

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.

 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 19/05/2023 16:12 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/05/2023 09:40 (SGT) Exact Location of Accident Singapore Additional Location Information TANJONG KATONG EXIT 11 (ECP) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMQ9138J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TOH GEK SEE RUBY NRIC No S1531950Z Email Address RGSTOH@HOTMAIL.COM Mobile Phone No (Phone) +65-84402415 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

A3 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 Yes your vehicle? Vehicle Category Private car Transmission Auto 1000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900234983-01

DRIVER

Name of Driver TOH GEK SEE RUBY NRIC No S1531950Z Date Of Birth 01/09/1962 Occupation Indoor

Date Of Driving Pass	28/11/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84402415
Alt. Phone Number	-
Email Address	RGSTOH@HOTMAIL.COM
Address	114 BT PURMEI RD
Address complement	#07-241
Postcode	090114
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	
I O (OI VIII O II D:	•
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
	,
OTHER INFORMATION	
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)	All
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	
0.11.00.11.01.11.01.01.01.01.01.01.01.01	
AT TAN IONG KATONG EVIT 11 OF FCD AT 0 40AM 10 MAY 2	2022 ENTERED INTO THE EVIT FROM LEFT AND KNOCK INTO
NTUC CONFORT CAB RIGHT BACK (SHA 1128 J)	2023, ENTERED INTO THE EXIT FROM LEFT AND KNOCK INTO
NTOC CONFORT CAB RIGHT BACK (SHA 11263)	
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	SHA1128J
Vehicle Manufacturer	OH/A11200
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	- Blue
Vehicle Category	
· o.n.o.o Outogory	Taxi

LEE BAN GUAN

	S0209830Z
Contact Number	(Phone) +65-96179185
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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)

l 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 insurers) 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' law yers/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.

Blon 19.5.23 11.15am

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre
Personnel | 5 | 2 0 2 20 1133

Sketch Plan

A- SMQ 9138J B- SHA 1128 J

T

At Tanjang	Katona Exit 11 of ECP,	my car cross
entered in	o the exit from left and	knock into
NTUC Com	fort cab right back (SH)	A 1128 J)
	The state of the s	
	W. 2004	
in the second se		
Declaration		
We declare the foregoing partie	culars are true in every respect.	
	AND COMMUNICATION REPORTS AND SECURITY OF THE	
		OS PTE
0.40		1
Bloh 19.5.23 11.		
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre
JAS		19/5/2023G
		11/1/200