

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	14/02/2023 10:05 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 07:55 (SGT)
Exact Location of Accident	18 Woodsville Cl, Singapore 357799
Additional Location Information	UNDERPASS WOODSVILLE FLYOVER SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5283A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MARK FREDERICK AMBERG
NRIC No	S2717337C
Email Address	AMBERG8@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96631139
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	VOLKSWAGEN / GOLF A7 1.4 TSI AT 5G13GZ W/O HID
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	1900004239-04

DRIVER

Name of Driver	LINADEWI SETIONO AMBERG
NRIC No	S2717338A
Date Of Birth	24/04/1964
Occupation	Indoor

Date Of Driving Pass	28/09/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96335322
Alt. Phone Number	-
Email Address	AMBERG8@HOTMAIL.COM
Address	BLK 40 JALAN GREJA - SINGAPORE 488950
Address complement	-
Postcode	488950
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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)	3
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	PAX 1
Gender	Male

PASSENGER 2

Name	PAX 2
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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SGR933E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG MENG LIANG
NRIC No	S1700821H
Contact Number	(Phone) +65-97858365
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

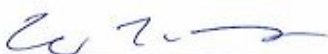
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8. Consent under the Personal Data Protection Act (PDPA)

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.



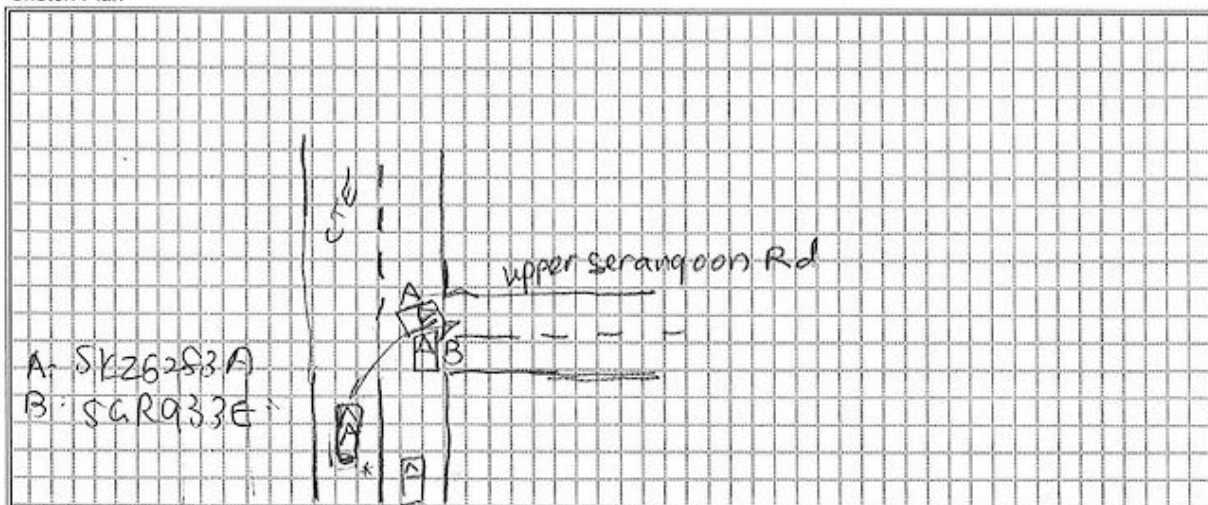
Policyholder's Signature / Date & Time
14 Feb 2023 @ 9:43am
Sketch Plan



Driver's Signature (if driver is not the policyholder) / Date & Time
Feb 14, 2023 9:48AM



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



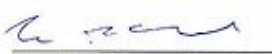
Describe Circumstance of the Accident

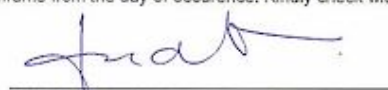
I was at Woodsville underpass (below PIE) ~~turning~~
 I was trying to turn right into Upper Serangoon Rd
 I put my indicator light and saw the
 other driver giving way - so I switch lane
 & turn, when the other driver hit me.

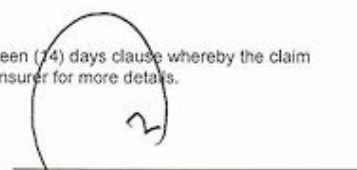
Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


 Policyholder's Signature / Date & Time
 14 Feb '23 @ 9:45 AM


 Driver's Signature (if driver is not the policyholder) / Date
 & Time Feb 14, 2023
 9:45 AM


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)





