

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	02/03/2021 18:32 (SGT)
Date of Accident	01/03/2021 12:40 (SGT)
Exact Location of Accident	1 Kim Seng Promenade, Singapore 237994
Additional Location Information	B2 CARPARK AT GEAT WORLD CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML447C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIUM LEASING PTE LTD
Company Reg No	2XXXXX676M
Email Address	CY.YEO@PREMIUMLEASING.COM.SG
Mobile Phone No	(Phone) +65-98738993
Alternative Phone No	(Office) +65-98738993

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	999993757/100875440-00000
Cover Note Number	-

DRIVER

Name of Driver	GHINELLI CLAUDIO
Passport No/FIN	GXXXXX913U
Date Of Birth	29/07/1989
Occupation	Indoor

Date Of Driving Pass	18/12/2007
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88213157
Alt. Phone Number	-
Email Address	CLAUDIO.GHINELLI@GMAIL.COM
Address	99 PRINCE CHARLES CRESCENT
Address complement	#14-26
Postcode	159025
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 BENDED TOO RIGHTLY IN AN L-SHAPE ROAD, SO I DENTED THE BACK SIDE OF THE CAR, SCRATCHING IT AGAINST A COLUMN IN A CAR 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

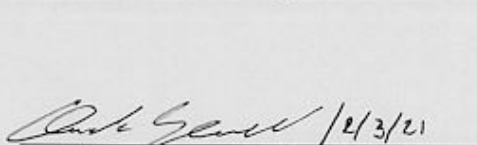
SKETCH PLAN

IMPORTANT NOTICE

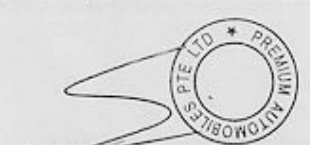
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

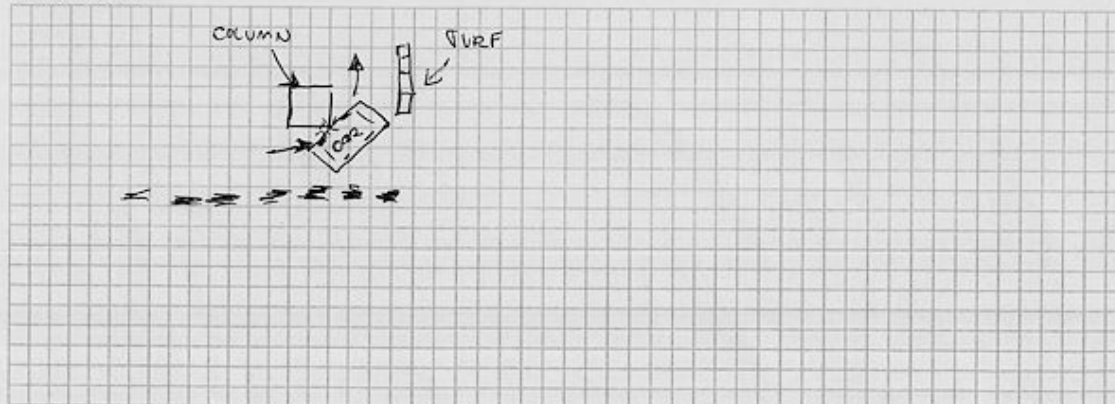
3/3/2021 @ 10:18


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

2/3/2021 @ 9:54


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I braked too tightly in an L-shape bend, so I dented the ~~back~~ back-side of the car scratching it against a column in a car park.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
3/3/2021 @ 10:48

Driver's Signature (If driver is not the policyholder) / Date & Time
2/03/2021 @ 9:54

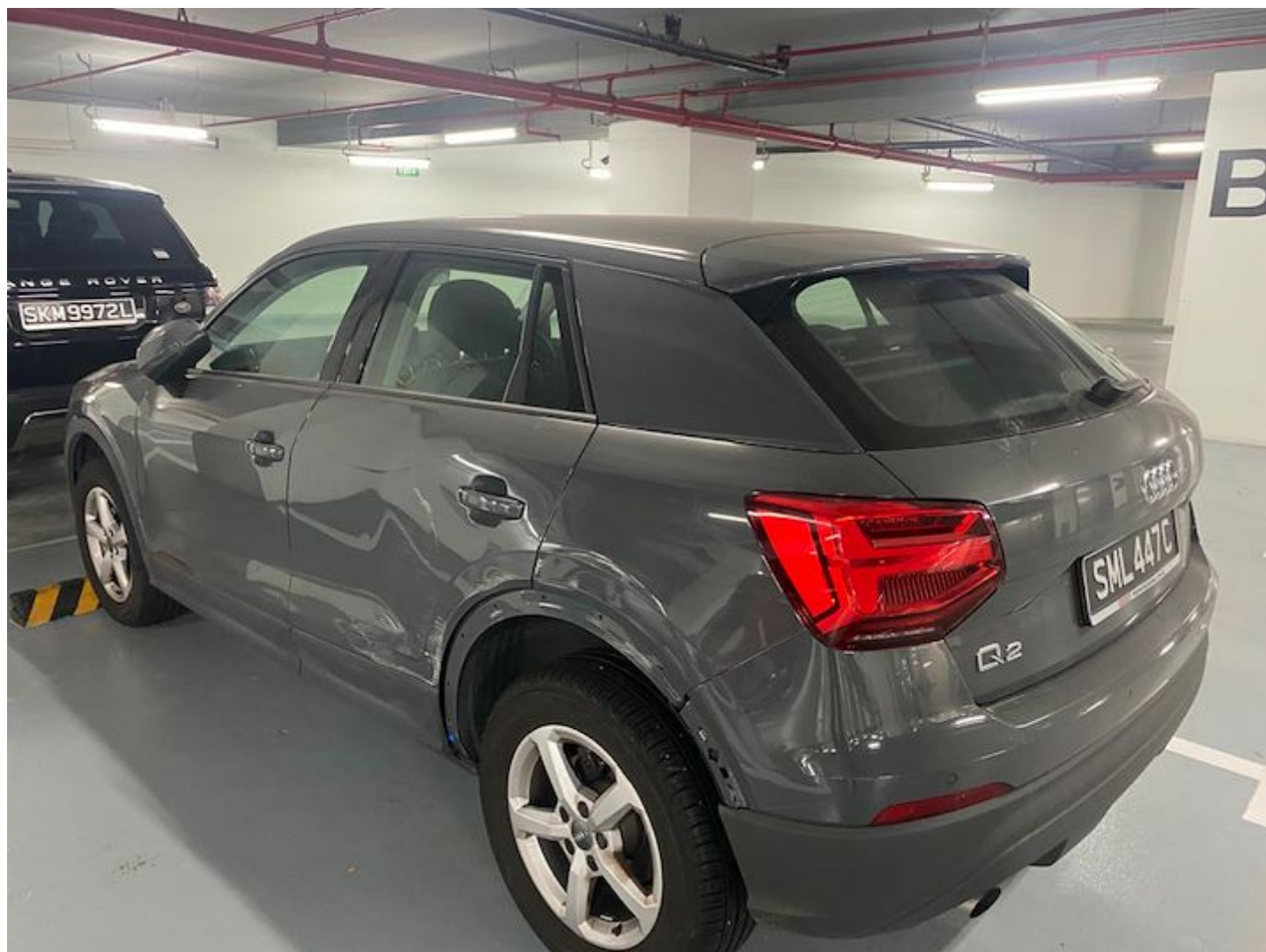


Witnessed by Reporting Centre Personnel

























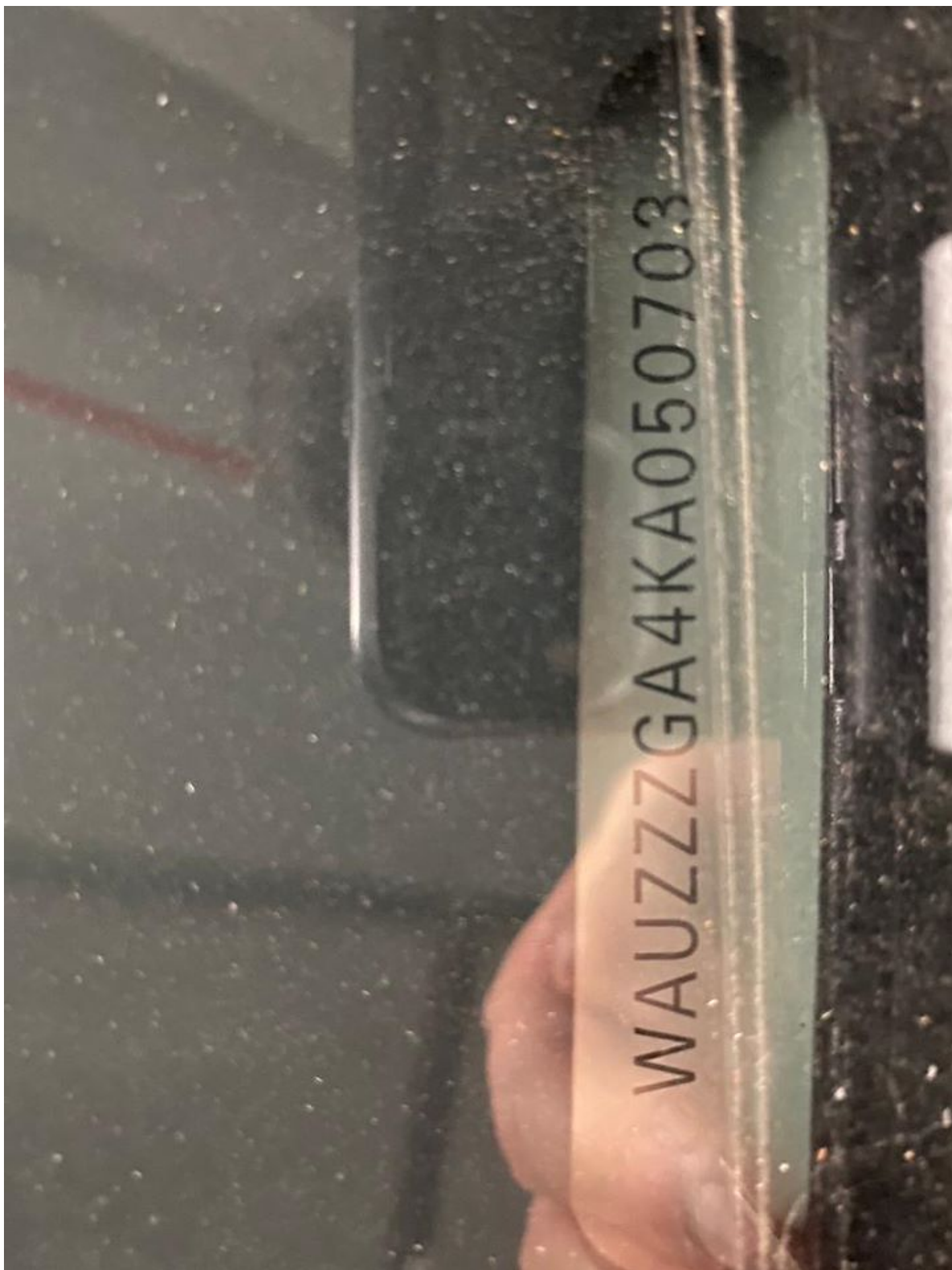
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

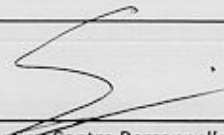
Original Report No : SP0R21320001 Vehicle Registration No: SML447C
Name (as shown in NRIC) : Premium Leasing Pte Ltd NRIC/FIN/Passport No : SXXXXX676M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 9 Lee Keng Rd Singapore (159090)
Contact (Tel) : _____ Mobile No. : 9873 8993
Email Address : CY.YEO@PremiumLeasing.com.sg
Date of Accident : 01/03/2021 Time of Accident : 12:40
Place of Accident : 1 Kim Seng Promenade, Singapore 237994
Insurance Company : AIQ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To chop the Company stamp on Sketch plan & accident statement.


Policyholder / Driver's Signature
Date: 3/5/2021


Reporting Centre Personnel's Signature
Name: Wong Sze Han, GEVARS
NRIC/FIN No.: 6XXXXX43X
Date: 3/5/2021

GIARMC addendumform_V3