

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 22/05/2023 14:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/05/2023 12:00 (SGT) Exact Location of Accident Bedok Reservoir Rd, Singapore Additional Location Information BEDOK RESERVOIR ROAD, FILTER ROAD TO BEDOK NORTH **ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SKU908R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TEO JIA YUN (ZHANG JIAYUN) NRIC No S8706307J Email Address TEOJIAYUN@GMAIL.COM Mobile Phone No (Phone) +65-97243909 Alternative Phone No (Office) +65-62024601

VEHICLE PARTICULARS

Manufacturer

Model Ω 3 Variant SPORTBACK 1.5 TFS Exact purpose for which vehicle was being used at time of 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 7230018346

DRIVER

Name of Driver TEO JIA YUN (ZHANG JIAYUN) NRIC No S8706307J Date Of Birth 21/03/1987

Occupation	Indoor
Date Of Driving Pass	19/12/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97243909
Alt. Phone Number	(Office) +65-62024601
Email Address	TEOJÍAYUN@GMAIL.COM
Address	BLK 721 BEDOK RESERVOIR ROAD
Address complement	#04-4622
Postcode	470721
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?	No
ii yes, against whom:	-
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
DRIVING ALONG BEDOK RESERVOIR ROAD, STOPPED AT TH	HE FILTER ROAD TO BEDOK NORTH ROAD. THE CAR IN FRONT
BRAKED. I DIDN'T REALISE FAST ENOUGH AND CRASHED IN	ITO HIS BACK BUMPER. MY FRONT LEFT BUMPER HIT THE
BACK RIGHT SIDE OF THE BUMPER OF THE CAR IN FRONT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes Yes
The state only video captured by our current:	169
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SLE7345R
Vehicle Manufacturer	Volkswagen
	· -···

Golf

White

Vehicle Variant
Vehicle Colour

Vehicle Model

Vehicle Category Name of Driver	Private car BOON
Contact Number	(Phone) +65-97702114
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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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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.

Policy holder's Signature / Date &

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SKU908R

131 SLE 7345 K

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eclaration	
eclaration We declare the foregoing particulars are true in every respect.	A COLUMN TO THE PARTY OF THE PA

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

Pelicyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel