

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	05/07/2019 16:27
Date Of Accident	02/07/2019 20:00
Exact Location Of Accident	HILLVIEW CC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2920X
Insured/Policyholder	
Name Of Registered Owner	U KYI LIN
NRIC No	S2727709H
Email Address	KHAING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91514706
Alternative Phone No	Others-91514706

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING OF CAR
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	2100414459-04
Cover Note Number	

Driver

Name of Driver	KAI LIN
NRIC No	S6862943H
Date Of Birth	27/05/1968
Occupation	INDOOR
Date Of Driving Pass	14/03/2006
Driving Experience	13 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91514706
Fax Number	
Contact Number	
E-Mail Address	KHAING@HOTMAIL.COM
Address	BLK 75 JURONG WEST CENTRAL 3, THE CENTRIS #14-24. SINGAPORE 648337
Postcode	648337
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	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

GOING INTO THE AVAILABLE PARKING LOT BETWEEN THE WALL AND THE OTHER PARTY'S CAR (SKE 2911B). THERE WAS A TIGHT SPACE BETWEEN SO COULD NOT USE THE REAR TO GO INTO THE PARKING LOT. USED THE FRONT OF THE CAR TO PARK, THE CAR SLOWLY BUT COULD NOT SEE THE FRONT OF THE OTHER PARTY'S CAR. AS THE SENSOR AT THE FRONT WAS ALREADY PASSED THE OBSTACLE, IT DOES NOT GIVE ANY WARNING SOUND. THUS RESULTING IN A SMALL SCRATCH OF THE OTHER CAR. FOR OWN CAR, THE SCRATCHES WERE AT THE PASSENGER SIDE REAR AND FRONT DOORS. FOR OTHER PARTY'S CAR, THE SCRATCHES WERE AT THE PASSENGER SIDE FRONT CORNER NEAR THE HEADLIGHT. WITNESS: WONG YOKE LING (+65 91113377). *REFER TO A.I.G REFERENCE NO: WSVC19001398.

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	SKE2911B
Vehicle Make/Model/Colour	MAROON
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRONT SIDE SCRATCHES ONLY
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.

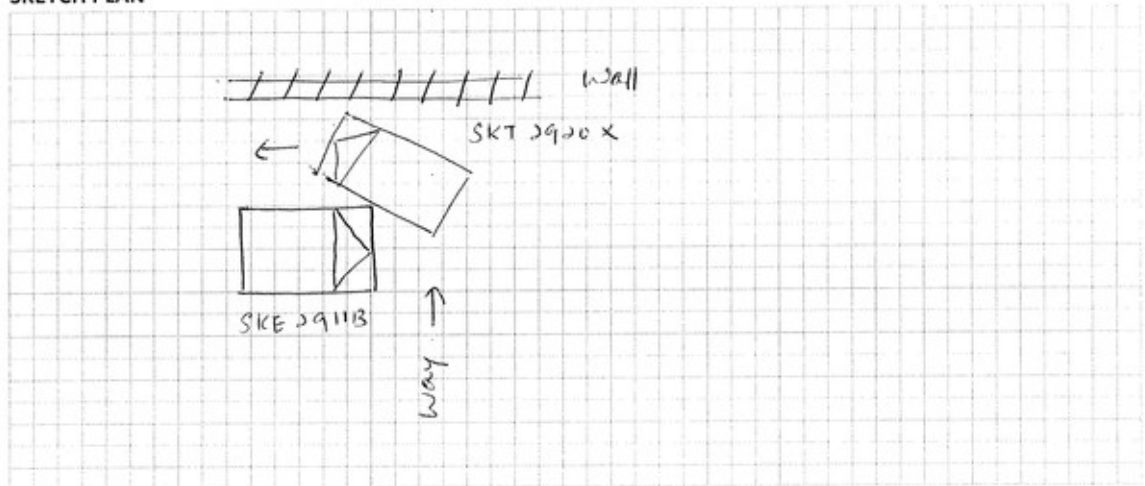
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Going into the available parking lot between the wall and the other party's car (SKE 2911B) there was a tight space between so couldn't use the car to go into the parking lot. Used the front of the car to park the car slowly but could not see the front of the other party's car. As the sensor ^{at} the front was already passed the ~~the~~ obstacle, it does not give any warning sound. This resulting in a small ~~at~~ scratch of the other car.

For own car, the scratches were at the passenger side ^{rear and front} door. For the other party's car, the scratches were at the passenger side front corner near the headlight.

Witness:

Wong Yoke Ling (+65 9113377)

Refer to AIG reference number: W9VC19001398

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm V3

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

X/ 05/01/2019 @ 1628h

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



Individual Statement

Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information

Date of Accident	02 / 07 / 2019
Time of Accident (24hr format)	2000hrs
Exact Location of Accident	Hill View CC

Own Vehicle Details

Vehicle Registration Number	SKT 2920X
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company H K L L N
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S 27 27 709 H

Vehicle Particulars (Own Vehicle)

Model	Kia Sorento 2.4A 6m 4m
Exact purpose for which vehicle was being used at the time of accident	Parking of Car
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	Private Car / Comm Vehl / Goods Vehl / Motor Trade / Government*

Insurance Company (Own Vehicle)

Insurance Company	HLG Asia Pacific Insurance Pte Ltd.
Type of Coverage	Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	2100414459-04

Driver

Name of Driver	Kai Lin
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S 686 2943 H
Date of Birth	27 / 05 / 68
Occupation	Indoor / Outdoor
Driving Pass Date	14 / 03 / 2006
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	91514706
Office / Home / Other Numbers	67946609
Home Address	Blk 75 #14-24, Jurong West Central 3, The Centris, S628537
Email Address	khaing@hotmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement

General Information Of The Accident

Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	02
Was there any witness? (Name, Phone, Email)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	01
Passenger (Name and Gender)	
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail

Details of Other Vehicle / Property			
Vehicle Registration No.	SEE 2911B		
Vehicle Make/ Model/ Colour	MAREON		
Details of Property Damaged in Accident			
Vehicle Category			
Name Of Driver			
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN		
Contact Number			
Name of Insurance Company			
Nature of Damage	LEFT FRONT SIDE SCRAPES ONLY.		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

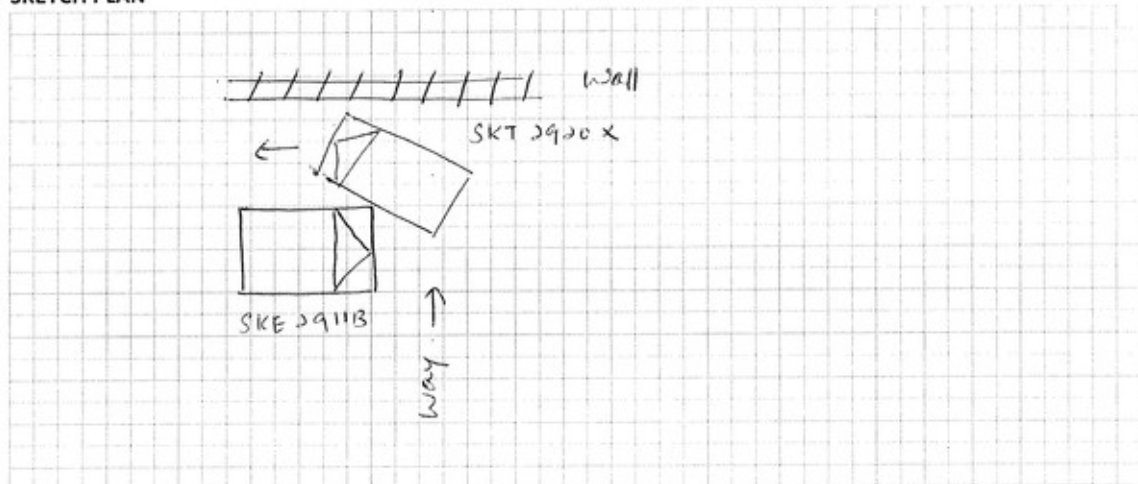
Details of Injured Person

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement

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Witness:

Wong Yoke Ling (+65 9113377)

Refer to AIG reference number: W3VC19001398

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



X/ 05/01/2019 @ 1628h

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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