

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 17:19 (SGT)
Reported by Both
Date of Accident 29/09/2022 16:25 (SGT)
Exact Location of Accident Seletar West Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ4826P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NOORAISHA BTE ABDUL QUDDOOS
NRIC No S1457036E
Email Address NORA.ZAILAN@GMAIL.COM
Mobile Phone No (Phone) +65-91067510
Alternative Phone No +65-97328335

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant 1.0 SEDAN
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

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

DRIVER

Name of Driver NOORAISHA BTE ABDUL QUDDOOS
NRIC No S1457036E
Date Of Birth 21/11/1960
Occupation Indoor

Date Of Driving Pass	02/09/1993
Driving experience	29 YEARS
Gender	Female
Mobile Number	(Phone) +65-91067510
Alt. Phone Number	+65-97328335
Email Address	NORA.ZAILAN@GMAIL.COM
Address	880 SEMBAWANG ROAD
Address complement	-
Postcode	758472
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	Wet

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?	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 29/09/2022. I WAS DRIVING HOME USING SELETAR WEST LINK. I WAS DRIVING IN THE FIRST LANE. I DID NOT RECALL ANY COLLISION WITH VEHICLES. I DID HEAR A SMALL FLAP SOUND. I DID NOT HEAR ANY CRASH OR CRUSH AND AS I WAS IN THE FIRST LANE AND TRAFFIC WAS MOVING, I DROVE ON MUCH LATER I NOTICE MY LEFT WING MIRROR WAS CLOSED. I COULD OPEN IT FROM INSIDE OF MY CAR, SO I DROVE HOME. WHEN I REACHED HOME, I RE-CHECK AND NOTICED NO DENTS OR MARKS ON THE CAR. ONLY THE WING MIRROR HAS SMALL SCRATCHES. LIGHT (INDICATOR) WAS ALSO INTACT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU1933Y
Vehicle Manufacturer	-
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**

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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.



13/10/2022 3pm
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

No Sketch available


Describe Circumstances of the Accident

On 29/11/2022 I was driving home using Selectra West link.
 I was driving on the first lane.
 I did not recall any collision with vehicles.
 I did hear a small flap sound.
 I did not hear any crash or crush and as I was in first lane and traffic was moving fast I drove on.
 Much later I noticed my left wing mirror was closed.
 I could open it from inside of my car so I drove home.
 When I reached home I checked and noted no dents or marks on the car. Only the wing mirror small scratches.
 Light (indicator) was also intact.

Declaration

We declare the foregoing particulars are true in every respect.



 13/10/2022
 Policyholder's Signature / Date & Time
 3pm

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

Witnessed by Reporting Centre Personnel



















