT CRACK TO FRONT DIVER SIDE HEADLAMP. (SEE PHOTO)

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	SH8303G
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

SKETCH PLAN

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 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.
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.
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

Sketch Plan

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

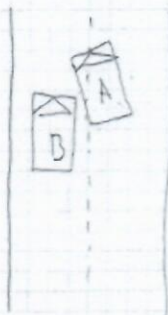
Witnessed by Reporting Centre Personnel



[Handwritten signature]

27/4/2022
10:50am

[Handwritten signature]



A - SC 222 33J

B - SH 8303G

Describe Circumstances of the Accident

Tomlinson Rd

After turning from Orchard Boulevard into Tomlinson Road in the direction of Tonglin Road, I signalled left to move from right lane to left lane. Seeing that the road is clear, and no vehicle beside me.

Heard honking at some time that I feel scraping noise at left of car.

I drove a few feet further to stop my car to inspect damage to the other car - a Taxi light blue.

There seems to be little damage to other car body. Damage to front driver's side wheel some superficial scratches to body above same wheel, slight crack to front down side headlamp. (see photo)

Declaration

I/we declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

M. S. D.
27/4/2022
10:20 AM

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

Witnessed by Reporting Centre Personnel

Tony Ferry