

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 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	23/08/2018 10:00
Date Of Accident	22/08/2018 09:30
Exact Location Of Accident	101 YISHUN AVE 5 CHONG PANG CITY LOT85 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS9809C
Insured/Policyholder	
Name Of Registered Owner	THONG MAY LAI
NRIC No	S6943691I
Email Address	MIC9809@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97603516
Alternative Phone No	Others-97603516

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W
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	1800017516
Cover Note Number	

Driver

Name of Driver	THONG MAY LAI
NRIC No	S6943691I
Date Of Birth	12/12/1969
Occupation	INDOOR
Date Of Driving Pass	08/11/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	FEMALE

Mobile Number	(LOCAL) +65-97603516
Fax Number	
Contact Number	OTHERS-97603516
EMail Address	MIC9809@YAHOO.COM.SG
Address	9 ROSEWOOD DRIVE #09-18
Postcode	737938
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 BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: J/20180822/2045

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	
Vehicle Make/Model/Colour	FALLEN TREE BRANCH
Details Of Properties	
Vehicle Category	NA/UNKNOWN

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (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: *Wong Kheok Seng, George*
NRIC/FIN No.: *G228743X*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls refer back to the
police report 01/2018 0822/2045*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature

Name: *Wendy Khorng Seng, George*
NRIC/FIN No.: *92927424*



Police Report



**SINGAPORE
POLICE FORCE**



J/20180822/2045

1 of 2

POLICE REPORT (NP299)

Report No. J/20180822/2045

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737590
Tel No: 1800-7679999

Date/Time Report Made 22/08/2018 11:20	Vide Report No. F/20180822/0119	Station Diary No. 70
Name Of Informant THONG MAY LAI	Address APT BLK 9 ROSEWOOD DRIVE #09-18 SINGAPORE 737938	
ID Type / ID No. NRIC NO / S69436911	Contact No. Home/Office 97503515	Mobile
Nationality SINGAPORE CITIZEN	Email Address	
Occupation HIGHER TECHNICAL OFFICER	Sex Female	Age 48
Institution/School Name	Date of Birth 12/12/1969	Race Chinese
Date/Time Of Incident 22/08/2018 09:30	Location Of Incident 101 YISHUN AVENUE 5 CHONG PANG CITY SINGAPORE 760101 LOT 85 OPEN CARPARK	

Brief details.

I am the driver of vehicle SDS9809C.

On 22/08/2018 at about 0750hrs, I parked my car at Lot 85 of the open carpark Blk 101 Yishun Ave 5 (near Chong Pang Market). Everything was intact.

Signature Of Officer Recording The Report: SN 135 J / Sgt 2 LEONG JIA SHENG, KENNETH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2018 11:20
Officer In-Charge Of Case: J / Jurong Police Divisional HQ / Staff Sgt WANG ZHENXIONG Contact No.: 67910000	Classification Of Case:
Authentication Stamp	

Police Report


**SINGAPORE
POLICE FORCE**


J/20180822/2045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180822/2045

At about 0930hrs, I returned to my car and discovered that a roughly 5-metre-long tree branch had broken off from an adjacent tree and fallen on top of my car.

As a result of the impact, the roof of my car was dented. The frame/bow between the front windscreen and front left passenger side door was also dented.

The fallen tree had also damaged another vehicle (green van) parked in Lot 96.

It was raining heavily in the vicinity earlier. Town Council was at scene to assist to remove the obstructing tree branches. Police also attended to me.

I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report: SN 130 J / Sgt 2 LEONG JIA SHENG, KENNETH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2018 11:20
Officer In-Charge Of Case: J / Jurong Police Divisional HQ / Staff Sgt WANG ZHENXIONG Contact No.: 67910000	Classification Of Case:
Authentication Stamp	

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 : MPA118108767 Vehicle Registration No: SDS9809C
 Name (as shown in NRIC) : THING MAY LAI NRIC/FIN/Passport No : 869436911
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 9 ROSEWOOD DRIVE # 09-18 Singapore (737938)
 Contact (Tel) : 97603516 Mobile No. : 97603516
 Email Address : MIK95091@YAHOO.COM.SG
 Date of Accident : 22/08/18 Time of Accident : 09:30
 Place of Accident : 01 YISHON AVE 5 CHANG PANG CITY LOT 85 CARPARK
 Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(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:

Amend pass Date "03/08/1992" to "02/11/1993."

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature

Name: KHONG KHONG SENIG, George
 NRIC/FIN No.: G2187143X
 Date: 27/8/18