

# 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 ..... 25/01/2021 15:05 (SGT)  
Date of Accident ..... 25/01/2021 13:08 (SGT)  
Exact Location of Accident ..... 55 Ubi Rd 1, Singapore 408699  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP6864H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUNG LYE PENG  
NRIC No ..... SXXXX349C  
Email Address ..... GRACE.CHUNG.LOH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97860896  
Alternative Phone No ..... +65-97860896

### 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 ..... 1700016379-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHUNG LYE PENG  
NRIC No ..... SXXXX349C  
Date Of Birth ..... 02/10/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	22/03/2011
Driving experience .....	9 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97860896
Alt. Phone Number .....	+65-97860896
Email Address .....	GRACE.CHUNG.LOH@GMAIL.COM
Address .....	20 TOH TUCK CRESCENT
Address complement .....	-
Postcode .....	596934
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 .....	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

I WAS LEAVING THE AUDI SERVICE CENTER AT UBI O 25/1/21 AT 1:38PM. I WAS PARKED BEHIND CAR "C" AGAINST THE BUILDING AND REVERSED BACKWARDS TO PREPARE TO TURN OUT ON MY LEFT. I CHECKED MY REAR MIRROR AND PROCEEDED TO TURN OUT ON MY LEFT WITH MY SIGNAL LIGHT AND CAR "B" CAME ALONG ON MY LEFT SIDE AND BRUSHED HIS RIGHT BACK SIDE DOOR AGAINST MY LEFT FRONT SIDE OF MY CAR BREAKING MY FRONT LEFT LIGHT AND SIDE BUMPER.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLH2161X
Vehicle Manufacturer .....	Audi
Vehicle Model .....	Q5
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**

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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 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 sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Franking 25/1/21 - 14:40:35  
 Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel Ben Fong

**Sketch Plan**

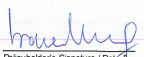
A - OWNER'S CAR  
 SUPERSPORT  
 B - SLH 2161X  
 C - STATIONARY CAR

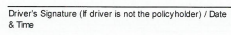
**Describe Circumstances of the Accident**


I was leaving the Audi service center at Ubi on 25/1/21 at 1:38 pm. I was parked behind car "C" against the building and reversed backwards to prepare to turn out on my left. I checked my rear mirror and proceeded to turn out on my left with my signal light and car 'B' came along on my left side and brushed his right back side door against my left front side of my car breaking my front left light and side bumper.

**Declaration**

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

  
 Policyholder's Signature / Date & Time 25/1/21 - 1400 hrs

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

  
 Witnessed by Reporting Centre Personnel Tony Poo

























































