

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 10/07/2023 11:42 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 09/07/2023 10:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information AMK AVENUE 1 SLIP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE8880G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner IAN DOUGLAS MILNE
NRIC No SXXXX140G
Email Address iandmilne@gmail.com
Mobile Phone No (Phone) +65-82002360
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Carnival
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 Auto
CC 2151

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7210153859

DRIVER

Name of Driver GLENDA WEE WEN YEA
NRIC No SXXXX140B
Date Of Birth 26/07/1980
Occupation Indoor

Date Of Driving Pass	16/09/2000
Driving experience	22 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83078808
Alt. Phone Number	-
Email Address	glenda.wee@gmail.com
Address	38 FERNSVALE LINK
Address complement	# 05-23
Postcode	797534
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	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)	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	DAUGHTER
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

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	FBV2107Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RYAN LOH
NRIC No	SXXXX4871
Contact Number	(Phone) +65-93270977
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)**

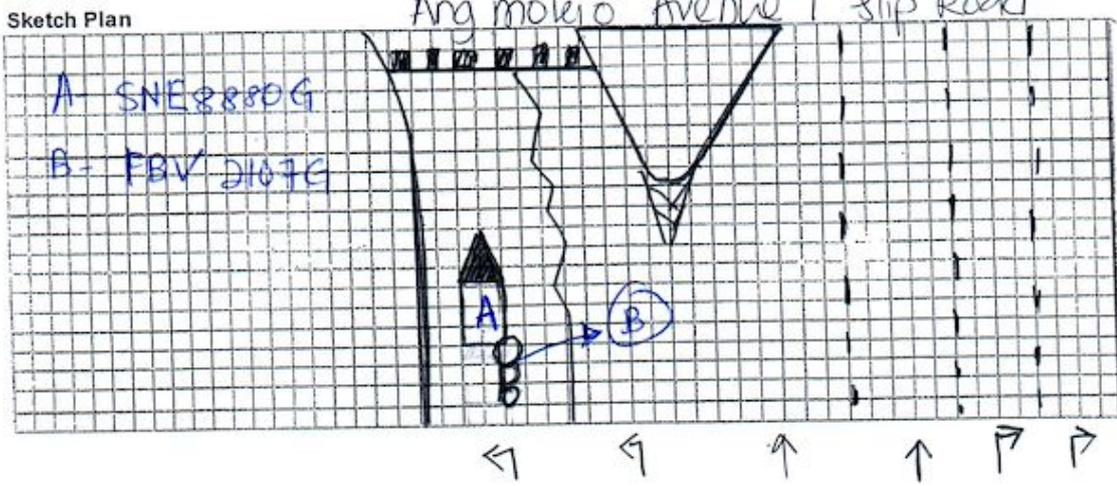
I understand, acknowledge, agree and consent that:

(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.

ILN 10/07/2023 *Shy* 10/7/2023 *Amull* 10/7/2023

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



Describe the Circumstance of the Accident

I was driving along Amk Ave 1 slip road & stopped to wait for front cars to clear. Then suddenly, this bike just hit my right rear. There were no severe injuries to the motorcyclist just some light cuts and bruises. As for myself and my kid, there were no injuries.

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

Iris 10/07/2023 [Signature] 10/07/2023 [Signature] 10/07/2023
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name, as in NRIC/ID card)

v.3.0 2022















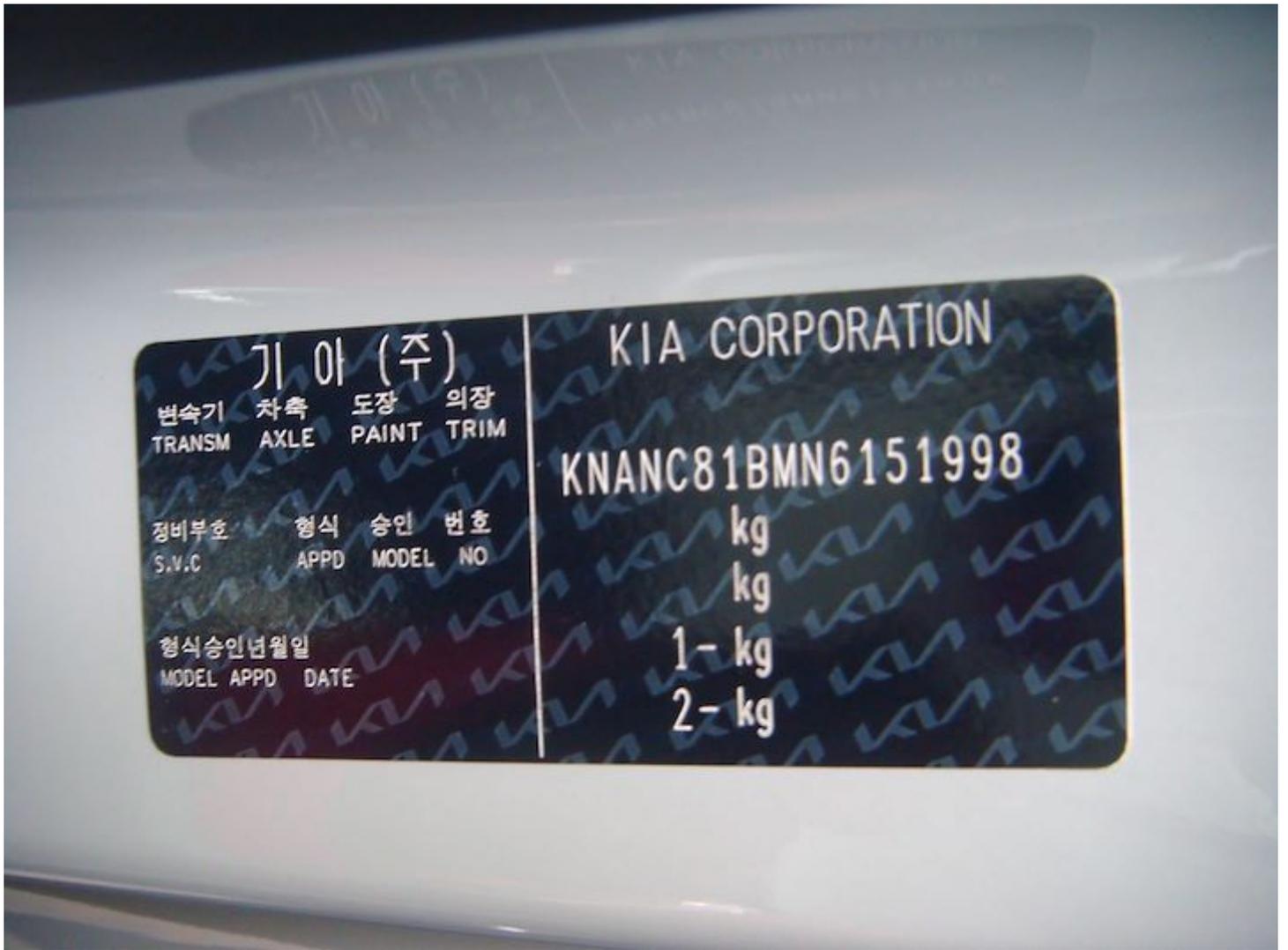














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09237A0003 Vehicle Registration No: SNE 8880G
 Name (as shown in NRIC): Glenda wee wenyi NRIC/FIN/Passport No: S8024140B
 (Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 38 Fernvale link # 05-23 Singapore (717534)
 Contact (Tel): _____ Mobile No.: 8307 8808
 Email Address: glenda.wee@gmail.com
 Date of Accident: 09/07/2023 Time of Accident: 10:15
 Place of Accident: AMK AVE 1 SHIP ROAD
 Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend type of accident - Head to Rear
Amend to claim against third party.

Policyholder / Actual Driver's Signature
 Date:

Amuel 10/7/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: