

## 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	17/01/2019 18:44
Date Of Accident	16/01/2019 16:15
Exact Location Of Accident	ALEXANDRA ROAD POST OFFICE CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5745R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG LI-HSIEN, SAMUEL
NRIC No	S7829785I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98281078
Alternative Phone No	Office-98281078

### **Vehicle Particulars**

Manufacturer	AUDI
Model	A3 SEDAN 1.0 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	2100505869
Cover Note Number	

### **Driver**

Name of Driver	ANG TONG CHENG
NRIC No	S0304797J
Date Of Birth	02/02/1948
Occupation	INDOOR
Date Of Driving Pass	10/10/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-98193118
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 159 YUNG PING ROAD #03-03
Postcode	610159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

**General Information of the Accident**

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	4
Passenger 1	Name: : ESTHER KOH Gender: : Female
Passenger 2	Name: : TAN SIEW KIM Gender: : Female
Passenger 3	Name: : ANG THONG CHENG Gender: : Male

**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**

WED, 16/1/2019 AROUND 4.20PM . ACCIDENT AT THE VICINITY OF ALEXANDRA RAOD POST OFFICE AND PAT'S SCHOOL HOUSE. I WAS REVERSING MY CAR INTO A PARKING LOT AND WAS ALREADY PASSED MIDWAY INTO THE LOT WHEN A WHITE STATION WAGON REVERSED INTO MY CAR HITTING THE LEFT FRONT FENDER. AS I WAS ALSO REVERSING , THE IMPACT OF THE WHITE STATION WAGON ON MY CAR , CAUSES DENTS, SCRATCHES WITH THE OTHER CAR WHITE PAINT WORK TRANSFERRED TO MY CAR AND THE HEADLIGHT COVER , DAMAGED.

**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	SLZ6871J
Vehicle Make/Model/Colour	TOYOTA ALPHARD WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SINPRASEUTH ROBERT
NRIC/Passport Number	G3476438M
Contact Number	98880007
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

SKETCH PLANIMPORTANT NOTICE

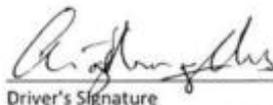
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

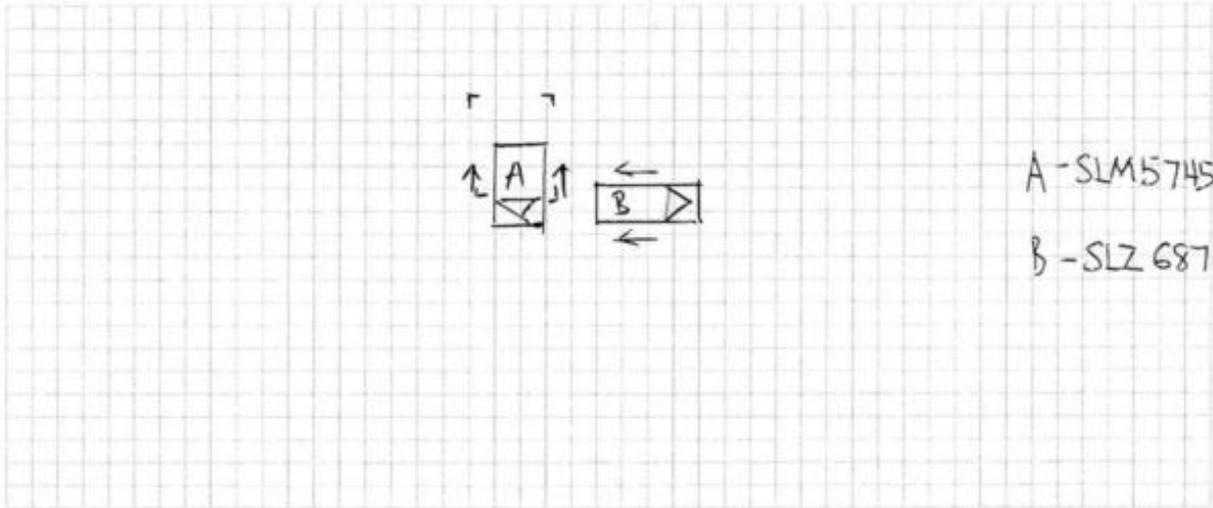
17/1/19 5:45pm

  
 Driver's Signature  
 (If driver is not the policyholder)

Date & Time: 17/1/19 5:45pm

  
 Reporting Centre Personnel's Signature  
 Name: *Wah Kuan Seah Goy*  
 NRIC/FIN No.: *G29871432*

SKETCH PLAN

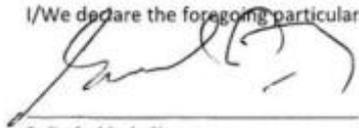


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Wed, 16.1.19 around 4.20 pm.  
 Accident at the vicinity of Alexandra Road Post Office and Pat's School Home.  
 I was reversing my car into a parking lot and was already passed midway into the lot when a white station wagon reversed into my car hitting the left front fender.  
 As I was also reversing, the impact of the white station wagon on my car, causes dents, scratches with the other car white paint work transferred to my car and the headlight cover, damaged.

DECLARATION

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



Policyholder's Signature

Date & Time:

17/1/19 5.45pm

GUARANTY Insurance Services Pte Ltd



Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/1/19 5.45pm



Reporting Centre Personnel's Signature

Name: Wanda Kiaton SEAIR, Corp

NRIC/FIN No.: G2871452



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) 6274 0010 Fax (65) 6274 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S96550020G / 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 : MPA119008171-01 Vehicle Registration No: SLM5745R
Name (as shown in NRIC) : SAMUEL ANG-HSIEN, SAMUEL NRIC/FIN/Passport No : S7829785I
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : BLK 159 YUNG PING ROAD Singapore( 610159 )
Contact (Tel) : 98193118 Mobile No. : 98193118
Email Address : NOEMAIL
Date of Accident : 16/01/2019 Time of Accident : 16:15
Place of Accident : ALEXANDRA ROAD POST OFFICE CAR PARK
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:

To add in TP vehicle registration No. SLZ 6871 J

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: WONG KHONG SENH, George
NRIC/FIN No.: G2987143A
Date: 19/1/19

