

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 19/01/2021 18:23 (SGT)
Date of Accident 16/01/2021 21:00 (SGT)
Exact Location of Accident Near 230F Tampines Street 24, Block 230F, Singapore 529230
Additional Location Information TAMPINES ST 24 BLK 230F MULTI STOREY CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN210H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANDREW TIMOTHY ROBINSON
NRIC No SXXXX549A
Email Address AKROBINS2014@GMAIL.COM
Mobile Phone No (Phone) +65-96703650
Alternative Phone No +65-96703650

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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900121045
Cover Note Number -

DRIVER

Name of Driver FIONA MEI ROBINSON
NRIC No SXXXX208I
Date Of Birth 29/11/1996
Occupation Indoor

Date Of Driving Pass	04/07/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81383650
Alt. Phone Number	-
Email Address	FIONAMEIROBINSON@GMAIL.COM
Address	112 CLEMENTI STREET 13
Address complement	#03-07
Postcode	120112
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 Property
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)	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

I WAS PARKING AT THE MUTI STOREY CARPARK IN TAMPINES. THE LOT WAS TIGHT AND I MISJUDGED THE SPACE ON THE PASSENGER SIDE. AS I WAS REVERSING. I COLLIDED INTO A PILLAR ON THE PASSENGER SIDE. WHICH RESULTED IN SCRATCHES ION THE PASSENGER SIDE DOOR. THE DOOR HANDLE ON THE PASSENGER SIDE WAS ALSO DISLODGED AS A RESULT OF THE COLLISION. AFTER THE IMPACT I BRAKED AND READJUSTED THE CAR TO PARK

ATTACHMENT(S)

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

Describe Circumstances of the Accident

I was parking at the multi storey car park in Tampines. The lot was tight and I misjudged the space on the passenger side. As I was reversing, I collided into a pillar on the passenger side, which resulted in scratches on the passenger side door. The door handle on the passenger side was also damaged as a result of the collision. After the impact, I worked and readjusted the car to park.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time: *John T. Poon* 19/1/21 3:38pm

Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]* 19 January 2021 3:39pm

Witnessed by Reporting Centre Personnel: *Way Fung*

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 insurers(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 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 insurers(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: Rob T. Muen 3.33pm 19/1/21
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 3.35pm 19 January 2021
 Witnessed by Reporting Centre Personnel: Gary Fong

Sketch Plan























