

## 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	17/02/2020 15:04
Date Of Accident	16/02/2020 17:50
Exact Location Of Accident	57 SENNETT LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7960G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BOO JIA-WEN JOY
NRIC No	SXXXX028E
Email Address	JOY.BOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96369125
Alternative Phone No	OFFICE-96369125

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700016877-02
Cover Note Number	

### Driver

Name of Driver	BOO JIA-WEN JOY
NRIC No	SXXXX028E
Date Of Birth	01/02/1985
Occupation	INDOOR
Date Of Driving Pass	22/12/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96369125
Fax Number	
Contact Number	OFFICE-96369125
Email Address	JOY.BOO@GMAIL.COM

Address	57 SENNETT LANE
Postcode	466951
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 (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

CAR WAS PARKED. DUE TO HEAVY RAIN, A ROOF TILE CAME LOOSE AND HIT THE BACKSCREEN OF THE CAR, CAUSING IT TO SHATTER. CAR WAS PARKED IN MY OWN HOUSE AND A LOOSE ROOF TILE FROM MY HOUSE HAD FALLEN ON THE CAR

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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: 17/2/2020  
14:21h.

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

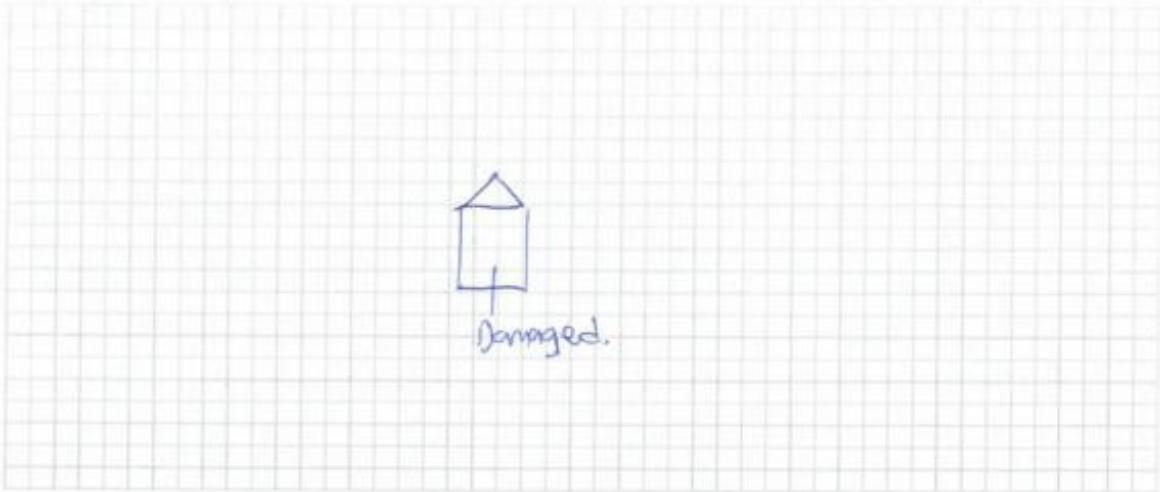
Reporting Centre Personnel's Signature

Name: Lim Bee Seng  
NRIC/FIN No.: 98552569M



## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~EAP~~ Car was parked. Due to heavy rain, a roof tile came loose and hit the backscreen of the car, causing it to shatter.

### DECLARATION

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

Policyholder's Signature

Date & Time: 17/4/2020

14:24h

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name: Lim Koo Seng

NRIC/FIN No.: 98552564mm



Accident Sketch Plan

  
Damaged.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

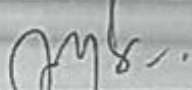
~~EAP~~ Car was parked. Due to heavy rain, a roof tile came loose and hit the backscreen of the car, causing it to shatter.

To add, the car was parked in my own house and a loose tile from my house had fallen on the car.

*Jaykr*  
26/4/2020.

DECLARATION

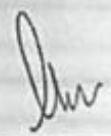
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature

Date & Time: 17/4/2020

Driver's Signature

(If driver is not the policyholder)

  
Reporting Centre Personnel's Signature

Name: *Wm. Lee Gane*





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Addendum Sheet

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

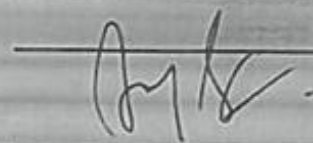
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MPA 120021349 Vehicle Registration No: SLP 7160 G  
Name (as shown in NRIC) : Boo Jia Wen Joy NRIC/FIN/Passport No : SXXXX 0286  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 57 Sennett Lane Singapore (466951)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9636 9125  
Email Address : joy.bob@gmail.com  
Date of Accident : 16/2/2020 Time of Accident : 17:50  
Place of Accident : 57 Sennett Lane  
Insurance Company : Alb Asia Pacific Insurance Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

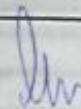
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To add, the car was parked in my own house  
and a loose roof tile from my house had fallen on  
the car.



Policyholder / Driver's Signature

Date: 26/2/2020



Reporting Centre Personnel's Signature

Name: Lin Lee Seng

NRIC/FIN No. : G6552401M

Date: 26/2/2020

