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 witholding 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.

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 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 13/01/2023 14:01 (SGT) Reported by Both Date of Accident 13/01/2023 07:02 (SGT) Exact Location of Accident E Coast Rd, Singapore Additional Location Information EAST COAST ROAD (STILL ROAD INTERSECTION) HEADING **WESTWARDS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLW9126Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner ANTHONY HING FAI MAN

NRIC No SXXXX497I

Email Address ANTHONYHFMAN@GMAIL.COM

Mobile Phone No (Phone) +65-85862060

Alternative Phone No +65-68107810

VEHICLE PARTICULARS

Manufacturer Audi Model Α5

Variant SPORTBACK 2.0 TFS

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?

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 1800020709-04

DRIVER

Name of Driver ANTHONY HING FAI MAN

NRIC No SXXXX497I Date Of Birth 31/12/1972

Occupation Indoor Date Of Driving Pass 13/01/2010 Driving experience 13 YEARS Gender Male Mobile Number (Phone) +65-85862060 Alt. Phone Number +65-68107810 Email Address ANTHONYHFMAN@GMAIL.COM Address 10 EAST COAST TERRACE Address complement Postcode 458920 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **CAMILLA MAN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ROADS WERE BUSY (TYPICAL SCHOOL RUN) BUT DRY AND REASONABLY LIGHT. I CHANGED LANES FROM THE RIGHT-HAND SIDE (RIGHT TURN) LANE TO THE CENTRE LANE TO PROCEED STRAIGHT AHEAD ON EAST COAST ROAD. AFTER COMPLETING MY LANE CHANGE TO THE CENTRE LANE, THE MERCEDES CHANGED LANES FROM THE FAR LEFT TO THE CENTRE LANE (TO AVOID THE WHITE BMW TURNING LEFT IN HIS OWN LANE) AS THE MERCEDES CHANGED LANES, IT HIT THE FRONT LEFT WING/WHEEL/BUMPER OF MY CAR. 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	SGA3030E
Vehicle Manufacturer	Mercedes
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	CHUA
Contact Number	(Phone) +65-96793030
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

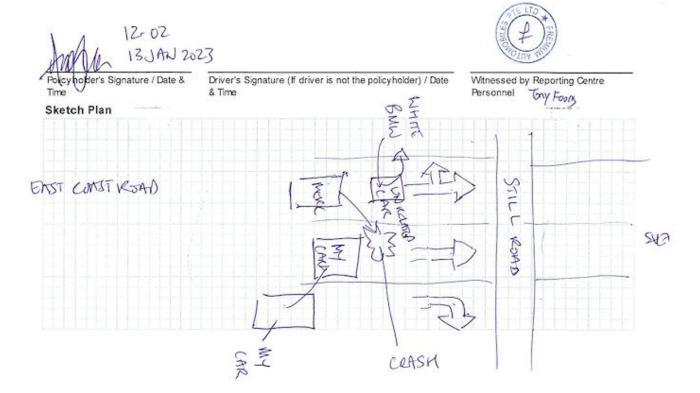
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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Declaration

We declare the foregoing particulars are true in every respect.

Porcyholder's Signature / Date &

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

STELLE LED

Witnessed by Reporting Centre Personnel Tony Page

















