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.

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 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 06/06/2022 16:19 (SGT) Date of Accident 05/06/2022 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE TOWARDS ENG NEO EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

999

Vehicle Registration Number SI F6721

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DEBORAH KHOO WEN SHI NRIC No. SXXXX118I Email Address KHOOWENSHI@GMAIL.COM Mobile Phone No (Phone) +65-91890617 Alternative Phone No +65-91890617

VEHICLE PARTICULARS

Manufacturer

Model Α1 Variant SB 1.0 TFSI S-TRONIC 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100478645-05 Cover Note Number

DRIVER

Name of Driver MIRIAM KHOO WEN YI NRIC No. SXXXX500I

Date Of Birth	24/09/1996
Occupation Date Of Driving Page	Indoor
Date Of Driving Pass Driving experience	29/03/2016 6 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97260729
Alt. Phone Number	-
Email Address	MIRIAMKHOO@HOTMAIL.COM
Address	2 GOLDHILL DRIVE
Address complement	-
Postcode Is the driver the policyholder?	308951
If No, Relationship of the Driver with the Insured	No Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	JONATHAN SOEPRANOTO
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
1) DRIVING DOWN THE PIE, HIT A FOREIGN OBJECT. LOUD T	HUD NOISE & RIGHT FRONT TYRE FELL FLAT.
2) EXITED AND MADE OUR WAY SAFELY TO NEARBY RESIDE	ENTIAL ROAD.
3) CALLED AUDI ROADSIDE ASSIST AND WAS ADVISED ABOUT	
4) A WHILE AFTER, AUDI ROADSIDE ASSIST CAME AND CHAI	NGED FRONT RIGHT TYRE TO A LOANED TYRE *PAID*
5) WAS ADISED THAT THE TYRE IS FOR LOAN AND TO BRING	G THE ORIGINAL TYRE TO GET CHECKED AS IT WAS DAMAGED
- ALSO ADVISED THAT THE RIM WAS BROKEN AND POSSIBL	Y NEEDS TO BE FIXED AS WELL.
6) AUDI ROADSIDE ASSIST LEFT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No



SKETCH PLAN

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- 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)

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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

6/6/2020

10

6/6/2022. 1431 hrs.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

No Stetch Man.

	rcumstances of the Accident
()	Driving down the PIE, but a foreign object what the plat.
	I land thus hose & right hont type fell flat.
@	exited 8 made our way sately to wearby vesidential
	wad.
(3)	called AUDI roadside assist & was advised about call out be
(4	A while after MDI roadride assist came & chapped
	front right type to atomed loaned type - paid -
B) was advised that the tyre is for boan and to bring the original tyre to get checked as it was damaged - also advised that the rim was broken and possibly needs
	the original type to get checked as it was damaged -
	also advised that the nm was broken and possibly needs
	to be fixed as well.
(L) Andi voadride assist left.
10	

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















































































