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 witholding 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 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	12/02/2018 10:18
Date Of Accident	11/02/2018 01:10
Exact Location Of Accident	TAN TYE PLACE(SHANGHAI DOLLY)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGM6325Y
Insured/Policyholder	
Name Of Registered Owner	HENG TEIK KHOON
NRIC No	S2704799H
Email Address	LUCKYKHOON6325@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96343231
Alternative Phone No	OTHERS-96343231
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S320L SEDAN
Exact Purpose for which vehicle was being used at time of accident	PASS THE VEH TO GN VALET TO PARK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100489816-01
Cover Note Number	
Driver	
Name of Driver	HENG TEIK KHOON
NRIC No	S2704799H
Date Of Birth	16/09/1967
Occupation	INDOOR
Date Of Driving Pass	18/01/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96343231
Fax Number	
Contact Number	OTHERS-96343231
EMail Address	LUCKYKHOON6325@GMAIL.COM

Address	BLK 221B BEDOK CENTRAL #10-80
Postcode	462221
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

AT ABT 00:10HRS I DRIVE MY VEH TO TAN TYE PLACE(SHANGHAI DOLLY) THAN I PASSED OVER TO THE GN VALET TO PARK MY VEH AND I WENT OF TO SHANGHAI DOLLY.AT ABT 01:10 THE VALET DRIVER DRIVE THE VEH TO ME OUTSIDE SHANGHAI DOLLY THAN I SAW THERE WAS DAMAGE ON MY VEH.I ASK THE VALET WHAT HAPPEN TO MY VEH,THAN THEY CALLED THEIR MANAGER.WHEN THE MANAGER COME,HE ASKED THE VALET DRIVER AND NOBODY KNOW WHAT HAD HAPPENED.THAN THE MANAGER SAID THAT HE WILL PAY FOR THE DAMAGES.

Attachment(s)

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

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	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 12-02-2018	Date & Time:	Name: NRIC/FIN No.:

(Reporting Centre Personnel's Signature dated 12/02/18)

Sketch Plan #2

SKETCH PLAN

INFRONT OF SHANGHAI
DOLLY

A

A - SGMG3254

B - VALET DRIVER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

Policyholder's Signature

Date & Time: 12-02-2018

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

Reporting Centre Personnel's Signature 12/02/18
Name:
NRIC/FIN No.:

Accident Photo

Paul Li
Site Manager
Mobile: 9185 9080
Email: paul@gnvalet.com

GN VALET

PRECISION PARKING

GN Valet Pte Ltd
135 Middle Road #02-28
Bylands Building
Singapore 188975

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