

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	02/10/2020 13:14
Date Of Accident	28/09/2020 07:35
Exact Location Of Accident	455A CLEMENTI AVENUE 3 MULTI-STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7862G
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN LENG
NRIC No	S7015727F
Email Address	CHINLENGLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98181771
Alternative Phone No	Office-98181771

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
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	REPORTING ONLY
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	1700018333-03
Cover Note Number	

Driver

Name of Driver	SIM LISA
NRIC No	S7010987E
Date Of Birth	01/04/1970
Occupation	INDOOR
Date Of Driving Pass	31/10/1990
Driving Experience	29 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98631288
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	459CLEMENTI AVENUE 3 #08-592
Postcode	120459
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	COLLIDED INTO PARKED VEHICLE
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?	
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

please refer to sketch plan

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

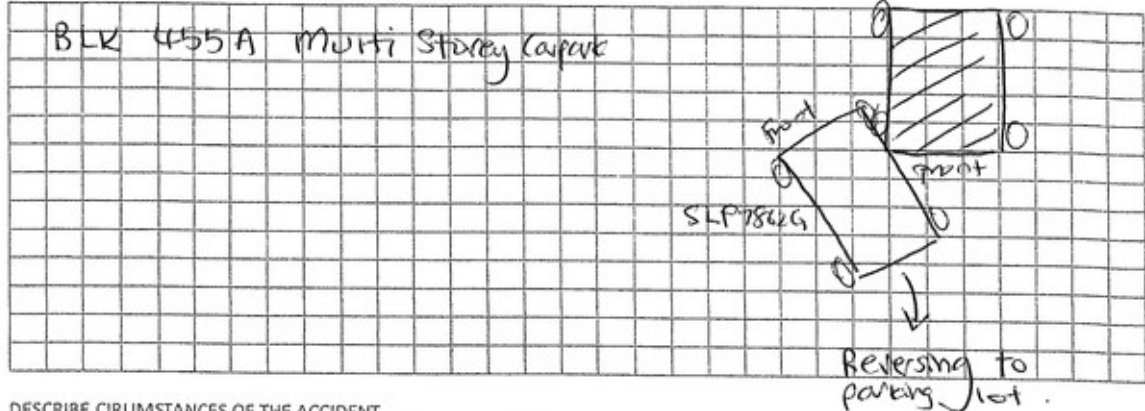
Vehicle Registration Number	SDK8531B
Vehicle Make/Model/Colour	VOLKSWAGEN BEETLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DORIS
NRIC/Passport Number	

Contact Number	93638636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SDK8531B

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Was parking the car at Level 2B of BLK 455A Clementi Avenue 3 multi-storey carpark, when reversing into the parking lot behind our car, the front of our car scratched the front of the stationary car VW SDK8531B. The paint of our ~~the~~ front bumper was also scrapped off. The incident happened on 28/09/2020 at 7.35 am. We left a note on the stationary car offering to settle the damages. Was only contacted on 01/10/2020 by the other owner. This morning (02/10/2020), we were informed by the other party that she intends to claim 3rd Party Insurance against us. Hence, we came in to make the report immediately, although it was past 24 hrs. from the time of the accident.

We took some pictures of the damages to our car, as well as the damages to the other party's vehicle ^{on that day}. We noted that the front right hand side of the other car had minor scratches, no dents, as the impact was not great. There were some paint residue from our car left on the other vehicle. The other party insisted on sending her car to VW for repairs, and quoted us \$5000 as cost for repairs, including replacing the fender, repaint the bumper, plus car replacement, which we think is too much.

DECLARATION

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

 2/10/2020
11.30am
Policyholder's Signature
Date & Time

 2/10/2020
11.30am
Driver's Signature
Date & Time

 2/10/2020
11.30am
Reporting Centre Personnel's Signature
Date & Time

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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: 22/10/2020
11:30am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 21/10/2020
11:30am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN NO.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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