

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	17/01/2023 19:07 (SGT)
Reported by	Both
Date of Accident	16/01/2023 16:47 (SGT)
Exact Location of Accident	9c Dyson Rd, Singapore 309408
Additional Location Information	OUTSIDE 9C DYSON ROAD S309408
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB6251B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WYNNE CHIA XIE YONGNI
NRIC No	SXXXX037E
Email Address	WYNNECHIA@GMAIL.COM
Mobile Phone No	(Phone) +65-97668836
Alternative Phone No	+65-96832619

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
Variant	2.0 TFSI QU 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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210105647

DRIVER

Name of Driver	WYNNE CHIA XIE YONGNI
NRIC No	SXXXX037E
Date Of Birth	04/01/1980
Occupation	Indoor

Date Of Driving Pass	14/10/1999
Driving experience	23 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97668836
Alt. Phone Number	+65-96832619
Email Address	WYNNECHIA@GMAIL.COM
Address	9C DYSON ROAD
Address complement	-
Postcode	309408
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	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	CHLOE CHOO SHAO YIN
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 LIVE AT 9C DYSON ROAD. DUE TO ONGOING CONSTRUCTION WORKS ACROSS MY HOME, ONE LANE (THE LANE FURTHER FROM MY HOUSE) WAS CLOSED AND A STREAM OF CARS WERE MOVING OFF. THERE WERE WORKERS STATIONED OUTSIDE MY HOUSE TO CONTROL THE FLOW OF TRAFFIC. I NOTICED A WHITE DELIVERY VAN BLOCKING MY NEIGHBOUR'S GATE. I BEGAN TO REVERSE A LITTLE TO WAIT FOR MY TURN TO EXIT THE DRIVEWAY. THE DELIVERY VAN REVERSED FROM ITS POSITION TO ALLOW MY NEIGHBOUR TO ENTER HIS DRIVEWAY. I NOTICED THE DELIVERY VAN WAS STATIONARY AFTER MY NEIGHBOUR ENTERED HIS HOME AND THERE WAS NO INDICATION (FROM HIS INDICATOR LIGHTS) OF HIS INTENTION TO CROSS THE DIVIDING LINE AND GO AGAINST THE FLOW OF TRAFFIC TO OVERTAKE ANOTHER BLACK STATIONARY CAR IN FRONT OF HIM. ONCE THE STREAM OF CARS HAVE CLEARED THE ROAD, THE TRAFFIC CONTROLLER SIGNALLLED FOR ME TO REVERSE OUT. I PROCEEDED TO REVERSE SLOWLY OUT OF MY DRIVEWAY. THE FLOW OF TRAFFIC WAS IN MY FAVOUR. THE VAN MOVED OFF AT THE SAME TIME AND DROVE ACROSS THE DIVIDING LINE, AND AS A RESULT, THE ACCIDENT OCCURRED.

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	GBF7944A
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	ZAINUL ARIFFIN BIN ZAINAL
Contact Number	(Phone) +65-92407442
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. The 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.

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.

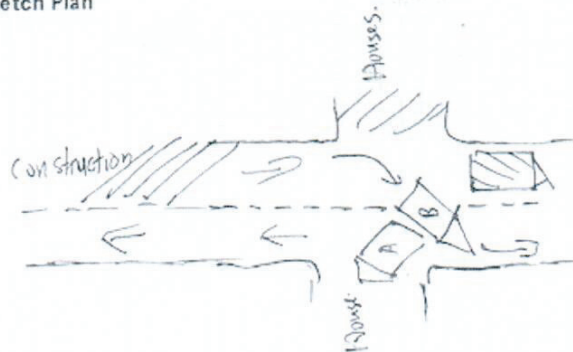


Changpin
Policyholder's Signature / Date &
Time 17/1/23 1155 hrs

Changpin
Driver's Signature (If driver is not the policyholder) / Date
& Time 17/1/23 1155 hrs

Witnessed by Reporting Centre
Personnel

Sketch Plan



A: SNB 6251B
B: GBF 7944A

Describe Circumstances of the Accident

I live in 9C Dylan Road.

Due to ongoing construction works across my home, one ~~lane~~ lane (the 4 lane further from my house) was closed and a stream of cars were moving off. There were workers stationed outside my house to control the flow of traffic.

I noticed ^{white} a delivery van blocking my neighbour's gate. I began to reverse a little to wait for my turn to exit the driveway.

The delivery van reversed from ~~my~~ his position to allow my neighbour to enter his driveway.

I noticed the delivery van was stationary after my neighbour entered his home and there was no indication (from his indicator lights) of his intention to cross the dividing line and go against the flow of traffic to overtake another black stationary car in front of him.

Once the stream of cars have cleared the road, the traffic controller signalled for me to reverse out. I proceeded to reverse slowly out of my driveway. The flow of traffic was in my favour.

The van moved off at the same time and drove across the dividing line, and as a result the accident occurred.

Declaration

We declare the foregoing particulars are true in every respect.



Chenryne

Policyholder's Signature / Date & Time
17/1/23 1155 hrs

Chenryne

Driver's Signature (If driver is not the policyholder) / Date & Time
17/1/23 1155 hrs

Witnessed by Reporting Centre Personnel