

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 22/11/2022 14:45 (SGT)
Reported by Both
Date of Accident 21/11/2022 14:03 (SGT)
Exact Location of Accident Singapore
Additional Location Information ORANGE GROVE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT790E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH CHEE CHEONG REUBEN(SU ZHIZHONG, REUBEN)
NRIC No SXXXX159J
Email Address DRREUBEN@HOTMAIL.COM
Mobile Phone No (Phone) +65-96473700
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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 1700072065-05

DRIVER

Name of Driver SOH CHEE CHEONG REUBEN(SU ZHIZHONG, REUBEN)
NRIC No SXXXX159J
Date Of Birth 31/12/1979
Occupation Indoor

Date Of Driving Pass	29/04/1999
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96473700
Alt. Phone Number	-
Email Address	DRREUBEN@HOTMAIL.COM
Address	7A HOLLAND HILL
Address complement	#04-08
Postcode	278732
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	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?	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 REUBEN SOH, THE OWNER AND DRIVER OF SLT 790 E, WAS DIRIVNG ALONG ORANGE GROVE ROAD ON THE LEFT LANE OF A 2 LANE ROAD. THE RIGHT LANE HAD A QUEUE OF 3 TO 4 VEHICLES AND THE LAST VEHICLE IN THE QUEUE , SLG 6470 H, DRIVEN BY TAN SHENG KAI S9127150H SUDDENLY SWERVED WITHOUT SIGNALLING FROM THE RIGHT LANE INTO THE LEFT LANE CAUSING A SIDE SWIPIE ON MY DRIVER SIDE DOOR AND DRIVER SIDE PASSENGER DOOR. NO INJURIES WERE SUSTAINED. PARTICULARS WERE EXCHANGED AND BOTH VEHICLES PROCEEDED TO MAKE THE REPORTS

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	SLG6470H
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
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

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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.
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]
1240hrs.
22/11/2022

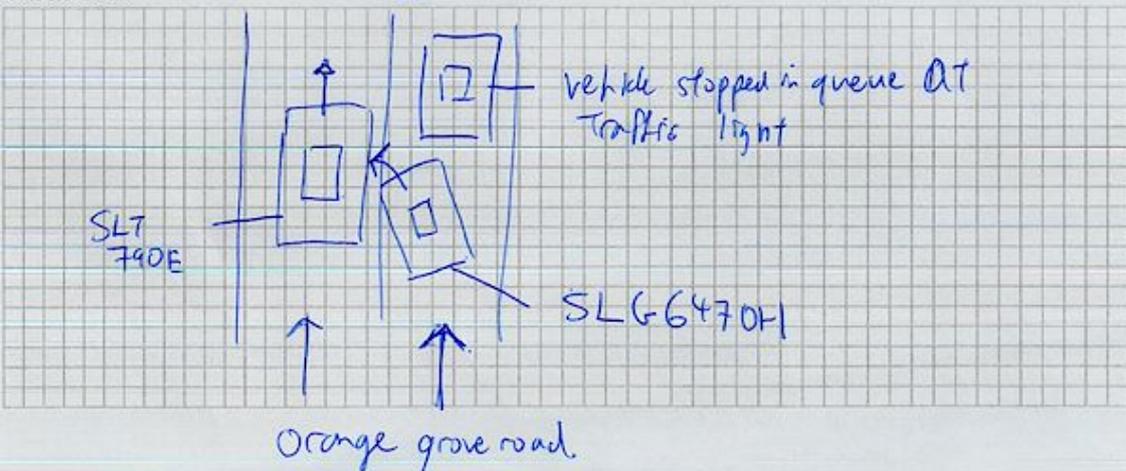
Policyholder's Signature / Date & Time

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

[Signature]

[Stamp: AUTOMOBILES PTE LTD. PRESENTED BY...]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Without
Signaling

I, Reuben Soh, the owner and driver of SL7790E, was driving along Orange Grove road on the left lane of a 2 lane road. The right lane had a queue of 3 to 4 vehicles and the last vehicle in the queue, SL66470H, driven by TAN SHAM KAI S9127150H suddenly sherved from the right lane into the left lane causing a side swipe on my driver side door and driver side passengers door. No injuries were sustained. Particulars were exchanged and both vehicles proceeded subsequently to make the reports.

Declaration

We declare the foregoing particulars are true in every respect.

 1240 hrs.
22/11/2022
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel





























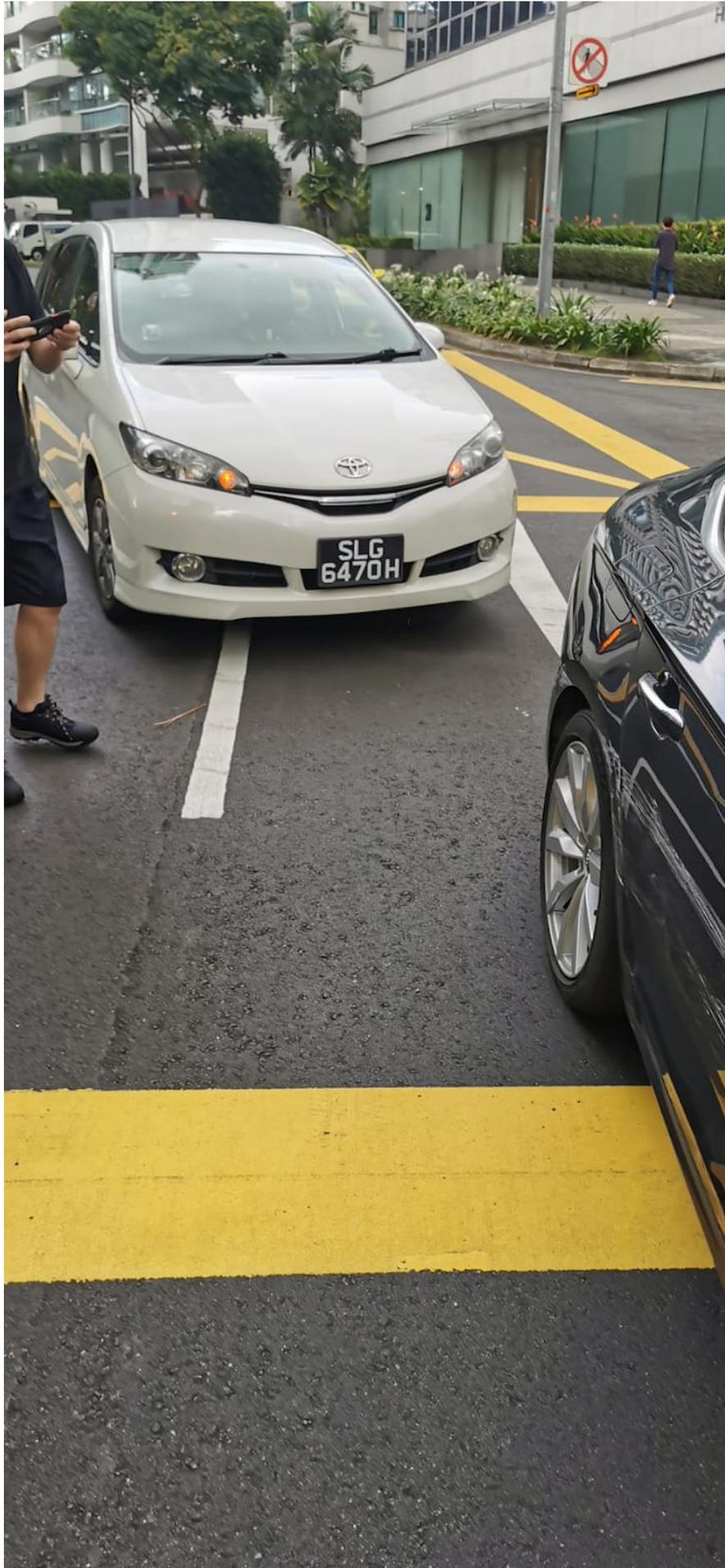


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP1422BM0002 Vehicle Registration No: SLT790E
 Name (as shown in NRIC) : SOH CHEE CHEONG REUBEN NRIC/FIN/Passport No : SXXXX159J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 96473700
 Email Address : DRREUBEN@HOTMAIL.COM
 Date of Accident : 21/11/2022 Time of Accident : 14:03
 Place of Accident : ORANGE GROVE ROAD
 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CONVERT REPORT TO CLAIM OWN INSURANCE

Reuben Soh
 Policyholder / Driver's Signature
 Date: 30/11/2022


 Reporting Centre Personnel's Signature
 Name: Lim Poo
 NRIC/FIN No.: _____
 Date: 30/11