

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 04/01/2021 15:39 (SGT)
Date of Accident 03/01/2021 13:05 (SGT)
Exact Location of Accident 1 Woodlands Square, Singapore 738099
Additional Location Information CAUSEWAY POINT SHOPPING BASEMENT 2 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR3926K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HASLINA ABDULLAH @LIM KHENG MUI MAGGIE
NRIC No S0024386H
Email Address SENCILLOLINA63@GMAIL.COM
Mobile Phone No (Phone) +65-98766554
Alternative Phone No (Home) +65-98766554

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 2070165968
Cover Note Number -

DRIVER

Name of Driver HASLINA ABDULLAH @LIM KHENG MUI MAGGIE
NRIC No S0024386H
Date Of Birth 15/08/1954
Occupation Indoor

Date Of Driving Pass	23/03/2012
Driving experience	8 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98766554
Alt. Phone Number	(Home) +65-98766554
Email Address	SENCILLOLINA63@GMAIL.COM
Address	APT BLK 313 ANG MO KIO AVENUE 3
Address complement	#04-2298
Postcode	560313
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 Parked Vehicle
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)	1
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

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SMS1258M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEL PILAR GILBERT YAP
NRIC No	S7266401I
Contact Number	(Phone) +65-98516123
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

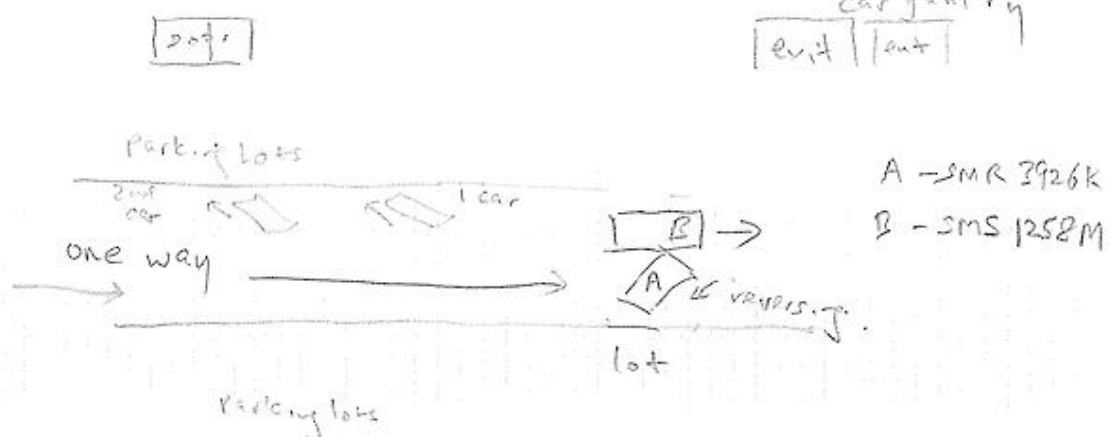
Policyholder's Signature / Date & Time
 04.01.2021
 11.58 am

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

Witnessed by Reporting Centre Personnel



Sketch Plan




Describe Circumstances of the Accident

LICENSE PLATE: CMR 3926 K	ACCIDENT DATE & TIME: 03/01/2021 / 1308 pm
CONTACT NUMBER: 98266554	E-MAIL ADDRESS: Enci11elina63@gmail.com
LOCATION: Causeway point shopping Basement 2 carpark 4m front of the entrance/exit door (nearby there)	
<p>Before the accident, there were 2 cars ahead of me trying to park into empty lots. I was behind them giving way and I even reversed my car for them to park. That has already caused a jam for behind cars.</p> <p>After that I moved forward and spotting an empty lot on my right. I on (activate) my hazard lights and reverse light. While I was reversing to the lot Mr Del Pilar Gilbert Yap surged forward on my left suddenly. He did not give way, ignoring my hazards and reverse light. I have not finish my reversing. He did not ascertain the spacing given for him to pass through. I just I was shocked when his car hit my left side.</p> <p>Just to highlight. Later on I received a call from a man claiming he is from the garage and rental company asking me about the accident. I gave no comment and asked him to tell Mr Yap to report that his to his insurance. The garage man said Mr Gilbert Yap is his client. I suspect Mr Gilbert Yap's car is a rental one.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 4.1.21
 11.55 pm

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


 Witnessed by Reporting Centre Personnel















