

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	21/02/2023 17:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/02/2023 21:23 (SGT)
Exact Location of Accident	1000 ECP, Singapore 449876
Additional Location Information	MARINE COVE SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1637C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP KIAN WEE
NRIC No	S1758060D
Email Address	KIANWEE.YAP@GMAIL.COM
Mobile Phone No	(Phone) +65-96661774
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
Variant	FORD / FOCUS 4DR TITANIUM 1.0 GTDI S/S
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	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070032709-02

DRIVER

Name of Driver	YAP ZHIXIANG SEAN
NRIC No	T0010168G
Date Of Birth	02/04/2000
Occupation	Indoor

Date Of Driving Pass	05/08/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90889817
Alt. Phone Number	-
Email Address	SEANYAP3@GMAIL.COM
Address	BLK 2 PEACH GARDEN 04-02 SINGAPORE 437603
Address complement	-
Postcode	437603
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	1
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	-

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD425S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	GOH THIAN CHAI
NRIC No	S0075519B
Contact Number	(Phone) +65-94512536
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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

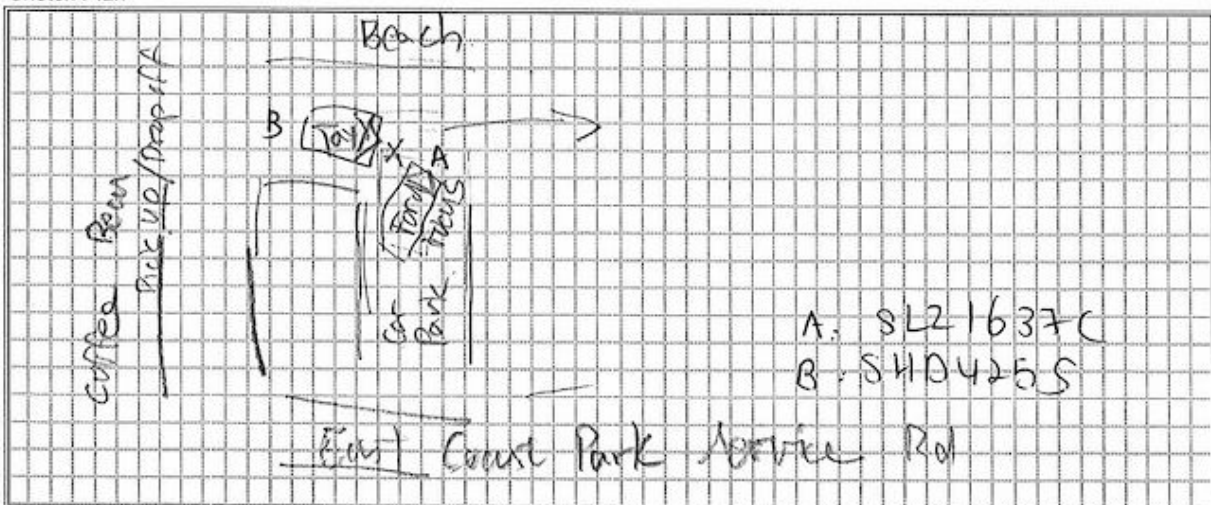
I understand, acknowledge, agree and consent that:

- (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.

[Signature] 21 Feb 23 15:03hr
Policyholder's Signature / Date & Time

[Signature] 21/2/23 15:03
Driver's Signature (if driver is not the policyholder) / Date & Time

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

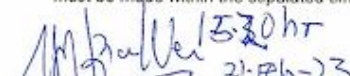
Sketch Plan


<p>Describe Circumstance of the Accident</p> <p>On 20th February 2023, approximately 9:23pm, a car accident occurred in the car park of The Coffee Bean and Tea Leaf marine cove (postal code 449876). The accident involved a grey Ford focus Si21637C "ford focus" and a Red Trons cab taxi SHD425S ("Taxi").</p> <p>I, Top Zhixing Sean was driving the Ford Focus and was turning right when the Taxi collided with the Ford Focus. At the time of the accident, the weather was clear and road condition was dry. I had checked my mirrors and blind spot before turning right, but I did not see the taxi approaching from the left direction.</p> <p>Upon impact, I quickly checked and confirmed with the taxi driver if anyone was injured. Fortunately there was no injuries. However, there was damage to both vehicles. I immediately pulled over to the side of the road to assess the damage. I exchanged contact details with the taxi driver. I took picture of the damage to both vehicles, including the license plate number of the Taxi. After exchanging details, the taxi driver off as there was a family of 4 in his taxi. The engagement with the taxi driver was about 2-3 minutes.</p>


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
 21-Feb-23 15:20 hr


 Driver's Signature (if driver is not the policyholder) / Date & Time
 21-2123 15:21


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

