

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	29/03/2023 09:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/03/2023 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD JURONG ROAD TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7712P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAGDALENE CHIA LEE CHIN
NRIC No	SXXXX253C
Email Address	xinyunauto1@gmail.com
Mobile Phone No	(Phone) +65-96311605
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100477687-06

DRIVER

Name of Driver	MAGDALENE CHIA LEE CHIN
NRIC No	SXXXX253C
Date Of Birth	18/09/1944
Occupation	Indoor

Date Of Driving Pass	09/02/1968
Driving experience	55 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96311605
Alt. Phone Number	-
Email Address	xinyunauto1@gmail.com
Address	36 HIGHGATE CRESCENT
Address complement	-
Postcode	598817
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?	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMF2203H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE QING ANDREA
NRIC No	SXXXXX813Z

Contact Number	(Phone) +65-90402796
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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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.

Margaret Lee Chin

Policyholder's Signature / Date & Time

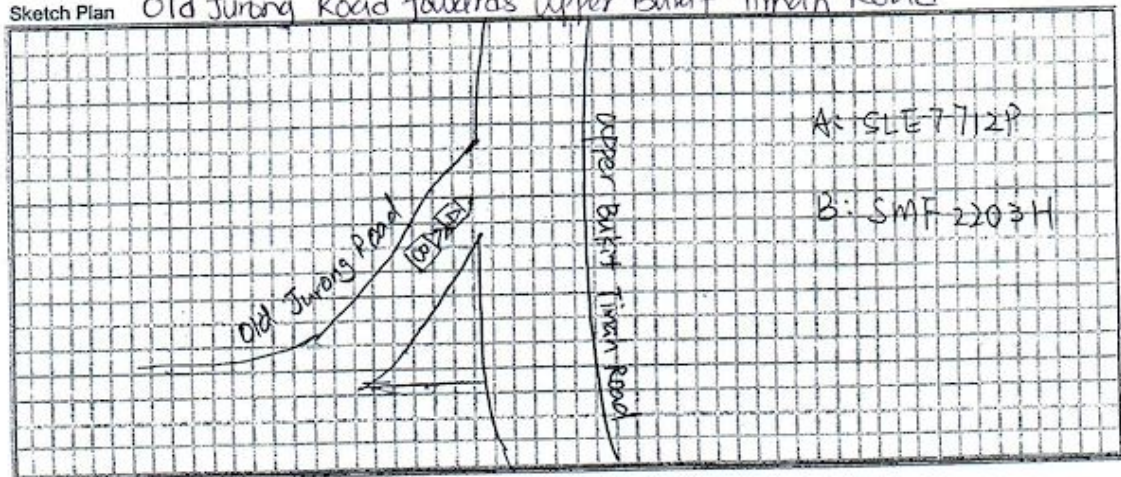
x

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

Quinnell 29/3/23

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

Sketch Plan Old Jurong Road towards upper Bukit Timah Road



Describe Circumstance of the Accident	
VEHICLE NO: SLE 7712 P	ACCIDENT DATE & TIME: 28/03/2023 06:45 am
CONTACT NUMBER: 96311605	E-MAIL: xinyunauto1@gmail.com
LOCATION: Old Jurong Road towards Upper Bukit Timah Road	
At about 06:45 am, I was driving along Old Jurong Road towards Upper Bukit Timah Road. I was about to turn into Upper Bukit Timah Road. I slowed down and stopped to give way to an oncoming car. Suddenly, I felt the loud bang and impact from behind. A car SMF 2203 H had knocked onto my car. We exchanged personal particulars.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ CLAIM OUT/AT OTHER WORKSHOP ☐ REPORTING ONLY	

Declaration

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

Magdalene Chia Lee Chin
Policyholder's Signature / Date & Time

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

[Signature] 29/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















