

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	22/09/2020 18:30
Date Of Accident	21/09/2020 16:30
Exact Location Of Accident	RAFFLES HOSPITAL CARPARK LEVEL 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3384E
Insured/Policyholder	
Name Of Registered Owner	LOW GIAP JUAT,AMY(LU YEYUE,AMY)
NRIC No	SXXXX763G
Email Address	AMYLFOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98387710
Alternative Phone No	OFFICE-98387710

Vehicle Particulars

Manufacturer	AUDI
Model	A5 SB 2.0 TFSI S TRONIC (DESIGN)
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	FOO CSIAN IAN CHRISTOPHER
NRIC No	SXXXX154Z
Date Of Birth	31/05/1972
Occupation	INDOOR
Date Of Driving Pass	17/05/1990
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98287979
Fax Number	
Contact Number	
Email Address	DRCHRISFOO@GMAIL.COM

Address	16B EWE BOON RD #04-06 PALMSPRING CONDO
Postcode	259324
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	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.	YES
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

THIS HAPPENED ON MONDAY 21SEP2020. MY CAR WAS PARKED AT RAFFLES HOSPITAL CARPARK LEVEL 3 WHERE I WORK. I PARKED THE CAR AT AROUND 5:45PM AND FOUND A NOTE ON THE WINDSCREEN FROM SYLVIA WONG. SHE WROTE THAT SHE HAD SCRATCHED MY CAR, APOLOGISED AND ASKED ME TO CONTACT HER, LEAVING HER MOBILE NUMBER.

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	SMT9642D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYLVIA WONG XIAOHUI
NRIC/Passport Number	SXXXX609I
Contact Number	87000380
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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/are 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 based 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 are 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:

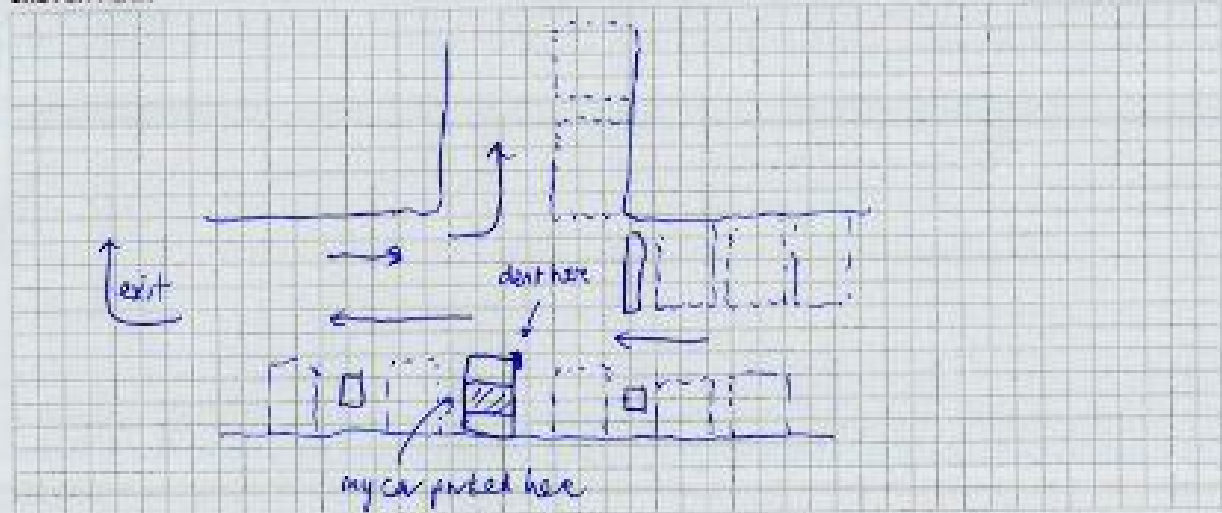
Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/07/20 5:04pm

Recording Centre Personnel's Signature
Name: Raymond Seng Sing Koh
NRIC/IN No.: 6 800900 X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This happened on Monday 21 Sep 2020.
My car was parked at Raffles Hospital Carpark Level 3
where I work. I parked the car at 12:45pm at that location.
After work, I walked to my car at around 5:45pm and
found a note on the windscreen from Sylvia Wang.

She wrote that she had scratched my car, apologised,
and asked me to contact her, leaving her mobile number.

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: 22/9/20 5:45pm

Reporting Centre Personnel's Signature
Name: Raymond Ting Sing Wei
NRIC/FIN No.: G20004102X



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



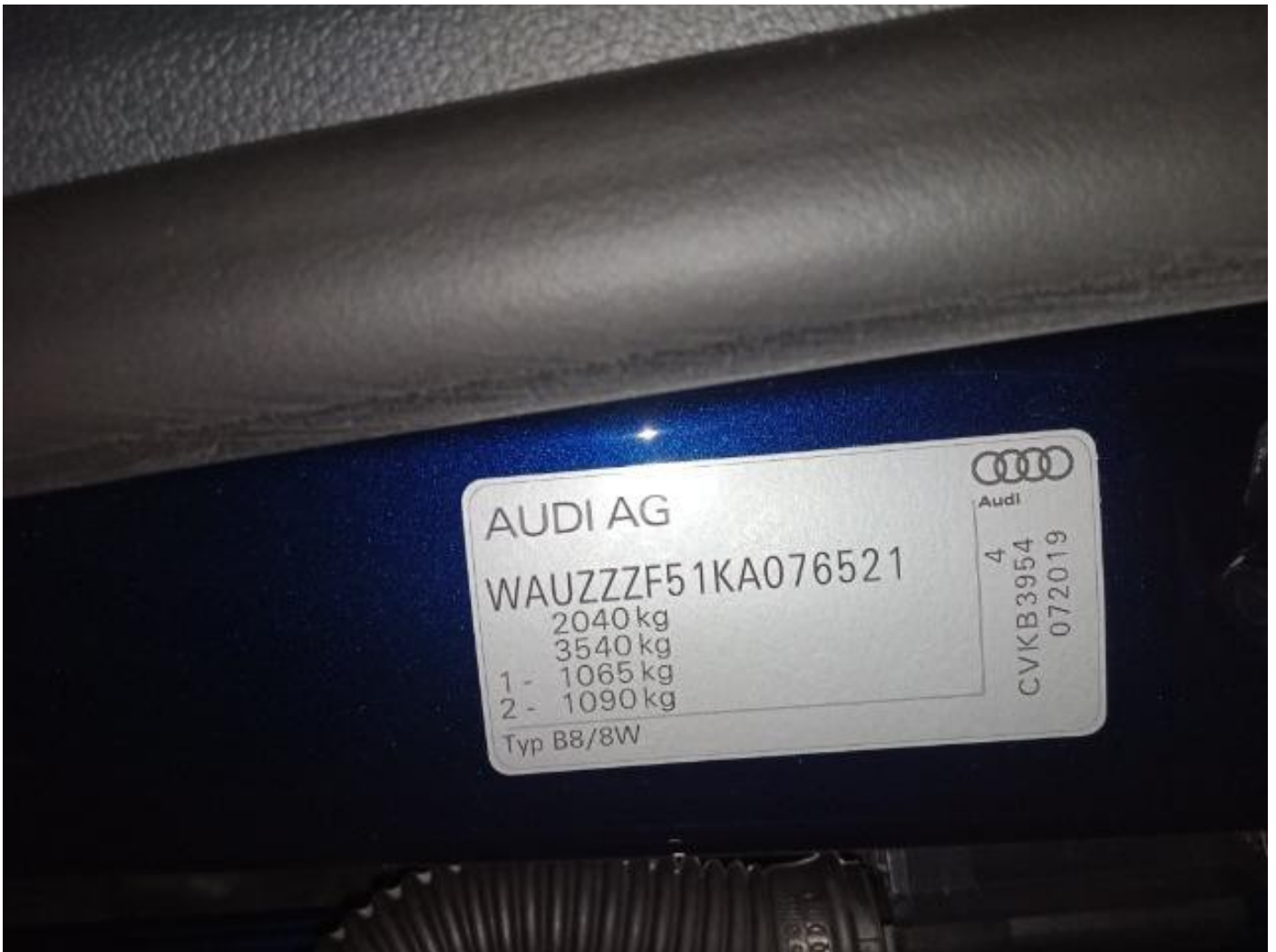
Accident Photo



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: 5665500206 / 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 : MPA120082567 Vehicle Registration No: SJN3384E
Name (as shown in NRIC) : LOA GIAP SUAT, AMY (LU KEYUE, AMY) NRIC/FIN/Passport No : SXXXX7636
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 16B EWE BUN RD #04-06 PALMSPRING CONDO Singapore (259324)
Contact (Tel) : _____ Mobile No. : 98287979
Email Address : DRCHRISFOO@GMAIL.COM
Date of Accident : 21/09/2020 Time of Accident : 16:30
Place of Accident : RAFFLES HOSPITAL CARPARK LEVEL 3
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:

Change the insured name Low Giap Suat Amy to Low Giap Suat, Amy
(Lu Keyue, Amy)

Chris
Policyholder / Driver's Signature
Date: 23/9/2020


Reporting Centre Personnel's Signature
Name: Raymond Ting Sing Wei