

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	29/11/2024 17:20 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 14:03 (SGT)
Exact Location of Accident	61 Ubi Ave 1, Singapore 408941
Additional Location Information	"UBPOINT" CARPARK. 61 UBI AVE 1, SG408941. CARPARK OF THE BUILDING BASEMENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT77R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH PING XIAN JENNY
NRIC No	SXXXXX762C
Email Address	SOH.JENNY@GMAIL.COM
Mobile Phone No	(Phone) +65-91996969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
Variant	2.0 TFSI QU
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	1984
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800002867-05

DRIVER

Name of Driver	DARIO REICHERL
NRIC No	SXXXXX810D
Date Of Birth	06/05/1975
Occupation	Indoor
Driving Pass Date	04/03/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91885869
Alt. Phone Number	-
Email Address	DARIOREI@HOTMAIL.COM
Address	21 SAMPAN PLACE
Address complement	#08-04
Postcode	436593
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 - Major/Minor Rd
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?	-

CIRCUMSTANCES OF ACCIDENT

DRIVING IN BASEMENT CARPARK, AFTER TURNING AND GOING STRAIGHT, 10 METERS AFTER THE TURN I PASSED THE BLUE MACAN WHICH WAS STATIONARY IN THE LEFT CARPARK SIDE, STILL AND PARKED. THE BLUE MACAN MOVED AFTER I PASSED IN FRONT AND HIT MY MIDDLE AND BACK AREA OF MY LEFT SIDE. THE DRIVER OF THE MACAN TOLD ME "I DID NOT SEE YOU". THE MACAN DAMAGE I SAW THE FRONT OF THE CAR AND FRONT PLATE NUMBER DROP OFF THE CAR.

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	SJW1515K
Vehicle Manufacturer	Porsche
Vehicle Model	Macan
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	TAN RICHARD
Contact Number	(Phone) +65-96758331
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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")

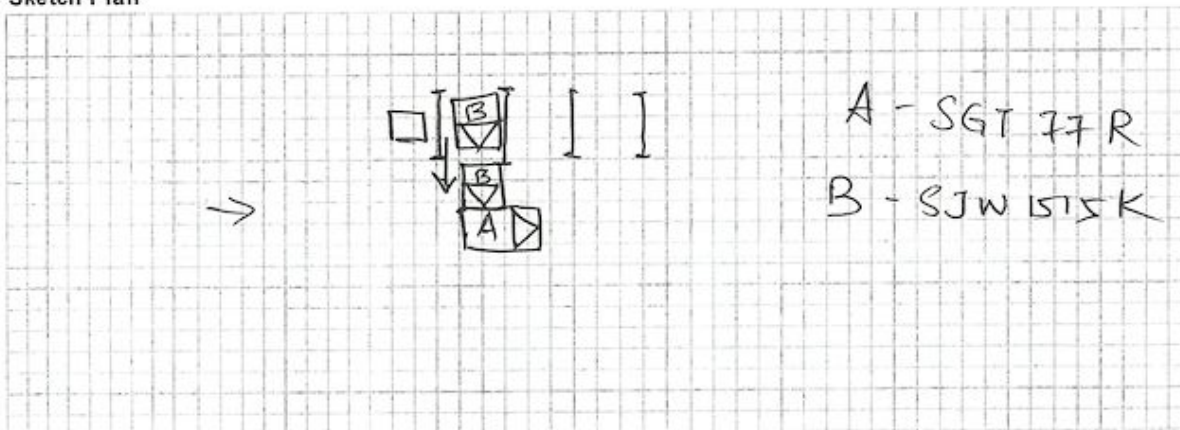
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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

DRIVING IN BASEMENT CARPARK, ~~AND~~ AFTER TURNING
 AND GOING STRAIGHT, 10 METERS AFTER THE TURN
 I PASSED THE BLUE MACAN WHICH WAS STATIONARY
 IN THE LEFT CARPARK SIDE, STILL AND PARKED.
 THE BLUE MACAN MOVED AFTER I PASSED IN FRONT
 AND HIT MY MIDDLE AND BACK AREA OF MY LEFT
 SIDE. THE DRIVER OF THE MACAN TOLD ME
 "I DID NOT SEE YOU". THE MACAN DRIVING IS ON
 THE FRONT OF THE CAR AND FRONT PLATE NUMBER
 DROP OFF THE CAR.

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



































