

## 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	07/09/2020 12:22
Date Of Accident	06/09/2020 13:30
Exact Location Of Accident	CARPARK AT WHEELLOCK PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9189C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Co Reg No	1XXXXX271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66900293

### Vehicle Particulars

Manufacturer	AUDI
Model	TT COUPE 2.0 TFSI S TRONIC
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	999993763/100877789-00000
Cover Note Number	

### Driver

Name of Driver	LEUNG SHEN MIN, ANDREA (LIANG SHANWEN)
NRIC No	SXXXX370G
Date Of Birth	26/07/1988
Occupation	INDOOR
Date Of Driving Pass	18/02/2013
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96168782
Fax Number	
Contact Number	
EEmail Address	ANDREA.LEUNGSHENMIN@GMAIL.COM

Address	369 HOLLAND ROAD #11-04, ALLYSWORTH PARK
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 PROPERTY
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	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)	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

EXIT FROM WHEELLOCK PLACE CARPARK. AVOIDING ONCOMING CAR ON NARROW SLOPE. SWERVED THE CAR LEFT AND HIT THE SIDE OF CAR PARK MALL. FRONT (PASSENGER SEAT SIDE) HIT ON THE WALL. EXITED CAR PARK SLOPE, PARKED ON THE SIDE TO ASSESS. DROVE HOME AND PARKED THE CAR. I COULD HAVE CONTROLLED THE SWERVE BETTER.

#### Attachment(s)

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

## Accident Sketch Plan

### SKETCH PLAN

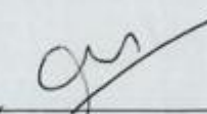
#### IMPORTANT NOTICE

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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.

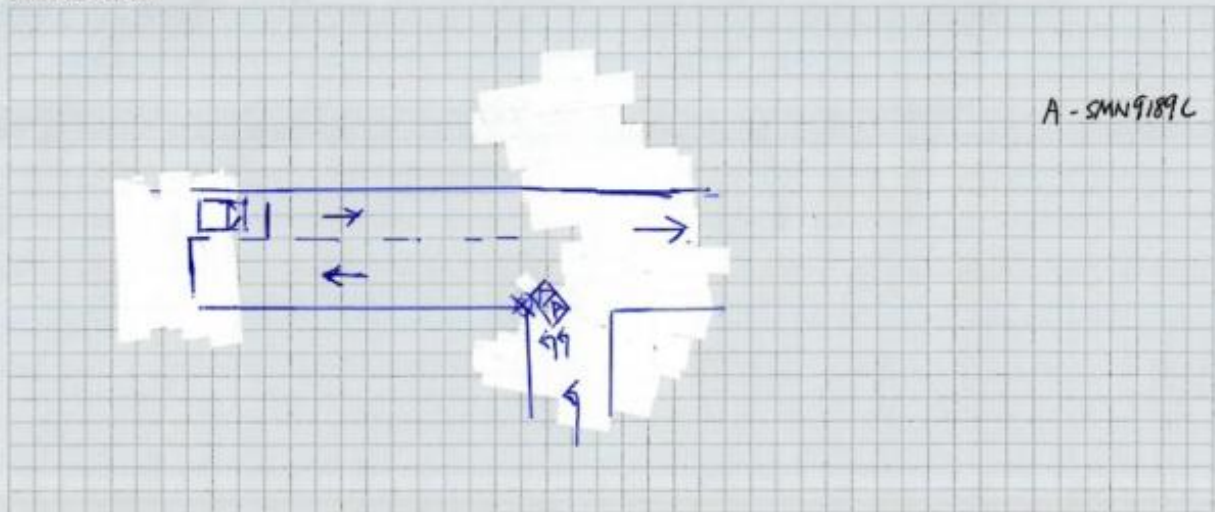
  
Policyholder's Signature  
Date & Time: 07/09 9:24AM

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/09 9:24AM

  
Reporting Centre Personnel's Signature  
Name: WONG KHONG SEAH, George  
NRIC/FIN No.: G237143X

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- EXIT FROM WHEELLOCK PLACE CARPARK.
- AVOIDING ONCOMING CAR ON NARROW SLOPE
- SWERVED THE CAR LEFT AND HIT THE SIDE OF CARPARK WALL
- FRONT (PASSENGER SEAT SIDE) HIT ON THE WALL
- EXITED CARPARK SLOPE, PARKED ON THE SIDE TO ASSESS.
- DROVE HOME AND PARKED THE CAR
- I COULD HAVE CONTROLLED THE SWERVE BETTER.

## DECLARATION

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

Policyholder's Signature

Date & Time: 07/09 9:24AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/9 9:24 AM.

Reporting Centre Personnel's Signature

Name: LING HONG SENG 623R

NRIC/FIN No.: 624514X



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: S665500206 / 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 : MPA120076983 Vehicle Registration No: SMN9189C  
Name (as shown in NRIC) : PREMIUM AUTOMOBILES PTE LTD NRIC/FIN/Passport No : 1XXXXX271W  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 369 HOLLAND ROAD #11-04, ALLYSWORTH PARK Singapore( )  
Contact (Tel) : Mobile No. : 96168782  
Email Address : NOEMAIL  
Date of Accident : 06/09/2020 Time of Accident : 13:30  
Place of Accident : CARPARK AT WHEELLOCK PLACE  
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 convert reporting only to own policy claims.

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Policyholder / Driver's Signature  
Date: 11/9/2020

  
Reporting Centre Personnel's Signature  
Name: WONG KHONG SENG, GEORGE  
NRIC/FIN No.: G298743X  
Date: 11/9/2020