

# 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 ..... 10/08/2022 16:49 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/08/2022 09:00 (SGT)  
Exact Location of Accident ..... Tampines Rd, Singapore  
Additional Location Information ..... JUNCTION OF LOYANG AVENUE AND TAMPINES ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL3700L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... VINCENT TAN KHAR KHENG  
NRIC No ..... SXXXX167G  
Email Address ..... VT88@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-83688688  
Alternative Phone No ..... +65-83836868

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
Variant ..... SEDAN 1.4 TFSI  
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 ..... 2100488648-05

### DRIVER

Name of Driver ..... TEW HWEI SIN  
NRIC No ..... SXXXX343B  
Date Of Birth ..... 24/06/1976  
Occupation ..... Indoor

Date Of Driving Pass .....	16/04/1997
Driving experience .....	25 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83836868
Alt. Phone Number .....	-
Email Address .....	THWEISIN@GMAIL.COM
Address .....	BLK 7 PASIR RIS DRIVE 4
Address complement .....	#07-05
Postcode .....	519459
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 - Major/Minor Rd
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) .....	1
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 .....	-

#### 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

IN THE MORNING, AT AROUND 9 AM, I WAS DRIVING ALONG LOYANG AVENUE. I WAS HEADING FOR THE ENTRANCE TO THE HIGHWAY PIE. I WAS DRIVING STRAIGHT AND RECALL THE LIGHT WAS TO MY FAVOR GREEN LIGHT WHEN I CROSS THE LINE. I DROVE AT AROUND 50-60KM/HR WHEN SUDDENLY I WAS HIT BY THE SIDE OF MY CAR. THE HIT WAS AT THE PASSENGER SEAT TO MY RIGHT. HOWEVER, THE HIT WAS SUDDEN AND IMPACT BIG ENOUGH TO TRIGGER THE DRIVER'S AIRBAG. ON MY RIGHT AND LEFT. MY CAR STOPPED AND THE SIDE OF MY RIGHT FACE WAS HIT BY THE AIRBAG ON THE RIGHT (DRIVER'S SEAT). I UNDERSTAND THAT THE OTHER CAR WAS MAKING A PRETTY FAST RIGHT TURN. I WAS NOT HURT NEITHER IS THE DRIVER AND HER HUSBAND AND 2 KIDS.

#### 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 .....	SNA7982Z
Vehicle Manufacturer .....	Kia
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**

**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. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

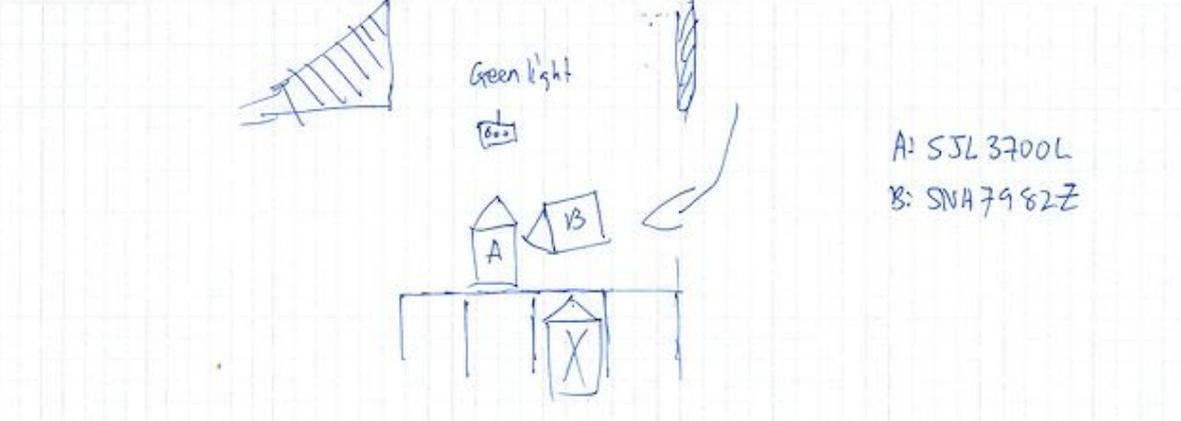
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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	10/9/22, 12 pm _____ Driver's Signature (if driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
--	---	---

**Sketch Plan**



**Describe Circumstances of the Accident**

In the morning, at around 9am, I was driving along  
 Loyang ~~way~~ avenue ~~towards~~, I was heading for the  
 entrance to the highway ~~to~~ PIE.

~~Before~~ I was driving straight and recall the  
 green light. <sup>when I cross the line</sup> light was to my favor. I drove at around 50-60km/hr  
 when suddenly I was hit at the side of my car.  
 The hit was at the passenger seat to my right. ~~However~~  
 However, the hit was sudden and impact big enough to  
 trigger the driver's airbag. on my right and left.  
 my car stopped and I was hit <sup>the side of my right face</sup> against the airbag  
 on the right (driver's seat). I understand that the  
 other car was ~~driving~~ <sup>making a</sup> pretty ~~fast~~ <sup>right turn. right turn.</sup> ~~past~~  
~~my car and I was not hurt. Neither is the driver, and her husband~~  
 not hurt. Neither is the driver, and her husband  
 and 2 kids.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*[Handwritten Signature]* 10/2/12 12pm.

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



Witnessed by Reporting Centre Personnel



























































