

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 15/07/2022 17:52 (SGT)
Reported by Both
Date of Accident 15/07/2022 11:30 (SGT)
Exact Location of Accident Telok Kurau Rd, Singapore
Additional Location Information BUS STOP JUST AFTER LORONG JUNCTION BEFORE
READING CHANGI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6060S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH AH KENG, THERESA HUANG
NRIC No SXXXX588J
Email Address THEMAIL.UB@GMAIL.COM
Mobile Phone No (Phone) +65-96352246
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant 2.0 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 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7210065544

DRIVER

Name of Driver GOH AH KENG, THERESA HUANG
NRIC No SXXXX588J
Date Of Birth 10/12/1954

Occupation	Indoor
Date Of Driving Pass	27/09/1993
Driving experience	28 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96352246
Alt. Phone Number	-
Email Address	THEMAIL.UB@GMAIL.COM
Address	150 LORONG J TELOK KURAU
Address complement	#03-04
Postcode	423491
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	SBS8125Y
Vehicle Category	Bus

PASSENGER 1

Name	FHEVA SALAJAR ROLLOQUE
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

I WAS DRIVING ON A NARROW ROAD OF TELOK KURAU FROM LORONG JUNCTION TOWARDS CHANGI ROAD DIRECTION AT A VERY SLOW SPEED. AS SBS BUS INFRONT OF MY CAR MADE AN ANGLE TURN TOWARD THE LEFT, WITH THE BACK BUS BODY PROTRUDING OUT AND I TURNED TOWARDS RIGHT TO CONTINUE JOURNEY BUT MY CAR SWEEP THE BACK OF THE BUS AND THE REAR MIRROR COVER CAME OFF AND THE SIDE DOORS OF MY CAR WAS DAMAGED IN THE PROCESS. NO ONE WAS HURT IN THE BUS AND MY HELPER WAS ALSO NOT HURT IN THE PROCESS.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS81254
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MOHD NOR AS YSOG BIN ISMAIL
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	FHEVA SALAJAR ROLLOGUE
Phone	(Phone) +65-83752024
Email	-

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' 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.



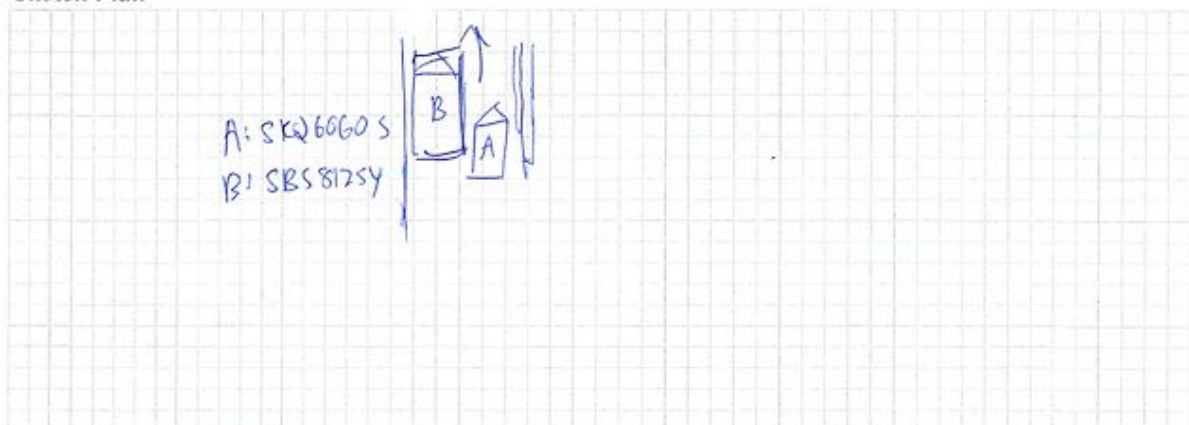
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident — 15/07/22 @ 11:30am


I was driving on a narrow road of Telok Kemau from long J towards Changi Road direction at a very slow speed.

~~The~~ As SBS bus in front ~~at that~~ car made an angle turn towards the left, with the back bus body protruding out and I turned ~~right~~ towards right in order to continue journey but my car sweep the back of the bus and the rear mirror cover came off and the side doors of my car was damaged in the process.

No one was hurt in the SBS bus ~~and~~ my helper was ~~not~~ also hurt in the process.

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



Witnessed by Reporting Centre Personnel



























