

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	09/11/2020 14:45 (SGT)
Date of Accident	07/11/2020 21:25 (SGT)
Exact Location of Accident	Near 391 Orchard Rd, Singapore 238872
Additional Location Information	ORCHARD TURN EXIT OF Ngee Ann City
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2461T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MARK SEONG HYUN KIM
Passport No/FIN	GXXXX178T
Email Address	MARKSEONGHYUNKIM@GMAIL.COM
Mobile Phone No	(Phone) +65-97201131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900004959
Cover Note Number	-

DRIVER

Name of Driver	MARK SEONG HYUN KIM
Passport No/FIN	GXXXX178T
Date Of Birth	14/07/1983
Occupation	Indoor

Date Of Driving Pass	10/09/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97201131
Alt. Phone Number	-
Email Address	MARKSEONGHYUNKIM@GMAIL.COM
Address	35 JALAN MUTIARA #05-06
Address complement	-
Postcode	249210
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 Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HYUNG JEE KIM
Gender	Female

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 EXITING THE NGEE ANN CITY CAR PARK ON PRCHARD TURN ROAD. WAS IN THE YELLOW BOX DUE TO TRAFFIC ON BOTH SIDES OF MY LANE. WAITING TO TAKE A RIGHT TURN BECAUSE OF TRAFFIC WAS CLEA ON OPPOSITE SIDE. THEN THERE WAS A MINOR COLLISION WITH A MOTORCYCLE. HIS SIDE (OF MOTORCYCLE) SCRAPED INTO THE FRONT END OF MY CAR. AFTER REVIEWING BLACK BOX VIDEO FOOTAGE THE MOTORCYCLE CROSS OVER TO THE OPPOSITE LANE(REVERSE OF TRAFFIC) CAUSING THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ6812X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	HERIZWAN HAZIQ BIN MANSOR
NRIC No	SXXXX798I
Contact Number	(Phone) +65-91680896
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgment 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 used 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.

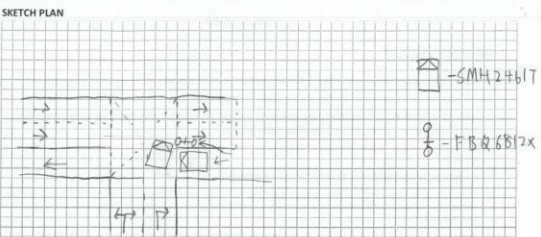

Policyholder's Signature
Date & Time: 01.11.2020


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


Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: S1255048E

GIA/MC SketchPlanForm_V3 1


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the Ngce Ann City Car park on Orchard turn road. Was in the yellow box due to traffic on both sides of my lane. Waiting to take a right turn because traffic was clear on opposite side. Then there was a minor collision with a motorcycle. His side (of motorcycle) scraped into the front end of my car. After viewing black box video footage the motorcycle cross over to the opposite lane (reverse of traffic) causing the accident.

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



Policyholder's Signature
Date & Time: 08.11.2020
GIAIRAC SketchPlanForm_V3

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

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































GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
8 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URN: S46500200 / G31 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 : MPA120098848 Vehicle Registration No: SMH2461T
Name(as shown in NRIC) : MARK SEONG HYUN KIM NRIC/FIN/Passport No : GXXX178T
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No : 97201131
Email Address : MARKSEONGHYUNKIM@GMAIL.COM
Date of Accident : 07/11/2020 Time of Accident : 21.25
Place of Accident : ORCHARD TURN EXIT OF Ngee ANN CITY
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 REPORT TO CLAIM OWN INSURANCE

MARK SEONG HYUN KIM
Policyholder / Driver's Signature
Date: 26/11/2020

Reporting Centre Personnel's Signature
Name: Tom Fong
NRIC/FIN/NO: SXXX XXXX
Date: 30/11/20

GIAS/RC addendum form V3