

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	25/01/2023 15:54 (SGT)
Reported by	Both
Date of Accident	25/01/2023 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUONA VISTA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3318Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HENG WAN SIA PATRICIA
NRIC No	SXXXX465G
Email Address	HENGPATRICIA@GMAIL.COM
Mobile Phone No	(Phone) +65-94300990
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	SKZ3318Y

DRIVER

Name of Driver	HENG WAN SIA PATRICIA
NRIC No	SXXXX465G
Date Of Birth	27/05/1955
Occupation	Indoor

Date Of Driving Pass	15/12/1979
Driving experience	43 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-94300990
Alt. Phone Number	-
Email Address	HENGPATRICIA@GMAIL.COM
Address	246 PASIR PANJANG ROAD
Address complement	-
Postcode	118605
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	5
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
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

MY VEHICLE SKZ3318Y WAS TRAVELLING ALONG BUONA VISTA ROAD NEAR BUS STOP (THE GALEN) AND VEHICLE SJJ257D WAS IN THE OPPOSITE SIDE OF THE ROAD. SJJ2573D SKIDDED AND HIS VEHICLE RIGHT FRONT HITTED INTO MY VEHICLE SKZ3318Y.

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 SJJ2573D
Vehicle Manufacturer Hyundai
Vehicle Model Verna
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver FARHAN BIN HAMZAH
NRIC No SXXXX632D
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

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.

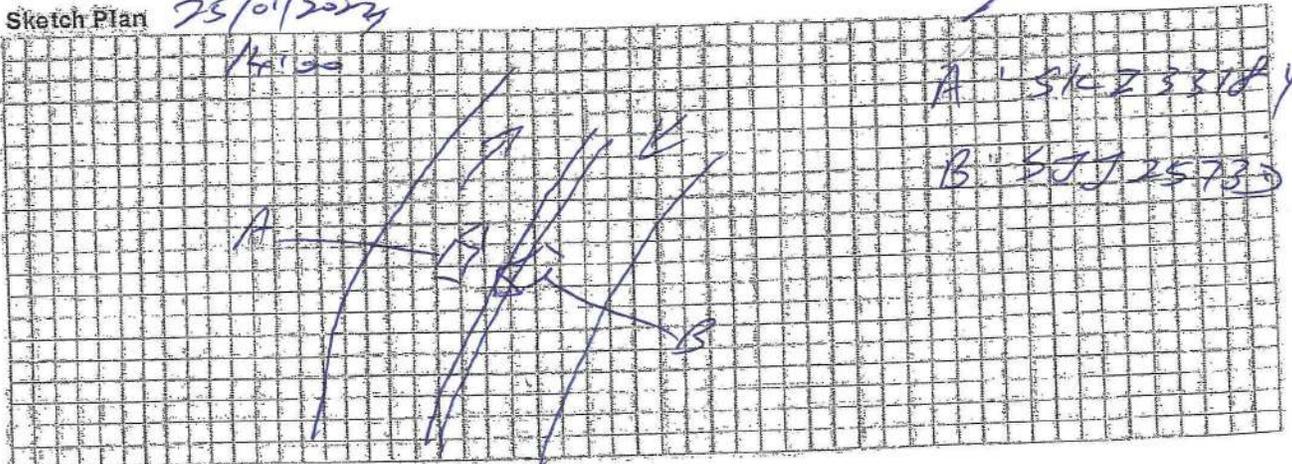
Policyholder's Signature / Date & Time: Henry

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

Witnessed by Reporting Centre Personnel

Sketch Plan

25/01/2024



A: SK 23318

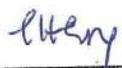
B: STJ 2573

Describe Circumstances of the Accident.

My vehicle SKZ 331BY was travelling along Buons Vistas Rd near Bus Stop (The Golden) and vehicle SJJ 2573 D was in the opposite R. side of the Rd. SJJ 2573 D slipped and his vehicle Right Front hit into my vehicle SKZ 331BY

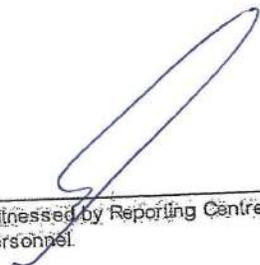
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

26/01/2023
14:00pm

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


Witnessed by Reporting Centre Personnel