

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	07/09/2022 17:04 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 09:01 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON ROAD NEXT TO SHELL PETROL KIOSK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7028R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA MENG HUI SEBASTIAN
NRIC No	S7206405D
Email Address	SEBNJESS@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81211486
Alternative Phone No	+65-84189433

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTBACK 1.5 TFS
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220014670

DRIVER

Name of Driver	CHUA KAH HAU LUKE
NRIC No	T0227318C
Date Of Birth	12/09/2002
Occupation	Indoor

Date Of Driving Pass	21/01/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98288594
Alt. Phone Number	-
Email Address	CKHLUKE@GMAIL.COM
Address	178 TAGORE AVENUE
Address complement	-
Postcode	787850
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON THE MORNING OF 7 SEPTEMBER 2022, AT APPROXIMATELY 0900HRS, AT THOMSON ROAD (TOWARDS NEWTON) NEXT TO SHELL PETROL KIOSK (JUST BEFORE THE KIOSK EXIT), AFTER THE YELLOW BOX, AFTER CHECKING MY LEFT SIDE MIRROR AND BLINDSPOT, I CHANGED MY LANE FROM LANE 2 TO LANE 3 (OUTERMOST LEFT LANE) AFTER ENSURING THE LANE WAS CLEAR OF ONCOMING VEHICLES AND IT WAS SAFE TO CHANGE LANE. HOWEVER, AS MY VEHICLE STARTED MOVING OUT TOWARDS THE LEFT, A BLUE MOTORCYCLE FROM BEHIND COLLIDED WITH MY LEFT FRONT DOOR AND LEFT SIDE MIRROR. THE MOTORCYCLIST FELL SIDEWAYS TOWARDS THE RIGHT TOGETHER WITH THE MOTORCYCLE.

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	FBH2069Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Motorcycle
Name of Driver	MOHAMED ISHMARIS BIN JEFRI
Contact Number	(Phone) +65-92209852
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ISHMARIS BIN JEFRI
Gender	-
Phone No	(Phone) +65-92209852
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2069Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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' 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

On the morning of 7 September 2022, at approximately 0900HRS, at Thomson Road (towards Newton) next to Shell petrol kiosk (just before the kiosk exit), after the yellow box, after checking my left side mirror and blindspot, I changed my lane from Lane 2 to Lane 3 (outermost left lane). A blue motorcycle collided (left lane) after ensuring the lane was clear of oncoming vehicles and it was safe to change lane. However, as my vehicle started moving out towards the left, a blue motorcycle from behind collided with my left front door and left side mirror. The motorcyclist fell sideways towards the right together with the motorcycle.

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













































































