

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 Actual 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	01/08/2022 12:37 (SGT)
Reported by	Driver
Date of Accident	29/07/2022 22:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS WEST COAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S5090TE
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GUNGOR EMRIYE
Passport No/FIN	FXXXX883P
Email Address	mustafagungor0921@gmail.com
Mobile Phone No	(Phone) +65-83283175
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100237688-11

DRIVER

Name of Driver	MUSTAFA GUNGOR
Passport No/FIN	FXXXX589R
Date Of Birth	25/05/1965
Occupation	Indoor

Date Of Driving Pass	04/10/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98291765
Alt. Phone Number	-
Email Address	mustafagunor0921@gmail.com
Address	59 WEST COAST WAY #09-16
Address complement	CARABELLE
Postcode	127019
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	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	DAUGHTER
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG1217G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 (Name as in NRIC/ID card)

Sketch Plan

01-08-2022 *[Signature]*

AYR TOWARDS WEST COAST

ROAD WORK

A) S 50907E

B) SG 1217G

[Sketch of accident scene on grid paper showing vehicle positions and road work area]

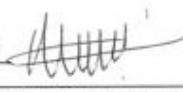
Describe Circumstance of the Accident


ON THE 29/07/2022 AT ABOUT 22:30HRS I WAS ON THE WAY HOME WITH MY DAUGHTER AND WAS TRAVELLING ALONG AYE ON THE RIGHT MOST LANE FROM FAR I SAW A 2 LANE JAM ROAD WORK SUDDENLY THE CAR IN FRONT OF ME ^{JAM} BRAKE, I FOLLOWED AND BRAKE BUT MY STILL MOVE FORWARD & IN THE CAR SLIGHTLY SO I COULD NOT REMEMBER THERE HOW MANY CAR COLLISION ITS HAPPEN SO FAST & EVERYBODY CONTINUE THE JOURNEY THAT ALL.

Declaration

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

Policyholder's Signature / Date & Time

01-08-2022  Driver's Signature (if driver is not the policyholder) / Date & Time

 01/08/2022 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

























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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822810006 Vehicle Registration No: S5090 TE
 Name (as shown in NRIC): MUSTAFA GRUNGOR NRIC/FIN/Passport No: FXXXX589
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98291765
 Email Address: _____
 Date of Accident: 29/07/2022 Time of Accident: 22:30
 Place of Accident: AYE TOWARDS WEST COAST
 Insurance Company: AIU

(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:

DRIVER ID to F1319589R

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: