

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	19/03/2020 17:02
Date Of Accident	18/03/2020 10:50
Exact Location Of Accident	B1 CAR PARK GLENEAGLES HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4285P
Insured/Policyholder	
Name Of Registered Owner	CHEE WING TUCK SAMUEL
NRIC No	SXXXX002H
Email Address	SAMUEL.W.T.CHEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84996733
Alternative Phone No	OFFICE-84996733

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	
Cover Note Number	

Driver

Name of Driver	CHEE WING TUCK SAMUEL
NRIC No	SXXXX002H
Date Of Birth	07/05/1984
Occupation	INDOOR
Date Of Driving Pass	23/10/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84996733
Fax Number	
Contact Number	OFFICE-84996733
E Mail Address	SAMUEL.W.T.CHEE@GMAIL.COM

Address	32 DOVER RISE #09-09
Postcode	138686
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 (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)	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, CHEE WING TUCK SAMUEL (S8413002H) THE OWNER ONE DRIVER OF VEHICLE NUMBER SMS 4285 P PARKED MY CAR AT B1 HOSPITAL CAR PARK AT GLENEAGLES HOSPITAL AT AROUND 0830 HRS, ON A WEDNESDAY THE 18 MARCH 2020. AT ROUND 1051 HRS THE SAME DAY, DRIVER OF VEHICLE NO. SDQ 3118 M (BLACK LEXUS GS 300) REVERSED INTO THE CAR PARK LOT BESIDE MY CAR AND SIDE SWIPE MY CAR ON THE LEFT HAND SIDE OF THE FRONT. THE DRIVER THEN DROVE OFF. THAT IS ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDQ3118M
Vehicle Make/Model/Colour	LEXUS GS 300
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:

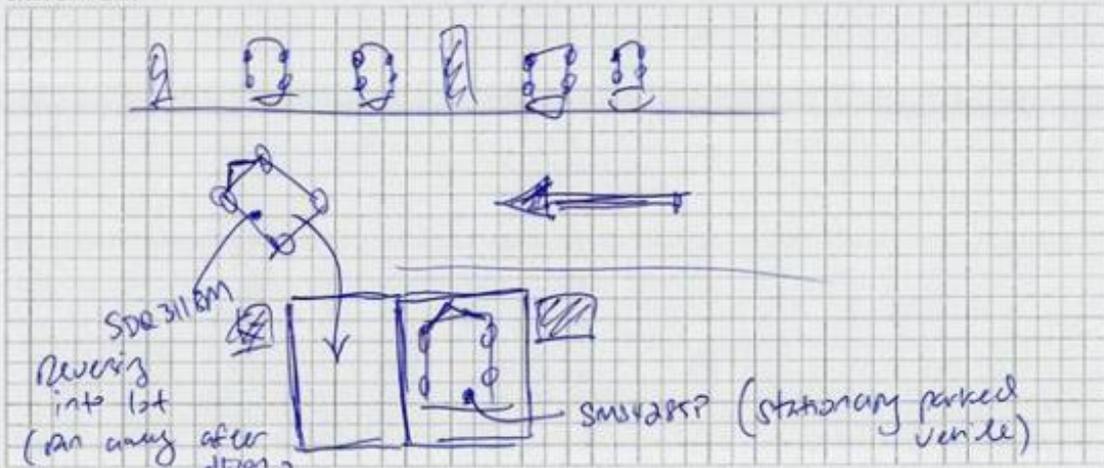
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: WONG KHONG SEN 16 George
NRIC/FIN No.: 62987193X



Sketch Plan #2

SKETCH PLAN

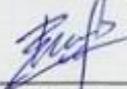


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

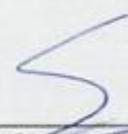
I, Chen with NRIC number (S8413007H) the owner and driver of vehicle number SMS 4285P parked my car at 81 Hospital Cerpark at Aeneagos Hospital at around 0830hrs, ON 6 Wednesday the 18 March 2020. At around 1051 hours the same day, driver of vehicle number SDR 3118M (black Lexus GS300) reversed into the carpark lot beside my car and side swipe my car on the left hand side of the front. The driver then drive off. That is all.

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: Wahli Khaledi Samsi, George
 NRIC/FIN No.: G098745X



GM33AC SketchPlanForm_V3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



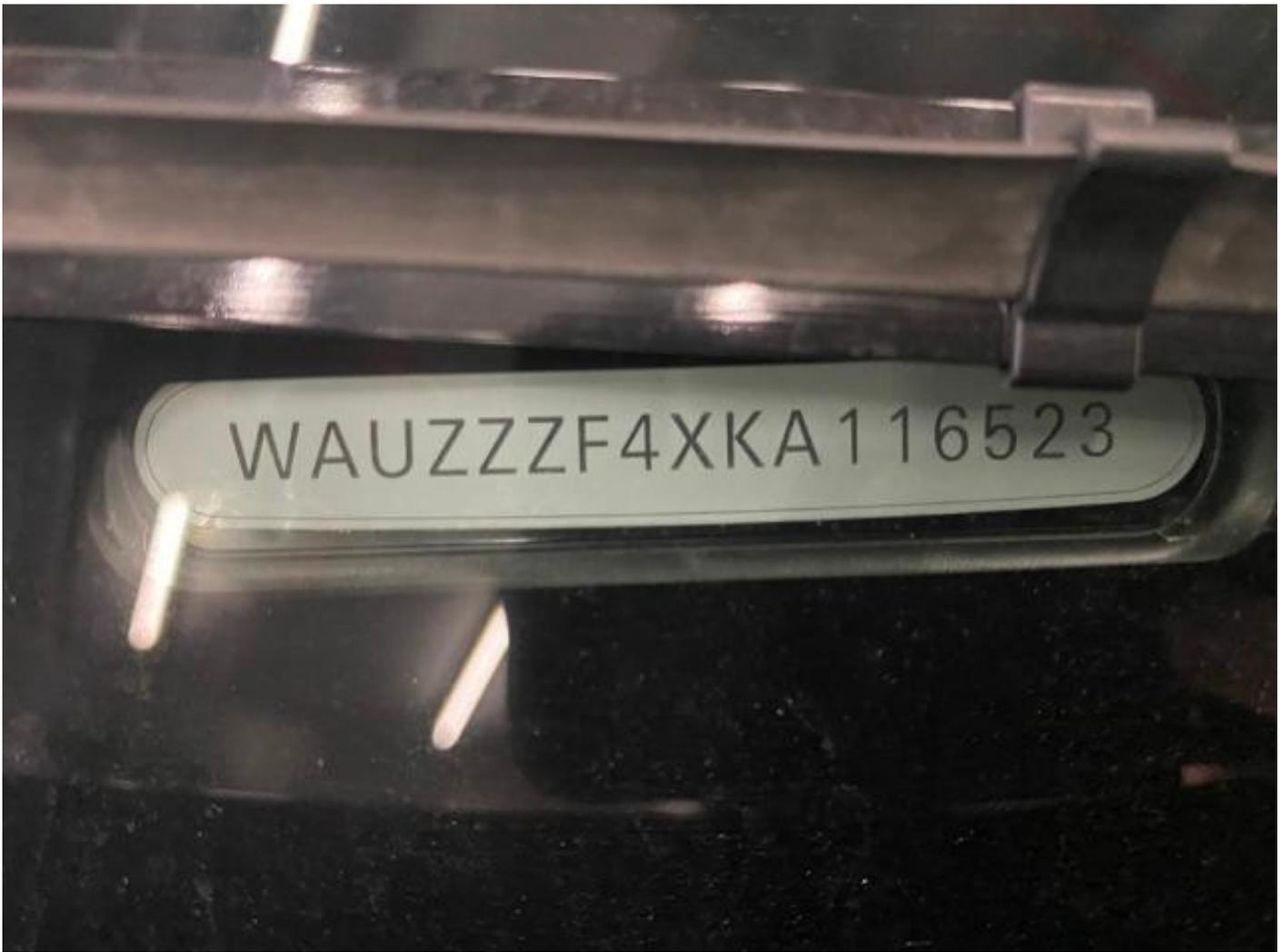
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / 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 : MPA120034584 Vehicle Registration No: SMS4285P
Name(as shown in NRIC) : CHEE WING TUCK SAMUEL NRIC/FIN/Passport No : SXXXX002H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 32 DOVER RISE #09-09 Singapore(138686)
Contact (Tel) : 84996733 Mobile No. :
Email Address : SAMUEL.W.T.CHEE@GMAIL.COM
Date of Accident : 18/03/2020 Time of Accident : 10:50
Place of Accident : B1 CAR PARK GLENEAGLES HOSPITAL
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 UPLOAD VIDEO FOOTAGE.

Multiple horizontal lines for providing additional information or amendments.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: WONG KIBANG SPANG GEORGE
NRIC/FIN No.: F298745X
Date: 19/3/2020