

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 Submission 17/09/2020 17:33 (SGT)
Date of Accident 02/09/2020 16:15 (SGT)
Exact Location of Accident 10 Coleman St, Singapore 179809
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF6655J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW PUI LENG
NRIC No SXXXX123J
Email Address NANCYLAJAM@GMAIL.COM
Mobile Phone No (Phone) +65-96300984
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5 2.0 TFSI QU
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100303401-08
Cover Note Number -

DRIVER

Name of Driver LOW PUI LENG
NRIC No SXXXX123J

Date Of Birth	16/02/1950
Occupation	Indoor
Date Of Driving Pass	14/02/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96300984
Alt. Phone Number	-
Email Address	NANCYLAJAM@GMAIL.COM
Address	26 CUSCADEN ROAD #19-02
Address complement	-
Postcode	249722
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING OUT OF CITY HALL CAR PARK (STAMFORD ROAD EXIT) WHEN THE CAR SKIDDED (I WAS DRIVING NO FASTER THAN 5-10KM/HR) BUT I DID NOT FEEL ANY IMPACT EXCEPT THE WHEEL SEEMED TO HAVE HIT THE KERB. THERE WERE NO OTHER VEHICLES NOR PEOPLE AROUND. I DID NOT NOTICE /SEE ANY DAMAGE ON THE WALL OF THE UP RAMP.

ATTACHMENT(S)

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

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:

17/9/2020 3:15pm.

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



Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of City Hall car park (Stamford Road exit) when the car skidded (I was driving no faster than 5-10 km/h) but I did not feel any impact except the wheel seemed to have hit the kerb. There were no other vehicles or people around. I did not notice/see any damage on the wall of the up ramp.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:
17/08/2020 3:15pm.

GIARMC SketchPlanForm_V3

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



Reporting Centre Personnel's Signature
Name: *Lim Koe Seng*
NRIC/FIN No.: *Gxxxx56am*



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 : MPA120080954 Vehicle Registration No: SKF 66553
Name (as shown in NRIC) : Low Rui Long NRIC/FIN/Passport No : SXXXX1235
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 26 Cuscaden Road #19-02 Singapore (249722)
Contact (Tel) : _____ Mobile No. : 9630 0984
Email Address : nancykiam@gmail.com
Date of Accident : 8/9/2020 Time of Accident : 16:15 hrs
Place of Accident : Out Ramp at City Hall Carpark
Insurance Company : AIG

(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 withdraw OD claim and consent to reporting only.

Signature
Policyholder / Driver's Signature
Date: 22/5/2021

Signature
Reporting Centre Personnel's Signature
Name: Lim Kee Seng
NRIC/FIN No.: Gxxxx569m
Date: 22/5/2021











































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 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
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Policyholder's Signature

Date & Time:

17/9/2020 3:15pm.

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


Reporting Centre Personnel's Signature

Name: Lim Kiat Seng

NRIC/FIN No.: 6200056M

SKETCH PLAN



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Date & Time:

17/08/2020 3:15pm.

GIACC Sketch Plan Form_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Lim Koe Seng

NRIC/FIN No.: Gxxxx569m