G\[IA\] SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report underlineddcorrectly 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.
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	04/05/2023 17:06 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 10:00 (SGT)
Exact Location of Accident	Rochor River, Singapore
Additional Location Information	ROCHER RIVER BRIDGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL6550E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA LEE HUAT EDWARD
NRIC No	SXXXX451C
Email Address	EDWARDCHIA1993@GMAIL.COM
Mobile Phone No	(Phone) +65-97351217
Alternative Phone No	(Home) +65-67855880

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SEDAN 1.5 TFSI
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220147639

DRIVER

Name of Driver	ALLYSON ANNE TAN SAW LOOI
NRIC No	SXXXX889C
Date Of Birth	06/10/1965
Occupation	Indoor

Date Of Driving Pass	29/11/2004
Driving experience	18 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97807460
Alt. Phone Number	-
Email Address	ALLIE65OCT@GMAIL.COM
Address	24 SIMEI RISE
Address complement	#05-65 CHANGI RISE
Postcode	528811
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	Side Swipe
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)	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	CHOY LEE LEE
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

I WAS DRIVING ALONG ROCHOR BRIDGE KEEPING TO MY LANE WHEN SUDDENLY A VEHICLE OVERTOOK ME FROM MY LEFT AND HIT MY FRONT BUMPER.

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	SNE9475L
Vehicle Manufacturer	Byd
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	JAMES YAP
Contact Number	(Phone) +65-90071374
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.

3.15 pm

AB 4/5/23

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

A: SFL 6550 E

B: SNE 9475 L

Describe Circumstances of the Accident

I was driving along Rochor bridge, keeping to my lane when suddenly a vehicle overtook me from my left & hit my front bumper.

Declaration

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

_____
Policyholder's Signature / Date & Time

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

_____
Witnessed by Reporting Centre Personnel

The label reads:

AUDI AG
WAUZZZGY3NA026619
1- 0995 kg
2- 0975 kg
1880 kg
3380 kg
Typ GY
DE-85045 Ingolstadt
Germany
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