

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 Authorised 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 ability.
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 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 Report	13/11/2017 11:40
Date Of Accident	11/11/2017 14:00
Exact Location Of Accident	OLD AIRPORT ROAD CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG368Y
Insured/Policyholder	
Name Of Registered Owner	CHIN PEK KWAN
NRIC No	S7260270F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93226255
Alternative Phone No	OFFICE-93226255
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SB 2.0 TFSI QU 8T
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100304713-05000
Cover Note Number	
Driver	
Name of Driver	LIM BENG TATT
NRIC No	S7179912C
Date Of Birth	23/12/1971
Occupation	INDOOR
Date Of Driving Pass	17/12/2002
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93226255
Fax Number	
Contact Number	OFFICE-93226255
EEmail Address	NOEMAIL

Address	5000D MARINE PARADE ROAD #14-15
Postcode	449287
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PARKED MY VEHICLE @ OLD AIRPORT ROAD & WENT OUT FOR LUNCH. SUDDENLY I WAS NOTIFIED BY SOMEONE AT THE HAWKER CENTER THAT SOME ONE WAS WAITING FOR ME BESIDE MY CAR. I THEN LOOKED FOR THE GUY AND HE TOLD ME THAT HE REVERSED INTO MY CAR. I THEN TOLD HIM TO LEAVE IT TO THE INSURANCE TO SETTLE. HE ADMITTED REVERSING INTO MY CAR WHILE TRYING TO PARK INTO THE LOT BESIDE MY CAR.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9449B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY ZHI WEI ALFRED
NRIC/Passport Number	S8801393Z
Contact Number	97648877
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Tan Eng Su
NRIC/FIN No.: G224909P



Sketch Plan #2

SKETCH PLAN

Old Airport Road Hawker Centre Car park



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Parked my vehicle @ Old Airport Road & went for lunch. Suddenly I was notified by someone at the hawker centre that some one was waiting for me beside my car. I then looked for the guy & he told me that he reversed into my car. I then told him to leave it to the insurance to settle. He admitted reversing into my car while trying to park into the lot beside my car.

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:

Reporting Centre Personnel's Signature
Name: Tan Eng Su
NRIC/FIN No.: 653349098



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

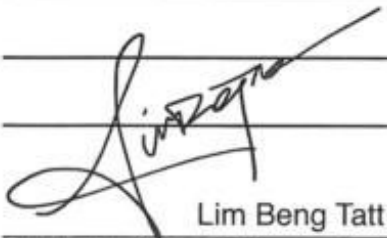
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 117149836 Vehicle Registration No: SKG368Y
Name (as shown in NRIC) : CHIN PEK KWAN NRIC/FIN/Passport No : 87260270F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 5000D MARINE PARADE ROAD #14-15 Singapore (449287)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 11/11/2017 Time of Accident : 14:00 hr
Place of Accident : OLD AIRPORT ROAD CARPARK
Insurance Company : AIG ASIA

(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:

To convert to TP claim.


Lim Beng Tatt

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Tan Eng So
NRIC/FIN No.: 69324909P
Date: 20/11/2017



Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 56650020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

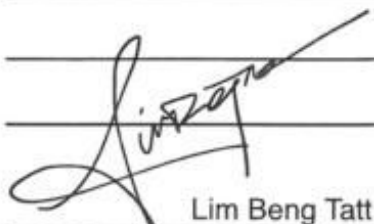
Original Report No : MPA117149836-02 Vehicle Registration No: SKG3684
Name (as shown in NRIC) : CHIN PEK KWAN NRIC/FIN/Passport No : S7260270F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 5000 MARINE PARADE ROAD #14-15 Singapore (449287)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 11/11/2017 Time of Accident : 1400hr
Place of Accident : OLD AIRPORT ROAD CARPARK
Insurance Company : AIG ASIA

(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:

Yes

To convert to Own Damage Claim


Lim Beng Tatt

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Tan Eng Su
NRIC/FIN No.: 6534909P
Date: 06/12/2017