

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 10/12/2020 15:18 (SGT)
Date of Accident 09/12/2020 18:45 (SGT)
Exact Location of Accident Tampines, Singapore
Additional Location Information TAMPINES AVE 5 BLK 941 OPEN CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN8744G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN SHUHUI
NRIC No SXXXX169E
Email Address shuhui.2302@gmail.com
Mobile Phone No (Phone) +65-91389818
Alternative Phone No +65-91389818

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900150821
Cover Note Number -

DRIVER

Name of Driver YEO AH MOY
NRIC No SXXXX677E
Date Of Birth 03/07/1960
Occupation Indoor

Date Of Driving Pass	21/01/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92348858
Alt. Phone Number	-
Email Address	shuhui.2302@gmail.com
Address	BLK 941 TAMPINES AVE 5
Address complement	#10-227
Postcode	520941
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKG830D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS ALICE
Contact Number	(Phone) +65-94784399
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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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:

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

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

ARABIC Sketch Plan Form V11

SKETCH PLAN

A: STAIN 87446G
(PARKED IN THE PARKING LOT)
B: SKG 830D
(PARKED AND HIT
ON MY CAR)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/10/2020 AT ABOUT 18:00 HRS I PARK MY CAR IN THE
PARKING LOT, AND GO HOME, AT ABOUT 18:45 HRS, CAR (B)
DRIVER (MR ALICE) CAME TO MY HOUSE AND INFORM ME, SHE
WAS REVERSE HER CAR INTO THE CAR LOT BEHIND MY CAR.
AS THE RESULT, HER CAR REAR PORTION HIT ON MY CAR
FRONT PORTION, MY CAR HAD VIDEO FOOTAGE FOR THE INCIDENT.

You had been advised by workshop that in the event that you wish to claim
against your own policy (OD claim), there is a **Fourteen (14) days clause**
whereby the claim must be made within the stipulated timeframe from
the day of occurrence.

Reporting Only

Claim OD

Claim TP ☒ YES

Claim OD / TP at other workshop

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:

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

Download SketchPlan.com V.1.0















