

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	08/03/2021 14:09 (SGT)
Date of Accident	06/03/2021 12:49 (SGT)
Exact Location of Accident	79 Redhill Ln, Singapore 150079
Additional Location Information	REDHILL MARKET CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3122A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AWESOME PET RELOCATIONS
Company Reg No	53296200A
Email Address	BERNARD.LIEW@AWESPR.COM
Mobile Phone No	(Phone) +65-97312233
Alternative Phone No	+65-97312233

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	7210021837
Cover Note Number	-

DRIVER

Name of Driver	LIEW POUNG CHONG
NRIC No	S1160555I
Date Of Birth	29/12/1955
Occupation	Indoor

Date Of Driving Pass	03/07/1975
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97312233
Alt. Phone Number	-
Email Address	BERNARD.LIEW@AWESPR.COM
Address	172 LOYANG RISE
Address complement	-
Postcode	507429
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 Parked Vehicle
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIEW YONG ZER
Gender	Male

PASSENGER 2

Name	LIEW SHI EN
Gender	Female

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

REFER TO ATTACHMENT

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	SKJ3013K
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ANG YONG HUA
Contact Number	(Phone) +65-97477286
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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

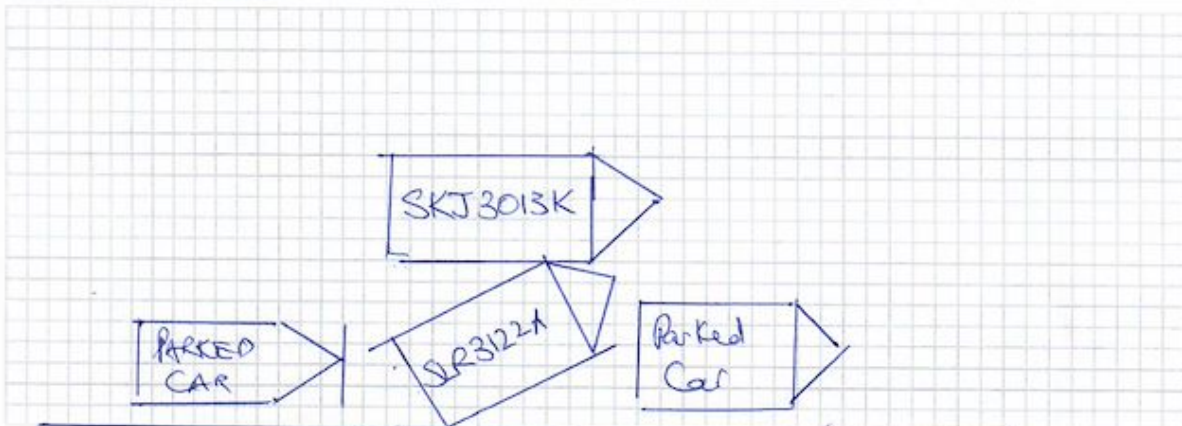
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Signature
Policyholder's Signature / Date & Time
7 Mar 21 10:00 AM



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

Signature
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 01 Mar 2015 in Redhill Market Carpark.

I parked my car and stopped.

At that time my car is not moving at all.

Suddenly SKJ 3013 K hit my car.

We both went down to inspect.

He apologized that he did not see my car & was in a rush.

I have video footage when he hit my car.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature (Date & Time) 01/3/15



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

Witnessed by Reporting Centre Personnel

























