

## 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 liability.
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	13/10/2018 14:44
Date Of Accident	12/10/2018 18:50
Exact Location Of Accident	CAR PARK UNDER BLK 432 ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA818S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AARON GOH JIN HAO (WU RENHAO)
NRIC No	S8725486J
Email Address	AARONGOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90227055
Alternative Phone No	Office-90227055

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI
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	
Cover Note Number	

### Driver

Name of Driver	AARON GOH JIN HAO (WU RENHAO)
NRIC No	S8725486J
Date Of Birth	22/08/1987
Occupation	INDOOR
Date Of Driving Pass	17/11/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-90227055
Fax Number	
Contact Number	OFFICE-90227055
EMail Address	AARONGOH@HOTMAIL.COM
Address	APT BLK 431 ANG MO KIO AVENUE 10
Postcode	560431
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?	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**

I WENT DOWN TO FIND MY CAR WITH A NOTE AND BEING DAMAGED AT THE FRONT RIGHT. THEY LEFT A NOTE FOR ME AND WAITED FOR ME TOO. MY VEHICLE IS BEING KNOCKED BY A RENTED LORRY AND DRIVEN BY A EMPLOYEE OF MASTERPIECE ENG PTE LTD. THE WERE WORKING ON ROAD WORKS UNDER MY BLOCK. WITNESS TOLD ME THAT THE LORRY WAS PARKED NEAR ME WHEN THE DRIVER TURN OUT TO THE LEFT AND KNOCKED ONTO MY PARKED VEHICLE.

**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 Witness 1**

Name	DESMOND ANG
Phone Number	91515078
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	YN2967E
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10/16/2018	E-FILE
Vehicle Make/Model/Colour	LORRY
Details Of Properties	MASTERPIECE ENG PTE LTD
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## Sketch Plan

**SKETCH PLAN****IMPORTANT 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.

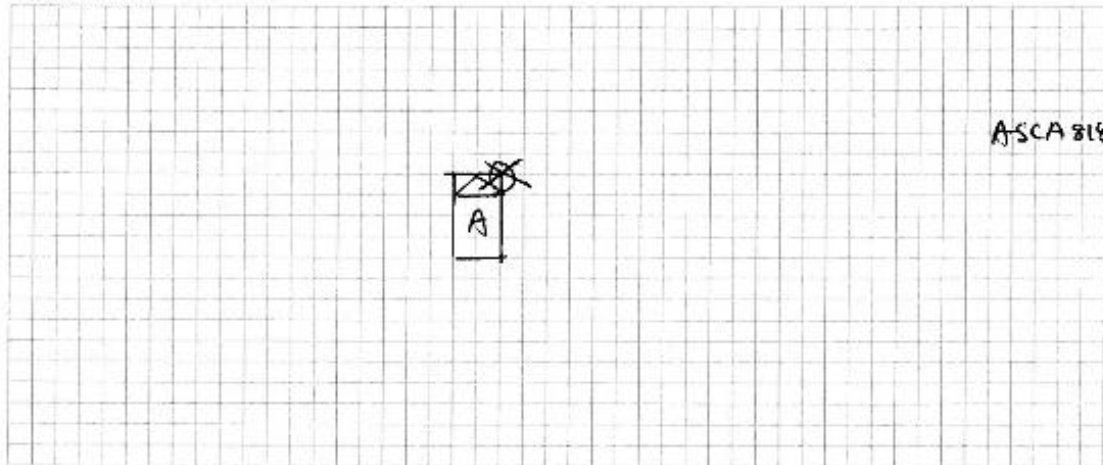
  
 Policyholder's Signature  
 Date & Time:  
 13 Oct 2018 11:30

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

  
 Reporting Centre Personnel's Signature  
 Name: WONG KENNETH SENG, George  
 NRIC/FIN No.: G2987430



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I went down to find my car with a note and being damaged at the front right. They left a note for me and waited for me too. My vehicle is being knocked by a rented Lorry and driven by an employee of Masterpiece Eng Pte Ltd. They were working on road works under my block.

Witness told me that the lorry was parked near me when the driver turned out to the left and knocked onto my parked vehicle.

## DECLARATION

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

Policyholder's Signature

Date & Time:

13 Oct 2018 11:11

PREMIUM AUTOMOBILES PTE LTD

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: *Arshad Khatun Senuh*

NRIC/FIN No.: *G29571452*



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**

