

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	22/08/2022 16:03 (SGT)
Reported by	Both
Date of Accident	22/08/2022 11:04 (SGT)
Exact Location of Accident	59 Mohamed Sultan Rd, Singapore 238999
Additional Location Information	MOHAMED SULTAN ROAD IN FRONT OF SULTAN LINK BLDG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8775L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM PEK YING
NRIC No	SXXXX701C
Email Address	VERON@LINK-MULTIPLES.COM
Mobile Phone No	(Phone) +65-91899940
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	2100468761-06

DRIVER

Name of Driver	LAM PEK YING
NRIC No	SXXXX701C
Date Of Birth	04/07/1961
Occupation	Indoor

Date Of Driving Pass	23/11/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91899940
Alt. Phone Number	-
Email Address	VERON@LINK-MULTIPLES.COM
Address	3 PASIR RIS VIEW
Address complement	-
Postcode	518586
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 - Change/cross lane
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

AS PER THE VIDEO: WHEN MY CAR WAS ALREADY 3/4 OUT WITH THE SIGNAL LIGHT ON, THE THIRD-PARTY VEHICLE SLU2740G WAS NO NEAR ME (A DISTANT). HIS VEHICLE WAS TRAVELLING VERY FAST. PLEASE ALSO NOTE THAT THERE WAS ANOTHER LADY SEATED FRONT SEAT AT THE TIME OF THE ACCIDENT AT 11.04 AM (ABOUT). MY DOOR WAS JAMMED INSTEAD OF ASSISTING ME OUT. BOTH THE DRIVER AND THE LADY WERE TALKING. AND LATER THE LADY LEFT. I HAVE TO SIGNAL/ WAVED TO HIM TO HELP ME OUT. PLEASE CHECK THE VIDEO AS I HAVE PICTURED OF THE ACCIDENT IN THAT MY CAR WAS 3/4 OUT. (THE SPEED THAT HE WAS TRAVELLING- YOU HAVE TO TAKE INTO CONSIDERATION.

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	SLU2740G
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	LEE KOH YUAT CHRISTOPHER
Contact Number	(Phone) +65-97326192
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

[Signature]

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

AS PER VIDEO :-

When my ~~test~~ car already 3/4 out with signal light on. The third party vehicle ST u 27405 was no near me (a distant).

His vehicle was travelling very fast.

Please also note that there were another lady seated front seat at the time of accident 11.04am (about).

My door was jammed ~~but~~, instead of assisting me out. Both the driver and the lady were talking. And later the lady left.

I have to signal/waved to him. to help me out.

Please check the video as I have provided of the accident that my car wa 3/4 out. (The speed that he was travelling - you have to take into consideration.

Declaration

We declare the foregoing particulars are true in every respect.

Ryham

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

































































