

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 24/11/2022 13:00 (SGT)
Reported by Both
Date of Accident 23/11/2022 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BUKIT MERAH ROAD INTO LOWER DELTA ROAD
HEADING TIONG BAHRU
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL7113R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YAP GEOK SUAN JENNY
NRIC No S6842475E
Email Address jenny.yap@sumitomocorp.com
Mobile Phone No (Phone) +65-97300094
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer LandRover
Model DISCOVERY SPORT 2.0 SI4 SE 7STR
Variant -
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100481201

DRIVER

Name of Driver NG BOON HO
NRIC No S1695558B
Date Of Birth 20/04/1965

Occupation	Indoor
Date Of Driving Pass	23/07/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97300094
Alt. Phone Number	-
Email Address	jenny.yap@sumitomocorp.com
Address	APT BLK 4A BOON TIONG ROAD #30-21
Address complement	-
Postcode	164004
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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)	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	WIFE
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

REFER TO ATTACHMENT

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	SMY9073U
Vehicle Manufacturer	Audi
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EVELYN
Contact Number	(Phone) +65-98464998
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.

 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Policyholder's Signature / Date & Time	 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Driver's Signature (if driver is not the policyholder) / Date & Time	<div style="display: flex; align-items: center; justify-content: center;">   </div> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Witnessed by Reporting Centre Personnel
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Sketch Plan

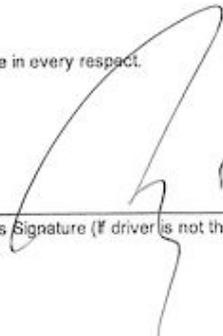
Describe Circumstances of the Accident

On 23 Nov 2022 at about 2000hrs as I was travelling on Jalan Bukit Merah Road following into Lower Delta Road heading towards Tiong Bahru Road I stopped at the filtering lane. Upon clear traffic in my favour I started towards Lower Delta Road when vehicle SMI 9073U a black SUV Q3 Audi suddenly made a stop and my vehicle collided into its rear. There was no injury detected on driver of the vehicle, Evelyn contactable at 984 64998. My wife and I were also not injured. That's all.

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
 24/11/2022


 Witnessed by Reporting Centre Personnel

