

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 11/02/2021 09:49 (SGT)
Date of Accident 10/02/2021 09:35 (SGT)
Exact Location of Accident 6A Napier Rd, Singapore 258500
Additional Location Information GLENEAGLES HOSPITAL PARKING LOT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ7843G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BADER AXEL
Passport No/FIN GXXXX069Q
Email Address AXEL.BADER@GMAIL.COM
Mobile Phone No (Phone) +65-82015248
Alternative Phone No (Office) +65-82015248

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 1900079159-01
Cover Note Number -

DRIVER

Name of Driver BADER AXEL
Passport No/FIN GXXXX069Q
Date Of Birth 29/06/1984
Occupation Indoor

30/06/2001
19 YEARS AND 8 MONTHS
Male
(Phone) +65-82015248
(Office) +65-82015248
AXEL.BADER@GMAIL.COM
33 KEPPEL BEY VIEW
#24-95
098419
Yes
No
-
-

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface

Collided into Property
Clear
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

EXITING MY PARKING SPOT NEXT TO A COLUMN, I TAKE A TIGHT TURN AND HIT/SWIPE THE COLUMN WITH THE LEFT (PASSENGER) SIDE OF THE CAR.

ATTACHMENT(S)

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

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' lawyers/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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

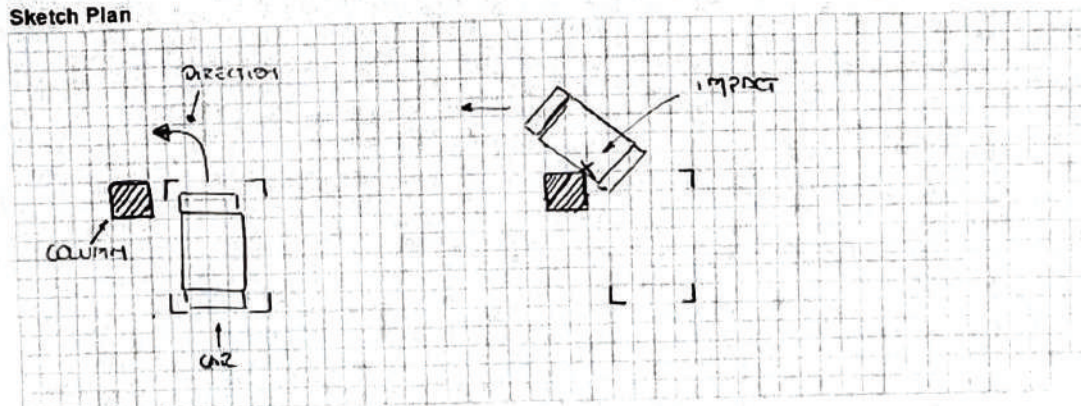
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

10/2/21
Policyholder's Signature / Date & Time

14.02
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

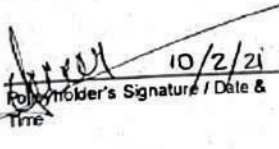


Describe Circumstances of the Accident

EXITING MY PARKING SPOT NEXT TO A COLUMN I TAKE A TIGHT
TURN AND HIT/SWIPE THE COLUMN WITH THE LEFT (PASSENGER)
SIDE OF THE CAR.

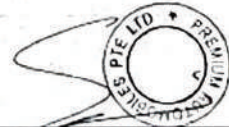
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

10/2/21 14.02

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


Witnessed by Reporting Centre
Personnel