

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	27/01/2023 13:34 (SGT)
Reported by	Both
Date of Accident	26/01/2023 20:03 (SGT)
Exact Location of Accident	Sengkang E Way, Singapore
Additional Location Information	SENGKANG EAST WAY SLIP ROAD TO SENGKANG EAST DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2071U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG MEI YEN
NRIC No	SXXXX835Z
Email Address	MEIYAN18@GMAIL.COM
Mobile Phone No	(Phone) +65-96457598
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	1.4 TFSI 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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210148310

DRIVER

Name of Driver	NG MEI YEN
NRIC No	SXXXX835Z
Date Of Birth	01/08/1980

Occupation	Indoor
Date Of Driving Pass	27/11/2000
Driving experience	22 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96457598
Alt. Phone Number	-
Email Address	MEIYAN18@GMAIL.COM
Address	BLK 15 PUNGGOL FIELD WALK
Address complement	#12-02
Postcode	828746
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	WOO GUAN LE WALLACE
Gender	Male

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

VEHICLE 2 AND VEHICLE 1 WERE APPROACHING THE SLIP ROAD FROM SENGKANG EAST WAY TO SENGKANG EAST DR. BOTH VEHICLES STEPPED ON THE BRAKES TO SLOW DOWN. THE TRAFFIC LIGHTS ON SENGKANG EAST WAY WERE STARTING TO TURN RED. VEHICLE 2 RELEASED ITS BRAKES. WHEN VEHICLE 1 DRIVER TURNED HEAD TO THE TRAFFIC ON SENGKANG EAST DRIVE, VEHICLE 1 FRONT HIT VEHICLE 2 REAR. BOTH DRIVER AND PASSENGER OF VEHICLE 1 FELT PAIN AND PROCEEDED TO SEE DOCTOR THE NEXT DAY.

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	SKG3118H
Vehicle Manufacturer	Porsche
Vehicle Model	Macan
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LAM CHUN PEI
Contact Number	(Phone) +65-92966144
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG MEI YEN
Gender	Female
Phone No	(Phone) +65-96457598
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	WOO GUAN LE WALLACE
Gender	Male
Phone No	(Phone) +65-96457598
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstances of the Accident

Vehicle 2 and Vehicle 1 were approaching the slip road from Sengkang East Way to Sengkang East Dr. Both vehicles stepped on the brakes to slow down. The traffic lights on Sengkang East Way were starting to turn red. Vehicle 2 released brakes. Vehicle 1 also released brakes as Vehicle 2 did so. Vehicle 1 driver turned head to ~~look at~~ ^{check} the traffic on Sengkang East Drive, and Vehicle 1 front hit Vehicle 2 rear. Both driver and passengers of Vehicle 1 felt pain and proceeded to see doctor the next day.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 27 Jan 2023
10:30am

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

Witnessed by Reporting Centre Personnel



Tommy Fung

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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] 27 Jan 2023
10 30 am
Policyholder's Signature / Date & Time

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

[Stamp: GENERAL INSURANCE ASSOCIATION OF SINGAPORE]
Witnessed by Reporting Centre
Personnel *Tony Foong*

Sketch Plan

