

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 13/10/2022 12:02 (SGT)
Reported by Both
Date of Accident 13/10/2022 08:30 (SGT)
Exact Location of Accident North Bridge Rd, Singapore
Additional Location Information IN FRONT OF THE RAFFLES HOTEL DRIVEWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX7011D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BENJAMIN TOH LIK HONG
NRIC No S8461250B
Email Address BENTLH@GMAIL.COM
Mobile Phone No (Phone) +65-81210900
Alternative Phone No +65-90057281

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
Variant SPORTBACK 1.4 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 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7210142500

DRIVER

Name of Driver BENJAMIN TOH LIK HONG
NRIC No S8461250B
Date Of Birth 23/06/1984
Occupation Indoor

Date Of Driving Pass	23/10/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-81210900
Alt. Phone Number	+65-90057281
Email Address	BENTLH@GMAIL.COM
Address	480 SIGLAP ROAD
Address complement	#01-84, FLAMINGO VALLEY
Postcode	454855
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	Side Swipe
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

I WAS EXITING THE RAFFLES HOTEL DRIVEWAY ONTO NORTH BRIDGE ROAD. I SLOWED DOWN AND CHECKED TO ENSURE THAT THE LEFT LANE OF NORTH BRIDGE ROAD I WAS TURNING INTO WAS CLEAR. IT WAS INDEED CLEAR. I TURNED INTO THE LEFT LANE. THE OTHER CAR WAS ON THE SECOND LANE AND HAD SUDDENLY CHANGED LANES INTO THE LEFT LANE AFTER I HAD ALREADY GOTTEN ONTO THE LEFT LANE. THE FRONT LEFT CORNER OF HIS CAR HIT INTO THE REAR RIGHT SIDE OF MY CAR. HE HAD A PASSENGER IN HIS CAR AND BOTH WERE FINE AS IT WAS AT A RELATIVELY LOW SPEED. WE BOTH TOOK PHOTOS AND EXCHANGED NRIC AND DRIVING LICENSE DETAILS, AND PHONE NUMBERS.

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	SML6902R
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TAN YONG HENG
Contact Number	(Phone) +65-96911339
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.



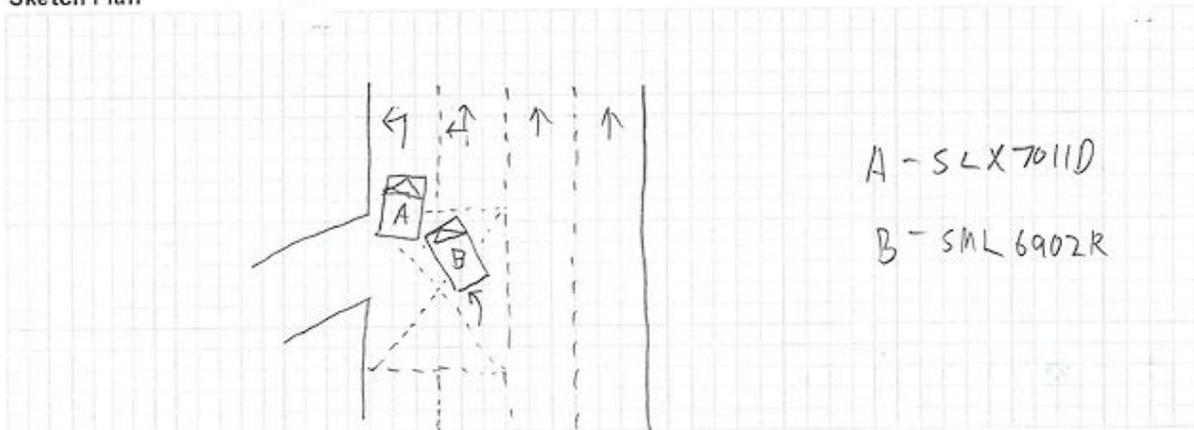
[Signature] 13 Oct 2022 / 10:20am

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

had slowed down and

I was exiting the Raffles Hotel driveway onto North Bridge Road. I ~~had~~ checked to ensure that the ~~these~~ left lane of North Bridge Road I was turning into was clear. It was indeed clear. I turned into the left lane. The other car was on ~~at~~ the second lane and ~~had~~ had suddenly changed lanes into the left lane after I had already gotten onto the left lane. ~~His~~ The front ~~to~~ left corner of his car hit into the rear ^{right} side of my car. ~~He was~~ He ~~was~~ had a passenger in his car and both were fine as ~~they~~ it was at a relatively low speed. We both took photos and exchanged NRIC and driving license details, and phone numbers.

Declaration

We declare the foregoing particulars are true in every respect.



BN 13 Oct 2022 / 10:35am
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Tom Fuong

















































