

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	13/01/2021 10:59 (SGT)
Date of Accident	13/01/2021 07:00 (SGT)
Exact Location of Accident	27 Yio Chu Kang Rd, Singapore 545542
Additional Location Information	CARPARK AT 27 YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM2899L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM EK CHOW(LIN YICHAO)
NRIC No	SXXXX485F
Email Address	EKCHOWLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-97623538
Alternative Phone No	+65-97623538

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
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	1800024297-02
Cover Note Number	-

DRIVER

Name of Driver	LIM EK CHOW(LIN YICHAO)
NRIC No	SXXXX485F
Date Of Birth	19/12/1974
Occupation	Indoor

Date Of Driving Pass	27/03/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97623538
Alt. Phone Number	+65-97623538
Email Address	EKCHOWLIM@GMAIL.COM
Address	27 YIO CHU KANG ROAD
Address complement	#05-07
Postcode	545542
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM ZHI YUE
Gender	Male

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 PARKED BESIDE SKP 5606 E AT STADIA CONDO CARPARK. SKP 5606 E WAS ON MY LEFT (SKM 2899 L). AS I DROVE OUT OF PARKING SPACE TURNING TO THE LEFT, THE LEFT SIDE (TOWARDS LEFT BACK DOOR) GRAZED THE RIGHT BUMPER OF SKP 5606 E(FRONT BUMPER). THERE WAS NO ONE IN SKP 5606 E AND A NOTE WAS LEFT ON ITS WINDSCREEN TO INFORM THE OWNER TO CALL ME.

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	SKP5606E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black

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

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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 the accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/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 firms/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 firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time  8/1/2021 9:41 PM	Driver's Signature (if driver is not the policyholder) / Date & Time _____	Witnessed by Reporting Centre Personnel _____
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Sketch Plan

29 YIP CHU KANG (P&A)
 STAFF CO-ORD COPIED

CLAIM
 2021

REFERENCE


Describe Circumstances of the Accident


I was parked beside SKP5606E at Stadra Condo carpark.
 SKP5606E was on my left (SKM3899L).
 As I drove out of parking space turning to the left, the
 left side (towards left back door) grazed the right bumper of
 SKP5606E (front bumper).


There was no one in SKP5606E and a note was left
 on its windscreen to inform the owner to call me.

Declaration

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


 Policyholder's Signature / Date &
 Time 8/1/2021 9am


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


 Witnessed by Reporting Centre
 Personnel

