

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 First Submission	29/07/2023 15:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/07/2023 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLN AHMAD IBRAHIM SLIP ROAD TOWARDS CITY AT JUNCTION OF BENOI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ3117J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH YONG MIA
NRIC No	SXXXXX361F
Email Address	GOH@PLINK.COM.SG
Mobile Phone No	(Phone) +65-96231828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

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

DRIVER

Name of Driver	GOH YONG MIA
NRIC No	SXXXXX361F
Date Of Birth	02/02/1958

Occupation	Indoor
Date Of Driving Pass	18/07/1977
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-96231828
Alt. Phone Number	-
Email Address	GOH@PLINK.COM.SG
Address	206 DEPOT RD
Address complement	#16-50
Postcode	109697
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 - Cross Junction
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?	Yes
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

I WAS TRAVELLING ALONG JLN AHMAD IBRAHIM SLIP ROAD TOWARDS CITY AT JUNCTION OF BENOI RD. THE TRAFFIC LIGHT IN MY FAVOR AND SUDDENLY A BLACK CAR ON THE RIGHT RAM INTO THE FRONT OF MY CAR. IMPACT WAS HEAVY AND MOMENTORILY BLACK OUT. AFTER AWHILE I MANAGED TO GET OUT OF CAR BUT WAS PAINFUL IN THE CHEST, SHOULDER AND HIP AREA AND I WENT TO SIT DOWN ON A GRASS PATCH. AMBULANCE CAME TO PICK ME UP AND WAS IN HOSPITAL FOR A NIGHT. I ASKED TO BE DISCHARGED THE NEXT DAY.

TIME OF ACCIDENT APPROX 1.45PM THURSDAY 27/7/23.

I THINK THE OTHER CAR IS TURNING RIGHT TO CITY.

THE CAR IS IN POLICE CUSTODY AS I WAS IN HOSPITAL.

AS I WAS DIZZY AND IN PAIN AND SITTING DOWN ON GRASS PATCH I DIDN'T TOOK DOWN ANY DETAILS, I JUST WAITING FOR A AMBULANCE AND ANSWERING QUESTIONS FROM EMERGENCY RESPOND TEAM.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	GOH YONG MIA
Gender	Male
Phone No	(Phone) +65-96231828
Address	206 DEPOT RD
Address Complement	#16-50
Post Code	109697
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNJ3117J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

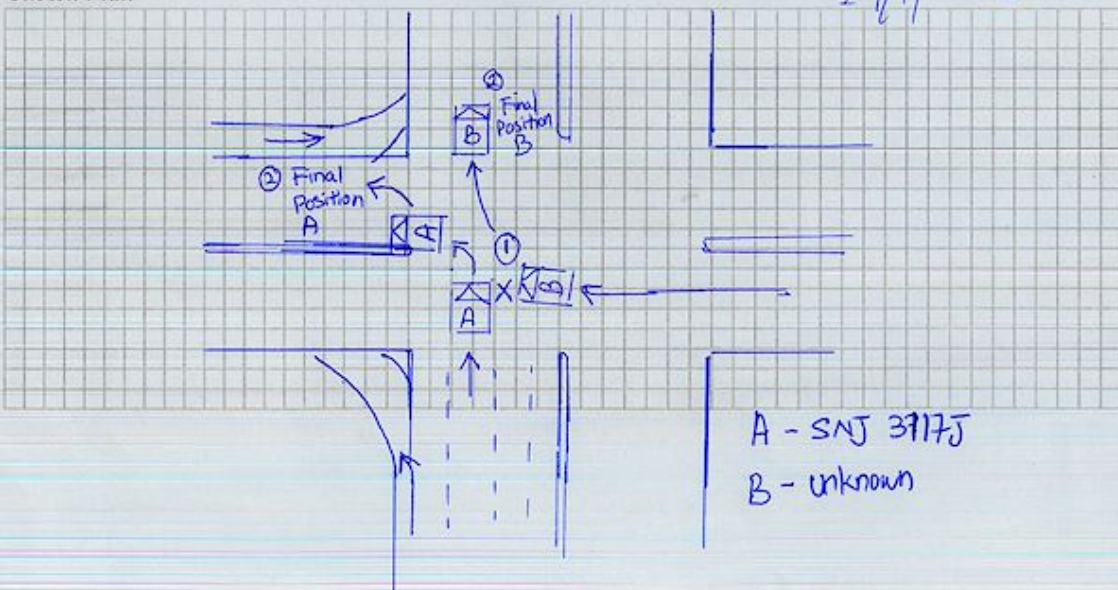
I understand, acknowledge, agree and consent that :

- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was travelling along Jln Ahmad Ibrahim slip road towards City at Junction of Benoi Road. The traffic light is my favor and suddenly a black car on the right ran into the front of my car. Impact was heavy and I momentarily blacked out.

After awhile I managed to get out of car but was painful in the chest, shoulder and hip area and I went to sit down on a grass patch. Ambulance came to pick me up and was in hospital for a night. I asked to be discharged the next day.

Time of accident approx. 1.45 pm Thursday 27/7/23

I think the other car is turning right to city

The car is in police custody as I was in hospital.

As I was dizzy and in pain and sitting down on grass patch I didn't take down any details, just waiting for ambulance and answering the questions from emergency response team.

Declaration

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



29/7/23 @ 13:26

