

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	11/01/2018 18:32
Date Of Accident	11/01/2018 13:20
Exact Location Of Accident	BLK 138 LORONG AH SOO S(530138) CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8696H
Insured/Policyholder	
Name Of Registered Owner	LI LI
NRIC No	S8062032B
Email Address	JUNELI2001CN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90032759
Alternative Phone No	OFFICE-90032759

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SB 1.0 TF
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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700030241
Cover Note Number	

Driver

Name of Driver	LI LI
NRIC No	S8062032B
Date Of Birth	31/08/1980
Occupation	INDOOR
Date Of Driving Pass	23/10/2010
Driving Experience	7 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90032759
Fax Number	
Contact Number	OFFICE-90032759
EMail Address	JUNELI2001CN@GMAIL.COM

Address	BLK 221 HOUGANG STREET 21 #06-86
Postcode	530221
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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

I WAS IN THE PARKING LOT WAITING FOR OTHER CARS TO CLEAR SO I CAN STRAIGHTEN OUT MY CAR WHEN THE VAN HIT MY CAR. WHILE I WAS WAITING FOR THE OTHER CARS TO SLOWLY MOVE OFF. THE VAN WAS TRAVELLING VERY FAST IN THE CAR PARK.

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	GBD3669G
Vehicle Make/Model/Colour	NISSAN VAN / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH AH SEE
NRIC/Passport Number	S0878791C
Contact Number	91859326
Address	BLK 237 HOUGANG STREET 21 #04-380
Postcode	530237
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 11.01.2018

Driver's Signature

(if driver is not the policyholder)

Date & Time: 11.01.2018

Reporting Centre Personnel's Signature

Name: Lina @ Seng

NRA PIN No: 190657569M

Sketch Plan #2

SKETCH PLAN

A: SLQ 8476 H
B: 980 342 9 67



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the parking lot waiting for other cars to clear so I can straighten out my car when the car hit my car while I was waiting for the other cars to slowly move off the lot. The car was traveling very fast in the car park.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 11/01/2018

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/01/2018

[Signature]
Reporting Centre Personnel's Signature
Name: WA. DE. SEN
NRIC/IDN No.: 87345678901234