

# 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 .....	14/12/2020 18:59 (SGT)
Date of Accident .....	13/12/2020 11:00 (SGT)
Exact Location of Accident .....	101 Thomson Rd, Singapore 307591
Additional Location Information .....	UNITED QUARE 101 THOMSON ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ8866Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HUANG XIAOYUN
NRIC No .....	SXXXX999B
Email Address .....	HXY66RUYI@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93886903
Alternative Phone No .....	+65-93886903

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A5
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 .....	1900170861
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HUANG XIAOYUN
NRIC No .....	SXXXX999B
Date Of Birth .....	28/03/1979
Occupation .....	Indoor

Date Of Driving Pass .....	12/09/2019
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93886903
Alt. Phone Number .....	+65-93886903
Email Address .....	HXY66RUYI@GMAIL.COM
Address .....	30 RICHARDS AVENUE
Address complement .....	-
Postcode .....	546443
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 .....	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? .....	Yes
Police Station Name .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SMU4176K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

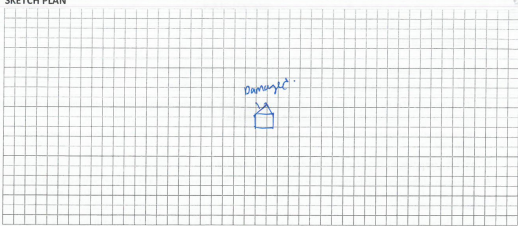
**IMPORTANT NOTICE**

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- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:
  - 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 purposes(s) of:
    - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - investigating the accident and/or my claims;
    - carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - 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
    - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
  - 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
  - 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.
  - 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.
  - the information so collected under (d) above may be shared / disclosed:
    - 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
    - for complying with requirements under any regulations, laws or court orders.

<p><i>Huang Xiaowen</i></p> <p>Policyholder's Signature Date &amp; Time: 14 Dec 2020 6:26 pm</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p>	<p><i>[Signature]</i></p> <p>Reporting Centre Personnel's Signature Name: Lim Kee Seng NRIC/FIN No: 999999999999</p>
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GIA/MC SketchPlanForm\_V3 1

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report.

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

<p><i>Huang Xianlin</i></p> <p>Policyholder's Signature Date &amp; Time: 14 Dec 2020, 6:26 pm</p> <p><small>GIAMAC SketchPlanForm_V3</small></p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p>	<p><i>[Signature]</i></p> <p>Reporting Centre Personnel's Signature Name: Lim Kee Seng NRIC/FIN No.: 999999999999999999</p>
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SINGAPORE POLICE FORCE		F/20201214/2017		1 of 2	
<b>POLICE REPORT (NP299)</b> Police Station Of Origin Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 Tel No: 1800-4880999				Report No. F/20201214/2017	
Date/Time Report Made 14/12/2020 11:19		Vide Report No.		Station Diary No. 21	
Name Of Informant HUANG XIAOYUN		Address 12G PALM GROVE AVENUE SINGAPORE 544947			
ID Type / ID No. NRIC NO / S798999B		Contact No. Home/Office		Mobile 93886903	
Nationality CHINESE		Email Address			
Occupation Housewife		Sex Female	Age 41	Date of Birth 28/03/1979	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 13/12/2020 11:00 - 13/12/2020 16:00		Location Of Incident 101 THOMSON ROAD UNITED SQUARE SINGAPORE 307591			
		Level 3 Carpark			
<b>Brief details.</b>					
On 13/12/2020 at about 1600hrs, I went to my car bearing SMQ8866Y that was parked at Level 3 of the carpark of United Square. I drove out of the carpark and discovered that there was a slip of paper at the windscreen.  As such, I stopped aside and the slip of paper indicated that 'Sorry I hit you car when parking! Pls call me @ Pei Wen 91173775'.					
Signature Of Officer Recording The Report: F / Sgt 2 JACQUELINE TOH XIN YI		Signature Of Informant: Huang xiao yun			
Signature Of Interpreter: Not applicable		Date/Time: 14/12/2020 11:19			
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 JACQUELINE TOH XIN YI Contact No.: 64880999		Classification Of Case:			
Authentication Stamp		SN 154			
 Signature:  Singapore Police Force					

 <b>SINGAPORE POLICE FORCE</b>		 <small>F/20201214/2017</small>	<small>2 of 2</small>
<b>POLICE REPORT (NP299)</b>		<b>CONTINUATION OF REPORT</b>	<b>Report No. F/20201214/2017</b>

Then I realised that the front left of the car suffered some scratches and dents. The last time I saw my car intact was at 1100hrs at the carpark of United Square.

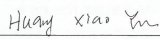

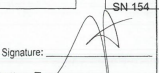
I wish to state that there is in car camera at the front and rear of the car however I checked back the footages it did not capture the incident that took place.

Pei Wen had provided her vehicle license plate, SMU4176K.

Currently I am in the midst of liaising with Pei Wen regarding on the settlement.

There is no government property damage, no one was injured and no foreign vehicles was involved.

As such, I am lodging a report for my record purpose and insurance claim.

Signature Of Officer Recording The Report: F / Sgt 2 JACQUELINE TOH XIN YI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2020 11:19
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 JACQUELINE TOH XIN YI Contact No.: 64880999	Classification Of Case:
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