

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 27/01/2021 17:35 (SGT)
Date of Accident 26/01/2021 21:00 (SGT)
Exact Location of Accident 1 Elias Green, Singapore 519959
Additional Location Information RESIDENCE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC2244S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CENDANA CARMELO CODERES
NRIC No SXXXX550D
Email Address MEL.CENDANA@GMAIL.COM
Mobile Phone No (Phone) +65-96322764
Alternative Phone No (Home) +65-68102179

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
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? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900248258-01
Cover Note Number -

DRIVER

Name of Driver CENDANA CARMELO CODERES
NRIC No SXXXX550D
Date Of Birth 03/02/1973
Occupation Indoor

Date Of Driving Pass	24/06/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96322764
Alt. Phone Number	(Home) +65-68102179
Email Address	MEL.CENDANA@GMAIL.COM
Address	11 ELIAS GREEN
Address complement	#05-05
Postcode	519964
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

MY CAR WAS PARKED AT THE RESIDENT CARPARK. AS I WAS JOGGING WITH MY WIFE AT ABOUT 9PM OF 20TH JANUARY 2021, WE SAW A SCRATCH AT THE LEFT SIDE OF THE REAR BUMPER OF MY CAR.

I TOOK PICTURES OF MY CAR AND THE CAR PARKED BEHIND (SLQ9901J) AND THE CORRESPONDING DAMAGES CAUSED.

WE REPORTED THE INCIDENT TO THE CONDO GUARD AND WAS ADVISED TO INFORM THE MANAGEMENT OFFICE THE FOLLOWING DAY TO GET THE DETAILS OF THE OWNER OF VEHICLE NO. SLQ9901J.

AT 9AM ON THE 27TH OF JANUARY I INFORMED THE CONDO MANAGEMENT OF THE INCIDENT AND THEY TOLD ME TO WAIT UNTIL THEY GET THE CLEARANCE FROM THE OWNER OF SLQ9901J TO GIVE THE CONTACT INFO.

UPON RECEIVING THE OWNER DETAILS FROM THE MANAGEMENT OFFICE (MR. ATUL KAUL, +65 9827 6111) I WAS INSTRUCTED TO CALL HIM TO ASK FOR THE REST OF THE DETAILS NAD TO DISCUSS THE MATTER DIRECTLY.

I CALLED MR. ATUL AND DISCUSSED THE INCIDENT AND ASKED FOR HIS NRIC NUMBER FOR USE IN THE 3RD PARTY CLAIM. MR KAUL AGREED AND WHATSAPP ME HIS NRIC NUMBER AND ASKED FOR THE PHOTOS OF THE DAMAGE TO MY CAR, WHICH I HAVE PROVIDED VIA WHATSAPP.

AFTERWARDS, MR ATUL ASKED ME TO SEND HIM THE ESTIMATED COSTS ONCE READY. (MSG VIA WHATSAPP)

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	SLQ9901J
Vehicle Manufacturer	-
Vehicle Model	-
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 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 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: [Signature] / 27/11/2021
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] / 4:39 PM
 Witnessed by Reporting Centre Personnel: [Signature]

Sketch Plan

Describe Circumstances of the Accident

MY CAR WAS PARKED AT THE RESIDENTS CAR PARK. AS I WAS JOGGING WITH MY WIFE AT ABOUT 9:PM OF 26TH JANUARY 2024, WE SAW A SCRATCH AT THE LEFTSIDE OF THE REAR BUMPER OF MY CAR.

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Declaration

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

Policyholder's Signature / Date & Time:  27 JAN / 2021 4:33PM

Driver's Signature (if driver is not the policyholder) / Date & Time: _____

Witnessed by Reporting Centre Personnel:  _____































































