

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	14/06/2023 16:14 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 10:30 (SGT)
Exact Location of Accident	Near 20 Grange Rd, Singapore
Additional Location Information	JUNCTION OF GRANGE ROAD AND ORCHARD BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD7766C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FONDACO PTE LTD
Company Reg No	198401297H
Email Address	Jane.fonda@fondacosg.com
Mobile Phone No	(Phone) +65-93222919
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	MACAN PDK CYP E6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2894

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220078220

DRIVER

Name of Driver	JANE FONDA
NRIC No	S7683112B
Date Of Birth	16/09/1976
Occupation	Indoor

Date Of Driving Pass	29/03/2011
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93222919
Alt. Phone Number	-
Email Address	Jane.fonda@fondacosg.com
Address	6 PETIR road #22-09
Address complement	Mayspring
Postcode	678267
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 14/6/2023 AT ABOUT 1030HOURS , I WAS TRAVELLING ALONG GRANGE ROAD TOWARDS ORCHARD BLVD . WHEN I MAKING LEFT TURN INTO ORCHARD BLVD , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO LEFT SIDE OF MY VEHICLE .

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	SNA3213L
Vehicle Manufacturer	Audi
Vehicle Model	A5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KATARZYNA MAGDALENA KING
NRIC No	G5447788R
Contact Number	(Phone) +65-82920499
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JANE FONDA
Gender	Female
Phone No	(Phone) +65-93222919
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMD7766C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



Witnessed By Reporting Officer
Wong Jun Keat

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

<p>REFER TO ATTACHED ACCIDENT DIAGRAM</p>
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Describe Circumstances of the Accident

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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 14/6/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel

ACCIDENT DIAGRAM
Version: Jul 2022

A: 2ND FLOOR
B: 2ND FLOOR

ORCHARD ROAD

GRANGE ROAD

J. H.

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keat
Witnessed by Reporting Centre
Personnel

ALY MAR PTE LTD

























