

01/04 2020 WED 12:38 FAX

0001/005

MSME2001RA20 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 01/04/2020 12:26  
SUBMITTED BY: Chin Pei Ying

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 01/04/2020 12:41

## 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 willful 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 if requested.

## ACCIDENT STATEMENT

Date Of Report 01/04/2020 12:26  
Date Of Accident 30/03/2020 11:30  
Exact Location Of Accident CITY SQUARE MALL CARPARK  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF2517B  
Insured/Policyholder **EDY SUSANTO PANGGABEAN**  
Name Of Registered Owner EDY SUSANTO PANGGABEAN  
NRIC No SXXXX226F  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96323767  
Alternative Phone No OFFICE-96323767  
Vehicle Particulars  
Manufacturer AUDI  
Model A6  
Exact Purpose for which vehicle was being used at time of accident  
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 1800062546-01  
Cover Note Number  
Driver  
Name of Driver YULI MARIA  
NRIC No SXXXX439A  
Date Of Birth 25/07/1978  
Occupation INDOOR  
Date Of Driving Pass 02/06/2016  
Driving Experience 3 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-93881652  
Fax Number  
Contact Number  
Email Address NOEMAIL

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Address 80 JELICOE ROAD #22-01

Postcode 208768

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 -

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) 3

Passenger 1 NAME: : JORDAN PANGGABEAN

GENDER: : MALE

Passenger 2 NAME: : GIANNA PANGGABEAN

GENDER: : FEMALE

**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**

ON 30/03/2020 AT ABOUT 11.30AM, I HAVE PARKED MY CAR IN THE LOT PREPARING TO ALIGHT FROM THE CAR A. I SAW CAR B MAKING A REVERSE AND IT CAME SO NEAR TO MY CAR A AND HIT THE FRONT LH SIDE OF MY CAR A.

**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 SKD7887K

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver SHARON KWAN

NRIC/Passport Number

Contact Number

Address

Postcode

02-04-20;14:47 ;

MARCUS

;68412088

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Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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. The 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 lodging 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)

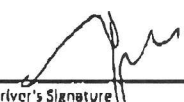
I understand, acknowledge, agree and consent that:

- (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: 14/20, 1130am



Driver's Signature

(If driver is not the policyholder)  
Date & Time: 14/20, 1130am

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

GIA/SGA Sketch Plan Form 005

BLUMEL

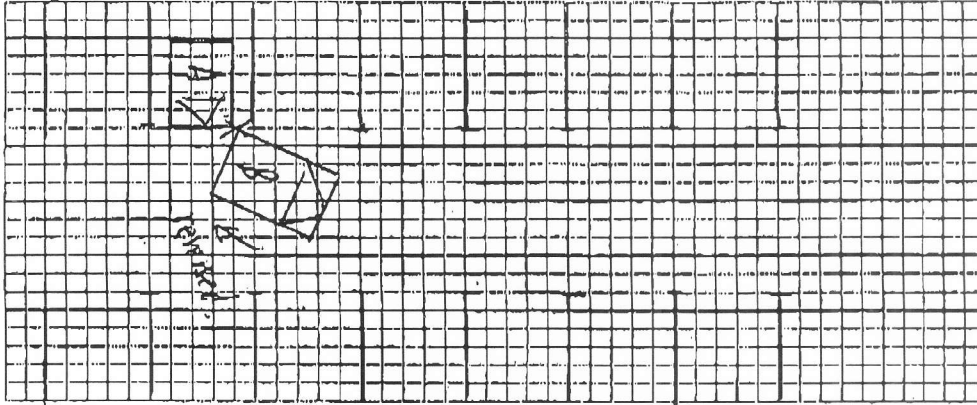
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## Sketch Plan #2 Pg. 1

LOTS

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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On 30/3/2020 at about 1130am, I have parked my car in the cuf preparing to alight from the car (A). I saw car B making a reverse and it came so near to my car (A) and hit the front L/H side of my car (A).

## DECLARATION

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

Policyholder's Signature

Date &amp; Time: 1/4/20, 1130am

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time: 1/4/20, 1130am

Reporting Contra Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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