

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 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 20/06/2022 15:09 (SGT)
Date of Accident 20/06/2022 12:07 (SGT)
Exact Location of Accident Near 238a Upper Thomson Rd, Singapore 307684
Additional Location Information THOMSON RIDGE SLIP ROAD TO UPPER THOMSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL7605R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN JIT ERN, JONATHAN
NRIC No SXXXX123F
Email Address JONTANJE@YAHOO.COM
Mobile Phone No (Phone) +65-98255665
Alternative Phone No +65-96915449

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
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? No - Claiming third party
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 No
Policy Number 1800119421-02
Cover Note Number -

DRIVER

Name of Driver ANGELINE LEK SUAN HOOI
NRIC No SXXXX579F

Date Of Birth	27/09/1973
Occupation	Indoor
Date Of Driving Pass	26/05/1994
Driving experience	28 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96915449
Alt. Phone Number	-
Email Address	ANNLEK27@YAHOO.COM
Address	62 JALAN LEMBAH THOMSON
Address complement	-
Postcode	577532
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 20JUN 2022 AT ABOUT 12:07 PM, I WAS ON THE SLIP ROAD WAITING TO TURN OUT ONTO UPPER THOMSON ROAD. FROM THE THOMSON RIDGE SLIP ROAD. AS THE TRAFFIC ON THE MAIN ROAD, I COULDN'T TURN OUT WAS MY CAR BRAKE WAS ENGAGED AS I WAS WAITING. A TAXI CAME FROM BEHIND AND REAR-ENDED MY CAR.

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	SHB5503C
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Taxi
Name of Driver	HOEDEN HERMAN OLIVER
Contact Number	(Phone) +65-94769249

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

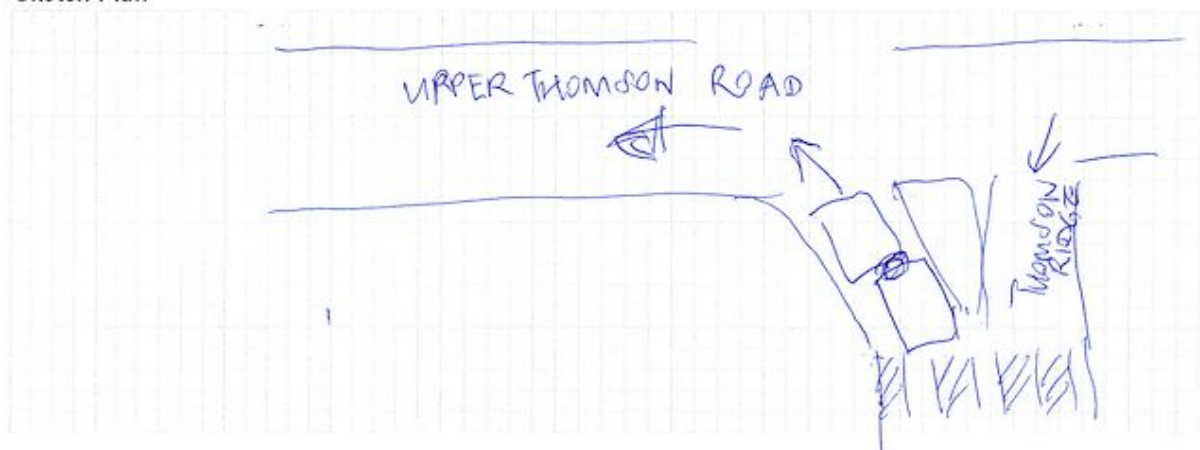
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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' 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 2016/22 - 1328

Witnessed by Reporting Centre Personnel Fay Fay

Sketch Plan



Describe Circumstances of the Accident


ON 20 JUNE 2022 AT ABOUT 12:07PM, I WAS ON THE SLIP ROAD WAITING TO TURN OUT ONTO UPPER THOMSON ROAD, FROM THE THOMSON RIDGE SLIP ROAD. ~~THE~~ AS THE TRAFFIC ON THE MAIN ROAD, ~~WAS~~ I COULDN'T TURN OUT. WAS MY CAR ~~WAS~~ BRAKE WAS ENGAGED AS I WAS WAITING. A TAXI CAME FROM BEHIND AND REAR-ENDED MY CAR.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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


20/6/22 - 1327

Witnessed by Reporting Centre Personnel



Tony Fung