

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	14/12/2017 23:49
Date Of Accident	13/12/2017 21:30
Exact Location Of Accident	BLK 539 JURONG WEST ST 42 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3211Y
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Insured/Policyholder

Name Of Registered Owner	CHUA MENG CHIN
NRIC No	S7017499E
Email Address	ALEXCHUA@LCCNETCOM.COM
Mobile Phone No	(LOCAL) +65-96958955
Alternative Phone No	Office-65268227

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4D-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	2100508659
Cover Note Number	

Driver

Name of Driver	CHUA MENG CHIN
NRIC No	S7017499E
Date Of Birth	01/06/1970
Occupation	INDOOR
Date Of Driving Pass	23/03/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96958955
Fax Number	
Contact Number	OFFICE-65268227
EMail Address	ALEXCHUA@LCCNETCOM.COM

Address
Postcode

Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2

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

REFER ATTACHED STATEMENT

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	SLS504X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	FRONT RIGHT PORTION
Name of Driver	POON WARD SONG
NRIC/Passport Number	S7004739Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident 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

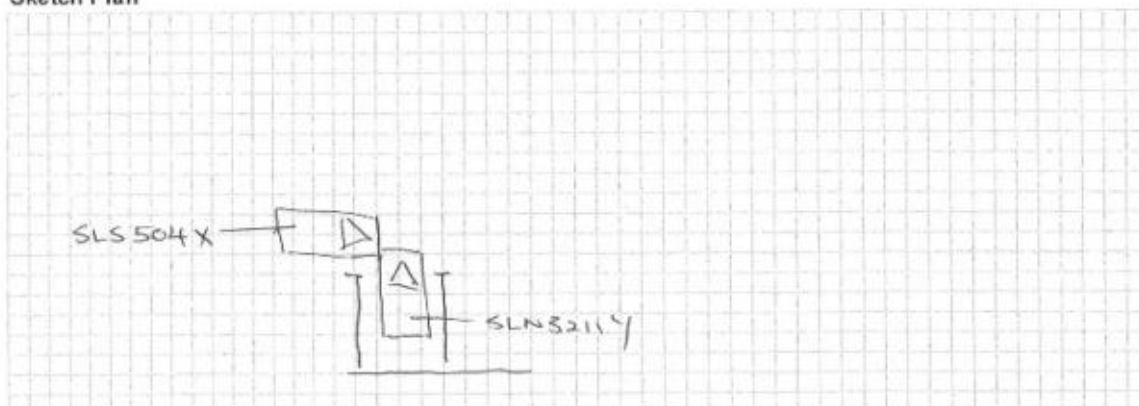
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

AS THERE IS POOL OF WATER AT THE PARKING LOT, I SHIFT MY CAR - SLOWLY FORWARD TO ALLOW MY PASSENGER TO GET IN. AT THIS TIME, A CAR TRY TO REVERSE INTO THE PARKING LOT NEXT TO MINE, ~~AT~~ AT THIS ~~TOM~~ MOMENT MY CAR WAS ABOUT 01 FEET OUT OF THE LOT.

AFTER THE CAR NEXT TO ME WAS PROPERLY PARKED, MY PASSENGER GOT INTO MY CAR. ~~WHEN I WAS ABOUT TO MOVE~~ ~~OFF~~, SL5504X WHICH WAS DRIVEN BY POON WARD SONG NRIC S70047392 CAME FORWARD BEHIND THE PARK CAR WITHOUT LOOKING IN FRONT. HE WAS ACTUALLY LOOKING AT ~~THE~~ THE CAR ~~BESIDE~~ ~~THE~~ ^{THAT} MINZ WAS PARK.


AS THERE IS POOL OF WATER AT THE PARKING LOT, I SHIFT MY CAR - SLOWLY FORWARD ABOUT 1 FEET TO ALLOW MY PASSENGER TO ENTER. AT THIS TIME, A CAR TRY TO REVERSE INTO THE LOT NEXT TO MINE AND VEHICLE SL5504X WHICH WAS DRIVEN BY POON WARD SONG, WAS BEHIND THIS CAR WHICH WAS TRYING TO PARK.

AFTER THE CAR BESIDE ME WAS PROPERLY PARKED, MY PASSENGER GOT INTO THE CAR AND MY VEHICLE WAS STATIONARY ~~AT~~ THE WHILE. ~~VEH~~ VEHICLE SL5504X JUST MOVE FORWARD WITHOUT ~~BE~~ KNOWING MY CAR, HE IS IN FACT LOOKING AT THE BACK OF I CAN SEE HIS HEAD TURNING TO THE BACK.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



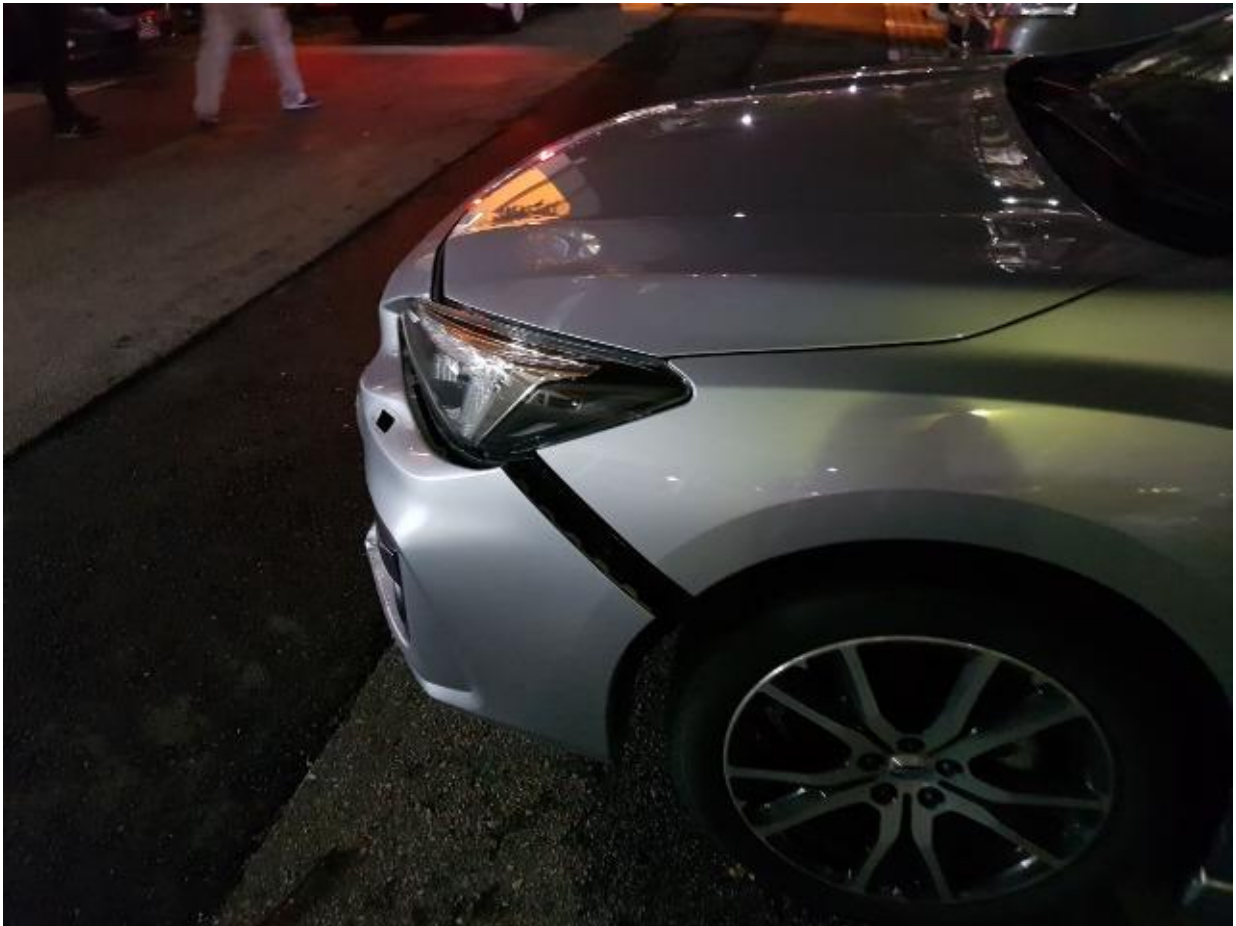
Accident Photo



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