

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	17/01/2020 14:35
Date Of Accident	08/01/2020 12:40
Exact Location Of Accident	KEONG SAIK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4040U
Insured/Policyholder	
Name Of Registered Owner	SCHULZ ACHIM ANDREAS
NRIC No	S2695742G
Email Address	ACHIM.A.SCHULZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98193544
Alternative Phone No	Office-98193544

Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 AVANT 2.0 TFSI MU
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?	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	2100291651-07
Cover Note Number	

Driver

Name of Driver	NG YIN LING
NRIC No	S7605293Z
Date Of Birth	22/02/1976
Occupation	INDOOR
Date Of Driving Pass	17/11/2000
Driving Experience	19 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-97929236
Fax Number	
Contact Number	
E-Mail Address	NG_VERON@YAHOO.COM
Address	93 BUKIT DRIVE #04-27
Postcode	587844
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	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)	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

THE ROAD WAS NARROW AND HENCE I HIT THE SIDE MIRROR OF THE OTHER VEHICLE. I COULD NOT STOP IMMEDIATELY TO CHECK AS THERE WAS ONCOMING TRAFFIC. HENCE, I CIRCLED ONE ROUND TO PARK MY CAR, AND WENT BACK TO THE SPOT I HIT THE OTHER VEHICLE. I LEFT A NOTE FOR THE OWNER OF THE OTHER VEHICLE. BUT UNFORTUNATELY, I LEFT THE NOTE ON THE WRONG CAR. PLEASE FIND ATTACHED IMAGE OF THE NOTE THAT I LEFT ON THE WRONG VEHICLE. THIS IS PROOF THAT I TRIED TO LEAVE A NOTE WITH MY CONTACT DETAILS. THERE WAS NO DAMAGE ON MY CAR. I ONLY REALISED THAT I HAD LEFT THE NOTE ON WRONG CAR WHEN I RECEIVED THE LAWYER'S LETTER FROM VISION LAW.

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	SKS1561H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
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

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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.

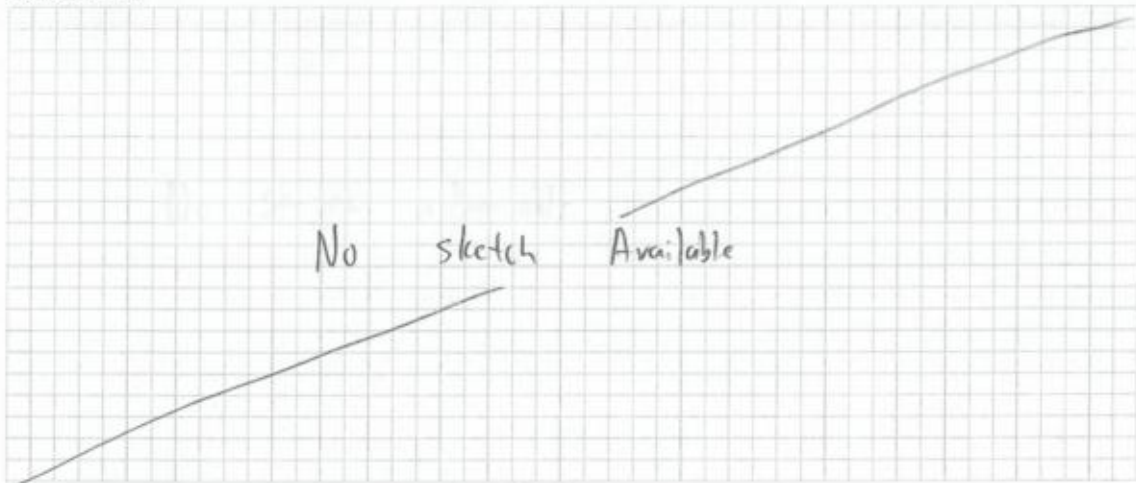
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: 62040167A



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The road was narrow, and hence I hit the side mirror of the other vehicle.

I could not stop immediately to check as there was on-coming traffic. Hence, I circled one round to park my car, and ~~then~~ went back to the spot I hit the other vehicle.

I left a note for the owner of the other vehicle, but unfortunately, I left the note on the wrong car. Please find attached image of the note that I left on the wrong vehicle - this is proof that I tried to leave a note with my contact details.

~~There~~ There was no damage on my car.

I only realized that I had left the note on wrong car when I received the lawyer's letter from Vision Law.

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: 11/1/2020

Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: 97040417X



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Hi

I'm sorry, I had
bumped into the
side mirror of your
car slightly.

You can contact me
at 9792 9236.

Thanks &
apologies again

Ng 12:40pm
~~12:40pm~~

Accident Photo



Accident Photo



Accident Photo



Accident Photo

