

# 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 .....	28/12/2020 10:54 (SGT)
Date of Accident .....	25/12/2020 13:20 (SGT)
Exact Location of Accident .....	5001 Beach Rd, Singapore 199588
Additional Location Information .....	GOLDEN MILE COMPLEX, BASEMENT CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMJ3954X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA KAM TUCK
NRIC No .....	S6978130F
Email Address .....	GCKT1228@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92372628
Alternative Phone No .....	(Home) +65-64005488

### 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? .....	Yes
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1900022971
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHUA KAM TUCK
NRIC No .....	S6978130F
Date Of Birth .....	28/12/1969
Occupation .....	Indoor

Date Of Driving Pass .....	07/01/2002
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92372628
Alt. Phone Number .....	(Home) +65-64005488
Email Address .....	GCKT1228@GMAIL.COM
Address .....	31 KEPPEL BAY VIEW
Address complement .....	#05-92
Postcode .....	098418
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 .....	Side Swipe
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	EDDY YONG
Gender .....	Male

#### PASSENGER 2

Name .....	CHUA JOO PUAH
Gender .....	Male

#### PASSENGER 3

Name .....	LAU AH KEO
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

ON 25/12/2020, I TOOK MY PARENTS TO LUNCH AT GOLDEN MILE COMPLEX AT BEACH ROAD. WE LEFT ABOUT 1:20PM. AS I WAS NEARING THE EXIT OF THE BASEMENT CARPARK, THERE WAS A PILLAR ON MY LEFT. THE CARPARK WAS QUITE DIM AND I MISJUDGED THE DISTANCE BETWEEN THE PILLAR AND THE TURNING POINT TO THE GANTRY/EXIT, RESULTING IN MY LEFT SIDE OF THE CAR SCRAPPING/SWIPING AGAINST THE PILLAR. THE GAP BETWEEN THE PILLAR AND THE TURNING POINT JUST BEFORE THE GANTRY WAS QUITE TIGHT.

I DID NOT CONSUME ANY ALCOHOL AT LUNCH. ONLY ICED LEMONGRASS. MY PARENTS AND PARTNER WERE WITH ME. I ALSO DID NOT ATTEND ANY XMAS EVE PARTY THE NIGHT BEFORE.

#### ATTACHMENT(S)

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

## SKETCH PLAN

### IMPORTANT NOTICE

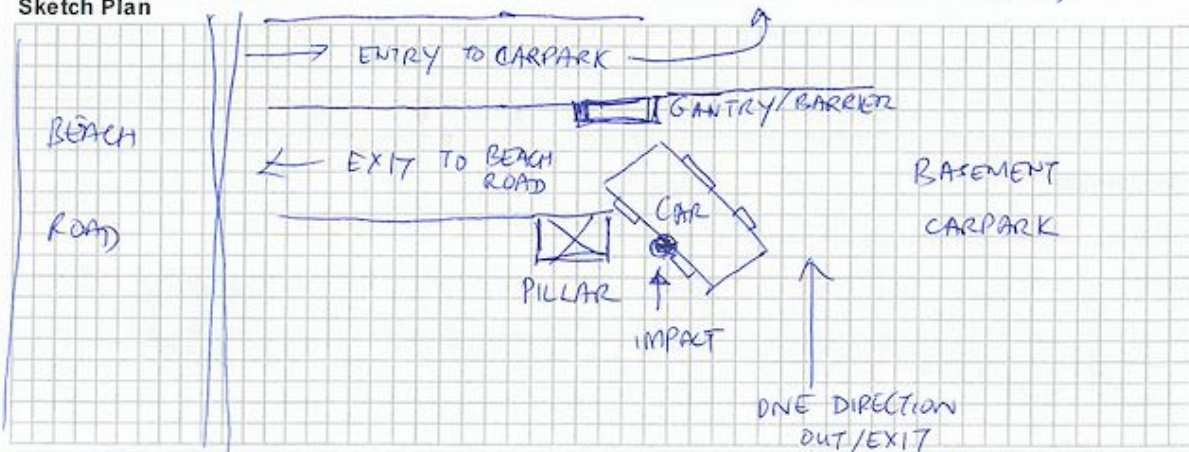
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

  
Policyholder's Signature / Date & Time  
25/12/20 - 0950am

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

  
Witnessed by Reporting Centre  
Personnel Tony Fong

### Sketch Plan





**Describe Circumstances of the Accident**

ON 25/12/20 I TOOK MY PARENTS TO LUNCH AT GOLDEN MILE COMPLEX AT BEACH ROAD. WE LEFT ABOUT 1:20PM. AS I WAS NEARING THE EXIT OF THE BASEMENT CARPARK, THERE WAS A PILLAR ON MY LEFT. THE CARPARK WAS QUITE DIM AND I MISTAKED THE DISTANCE BETWEEN THE PILLAR AND THE TURNING POINT TO THE GANTRY/EXIT, RESULTING IN MY LEFT SIDE OF THE CAR SCRAPPING / SWIPING AGAINST THE PILLAR. THE GAP BETWEEN THE PILLAR AND THE TURNING POINT JUST BEFORE THE GANTRY WAS QUITE TIGHT.

I DID NOT CONSUME ANY ALCOHOL AT LUNCH - ONLY ICED LEMON GRASS.

MY PARENTS AND PARTNER WERE WITH ME.

I ALSO DID NOT ATTEND ANY XMAS EVE PARTY THE NIGHT BEFORE.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
28/12/20 - 0950am

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



Witnessed by Reporting Centre Personnel  
Tony Foong

















