

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 11:05 (SGT)
Reported by	Both
Date of Accident	17/06/2022 10:59 (SGT)
Exact Location of Accident	Near 17-03 Robinson Rd, Singapore
Additional Location Information	ROBINSON ROAD JUNCTION BEFORE CROSS ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG5330U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIONG YONG WEI, DAVID
NRIC No	SXXXX004I
Email Address	DAVIDTIONGYW@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97427290
Alternative Phone No	+65-97427290

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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.
Policy Number / Cover Note Number	2070007814-01

DRIVER

Name of Driver	TAN SHI HUI, PEARLY
NRIC No	SXXXX956E
Date Of Birth	20/11/1980
Occupation	Indoor

Date Of Driving Pass	13/01/2001
Driving experience	21 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93670487
Alt. Phone Number	-
Email Address	PEARLYSH@YAHOO.COM.SG
Address	85 COMPASSVALE BOW
Address complement	#06-19
Postcode	544685
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	EVAN TIONG
Gender	Male

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

I WAS DRIVING ALONG ROBINSON ROAD AND STOPPED AT THE TRAFFIC LIGHT AT THE JUNCTION OF BOON TAT ST ON THE 4TH LANE. THE YELLOW TAXI SHC 7593 Z STOPPED ON THE 2ND LANE AT THE SAME TRAFFIC LIGHT. I MOVED OFF AFTER THE TRAFFIC LIGHT TURNED GREEN. AFTER SIGNALLING, CHECKING MY BLIND SPOT AND SLOWLY MOVING INTO THE 3RD LANE AT 25KM/H, BEFORE CROSS ST JUNCTION WHEN IT WAS CLEAR. SUDDENLY, THE TAXI SHC 7593 Z ON THE RIGHT SWERVED INTO MY LANE AT A FASTER SPEED AND HIT MY CAR. I COULD NOT STOP IN TIME AND WAS FORCED TO SWAY THE CAR BACK TO THE LEFT LANE DUE TO THE IMPACT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7593Z
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	TAN AH SENG
Contact Number	(Phone) +65-94509930
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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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' 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

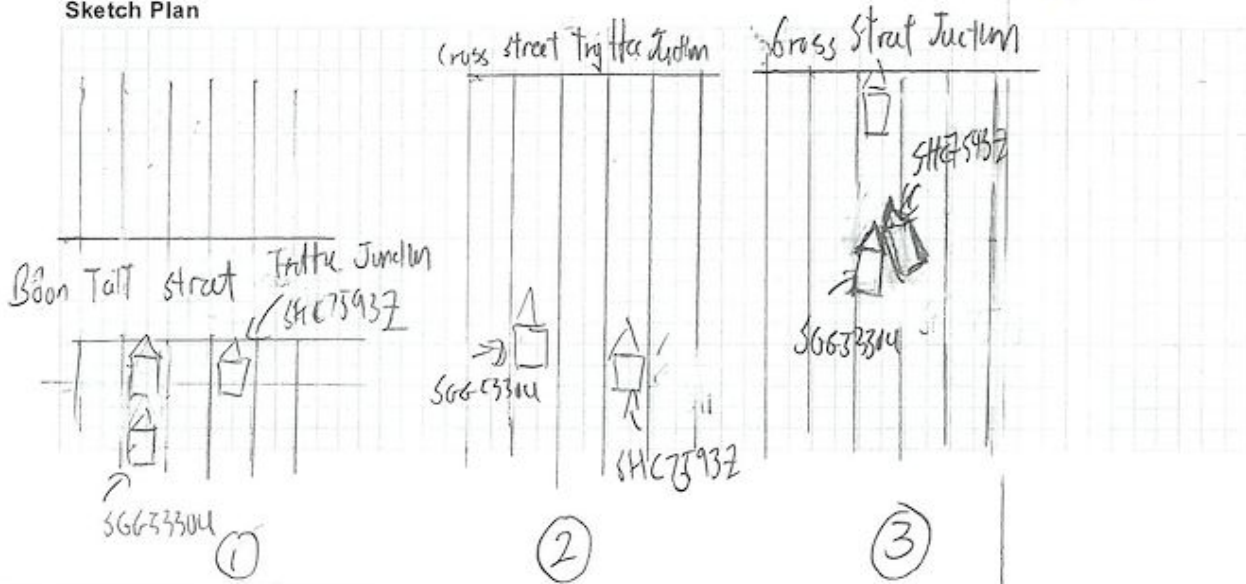
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

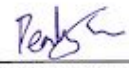
I was driving along Robinson Road and stopped at the traffic light at the junction of Boon Tat Street on the 4th lane. The yellow taxi SHC 75932 stopped on the 2nd lane at the same traffic light. I moved off after the traffic light turned green.

After signalling, checking my blind spot and slowly moving ~~off~~ into the 3rd lane at 25 km/hr, before Cross Street junction, when it was clear. Suddenly, the taxi SHC 75932 on the right swerved into my lane at a faster speed and hit my car. I could not stop in time and was forced to swerve the car back to the left lane due to the impact.

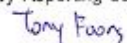
Declaration

We declare the foregoing particulars are true in every respect.

 17/6/22
Policyholder's Signature / Date & Time

 17/6/22
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel  Tony Fung













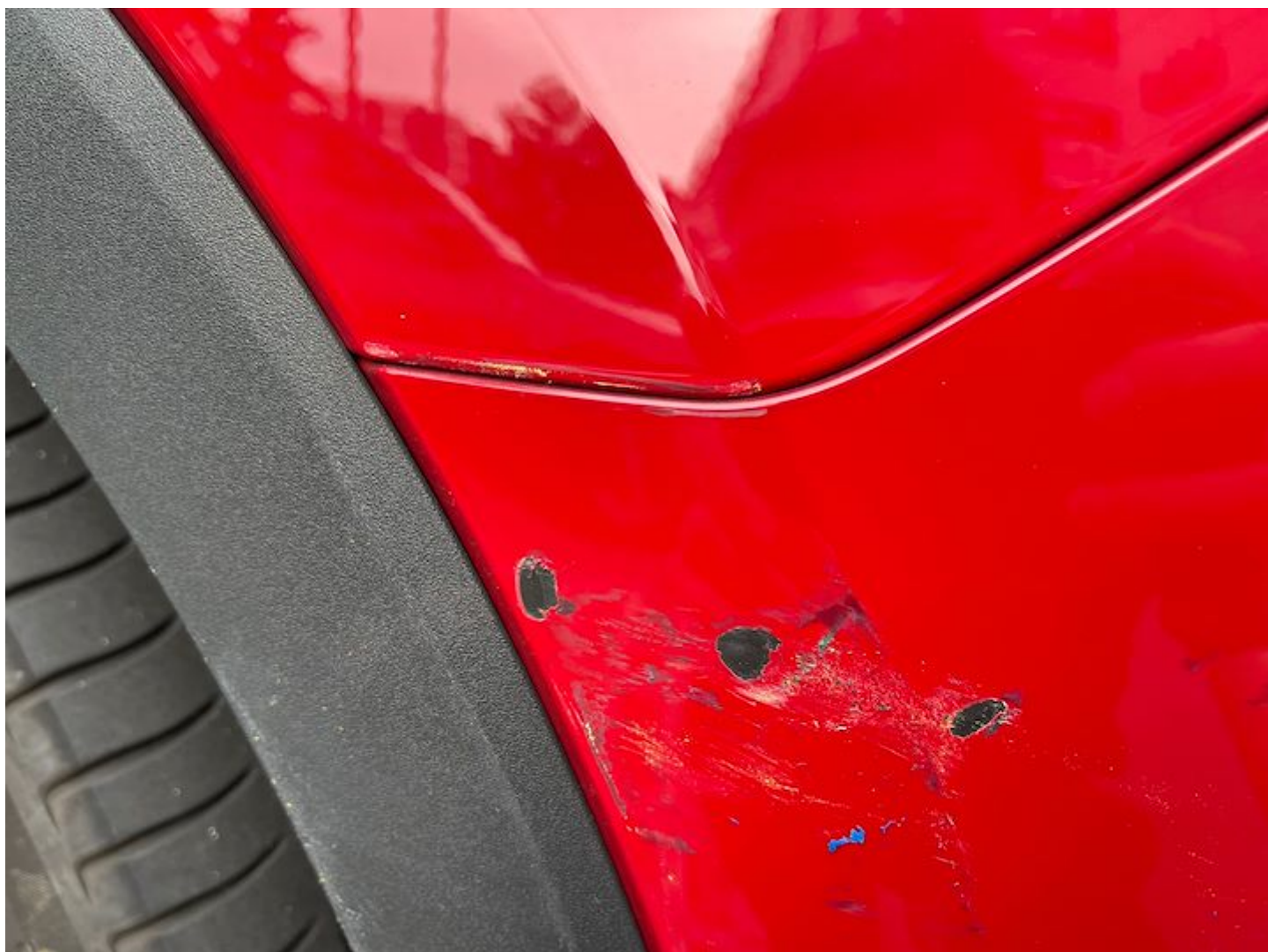




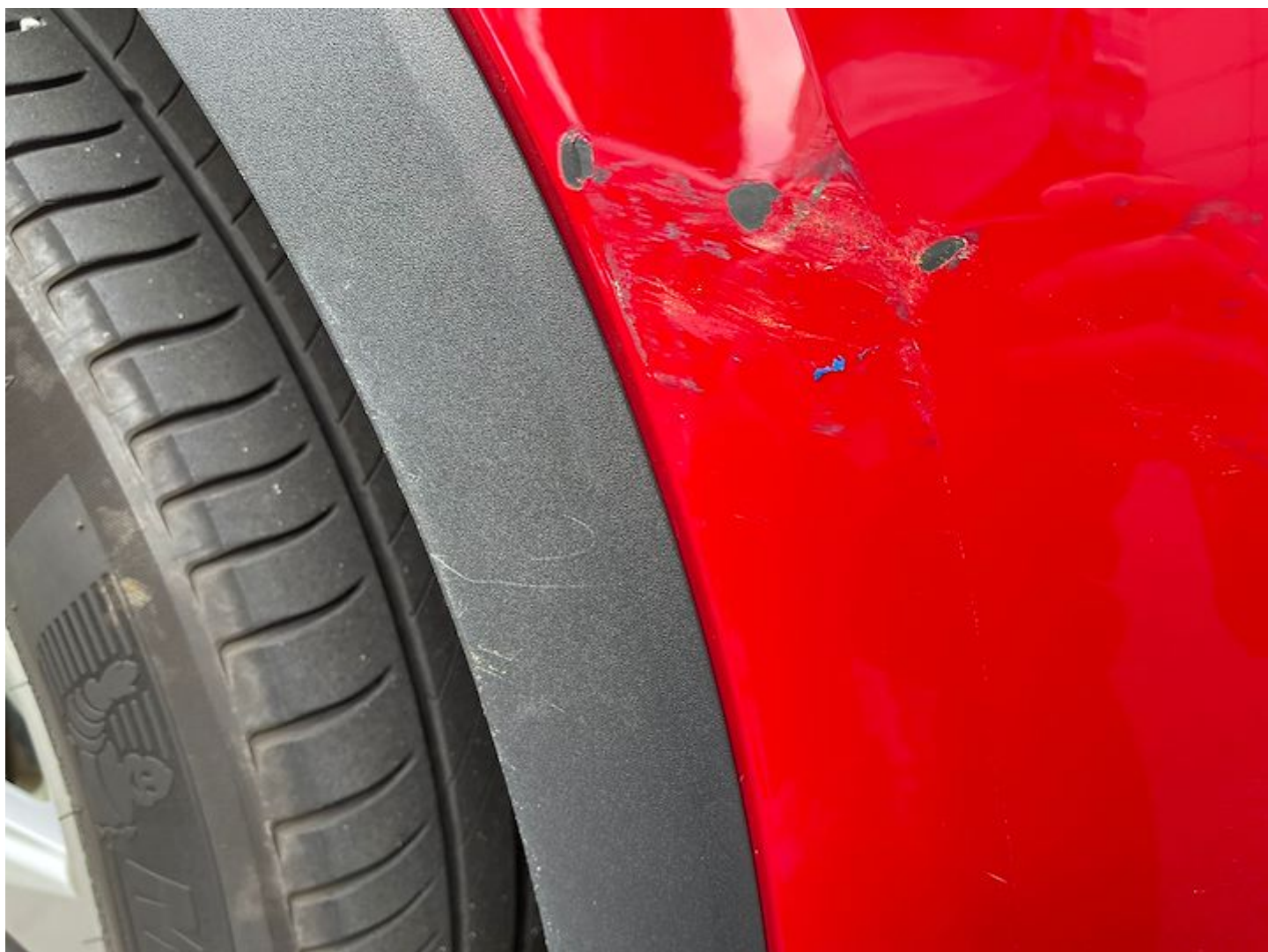






















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R226I0001 Vehicle Registration No: SGG5330U
Name(as shown in NRIC) : TIONG YONG WEI, DAVID NRIC/FIN/Passport No : SXXXX004I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 85 COMPASSVALE BOW #06-19 Singapore(544685)
Contact (Tel) : 93670487 Mobile No. : _____
Email Address : DAVIDTIONGYW@YAHOO.COM.SG
Date of Accident : 17/06/2022 Time of Accident : 10:59
Place of Accident : ROBINSON ROAD JUNCTION BEFORE CROSS ST
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND POLICYHOLDER NAME

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: JENNIS TAN
NRIC/FIN No.: GXXXX385W
Date: 24/6/22