

## 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	25/10/2022 10:25 (SGT)
Reported by	Both
Date of Accident	23/10/2022 16:20 (SGT)
Exact Location of Accident	Ewe Boon Rd, Singapore
Additional Location Information	EWE BOON ROAD ALONG 15-27 HSE NOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA782E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH LAI PENG
NRIC No	SXXXX229Z
Email Address	PAMLEEGOH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94885396
Alternative Phone No	(Home) +65-2359607

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
Variant	1.5 TFSI S-TRONIC
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	7220055887

### DRIVER

Name of Driver	GOH LAI PENG
NRIC No	SXXXX229Z
Date Of Birth	29/01/1966
Occupation	Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

29/05/2008

14 YEARS AND 5 MONTHS

Female

(Phone) +65-94885396

(Home) +65-2359607

PAMLEEGOH@YAHOO.COM.SG

27 EWE BOON ROAD

#09-01

259330

Yes

-

No

-

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collided into Property

Clear

Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No

Number of vehicles involved in the accident

1

Was anybody injured in the Accident?

No

Was any injured conveyed to hospital by ambulance?

-

Was any other vehicle or property damaged?

No

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

CLAIRE LEE

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

I WAS DRIVING UP THE SLOPE OF EWE BOON ROAD ALONG HSE NOS ODD 15-27 WHEN I ACCIDENTALLY SWERVED AND HIT A TREE.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

No

**SKETCH PLAN**

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**6. 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.
- (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.

*Ramsey*

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A:SNATSE



Describe Circumstances of the Accident

I was driving up the slope of Ewe Boon Road along HSE No 1  
 Odd 15-27 when I accidentally swerved and hit the tree

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*  
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel