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 witholding 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.

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 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 22/03/2021 10:59 (SGT) Date of Accident 20/03/2021 10:45 (SGT) Exact Location of Accident 116 Lengkong Tiga, Block 116, Singapore 410116 Additional Location Information **CARPARK LOT NO 29** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMJ8928P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **RUTH CHOECHENG KIM** NRIC No. S6812297Z Email Address CHOERUTH@GMAIL.COM Mobile Phone No (Phone) +65-97262083 Alternative Phone No (Home) +65-65921838

VEHICLE PARTICULARS

Manufacturer

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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900061390-01 Cover Note Number

DRIVER

Name of Driver **RUTH CHOECHENG KIM** NRIC No. S6812297Z

Date Of Birth 28/03/1968 Occupation Indoor Date Of Driving Pass 27/06/2008 Driving experience 12 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-97262083 Alt. Phone Number (Home) +65-65921838 Email Address CHOERUTH@GMAIL.COM Address 116 LENGKONG TIGA Address complement #11-191 Postcode 410116 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Nο Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I PARKED MY CAR AT HDB LENGKONG TIGA CARPARK ONE, LOT NO. 29 AT 9.30PM ON FRIDAY, 19 MARCH 2021. WHEN I WENT TO M CAR AT 10.45AM ON SATURDAY, 20 MARCH 2021, I REALISED THAT THE DRIVER'S CAR DOOR COULD DRIVER'S DOOR TO BE STUCKED.

NIT BE OPENED. THE FRONT RIDE SIDE OF THE DOOR ABOVE THE WHEEL HAD BEEN HIT AND DAMAGED, CAUSING THE

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

ATTACHMENT(S)

SKETCH PLAN

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.
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- 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.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (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 & Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Centre

Time 20/3/2021. 1214 pm & Time

Personnel

Sketch Plan

Describe Circumstances o	f the Accident		
	my car at ADB Lengking Tiga cor 1	DOVE DAR 10+ AU 20	
at 9.30 p	m on Friday, 19 March 2121.	10 4111	
when I we	nt to my car at 10.45 am m satur	day, 20 March 2021, 1	
realised the	it the anver's door could not open.	The front n'ant side	
of the door	above the wheel had been hit and	damaged : causing	
the driver's	door to be stuck.		
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Declaration			
We declare the foregoing particula	rs are true in every respect		
come the foregoing particula	and and all every respect.	KOMOBILE A	
muyane		W * W	
Policyholder's Signature / Date &	Princeto Claratura IV del serie	VA	-
THE PROPERTY SITES OF A LINE &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre	







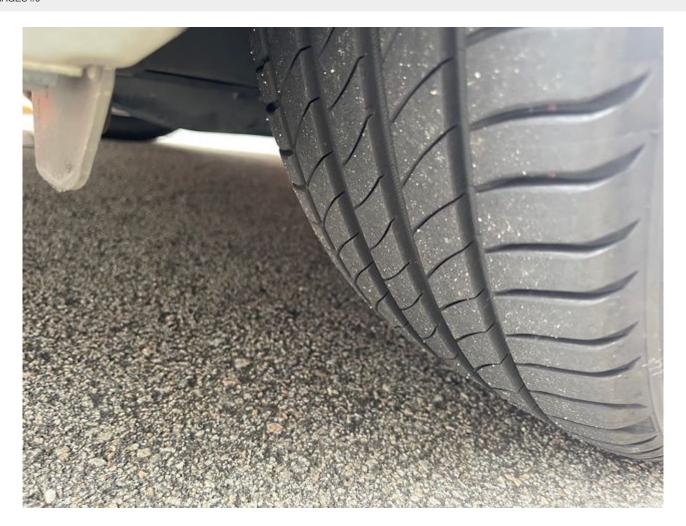






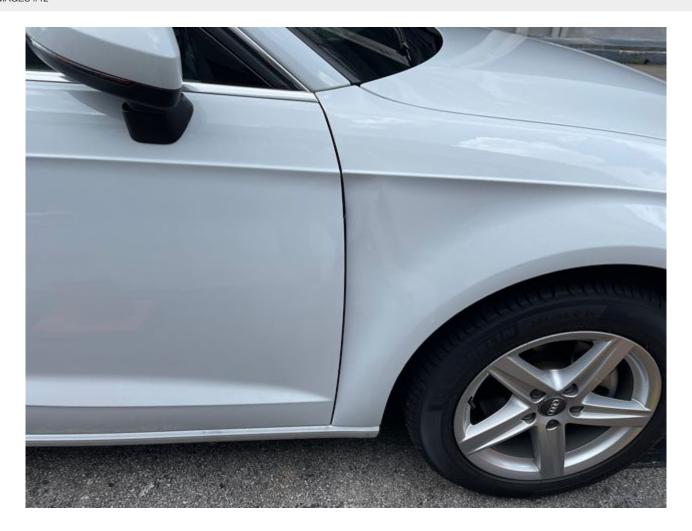






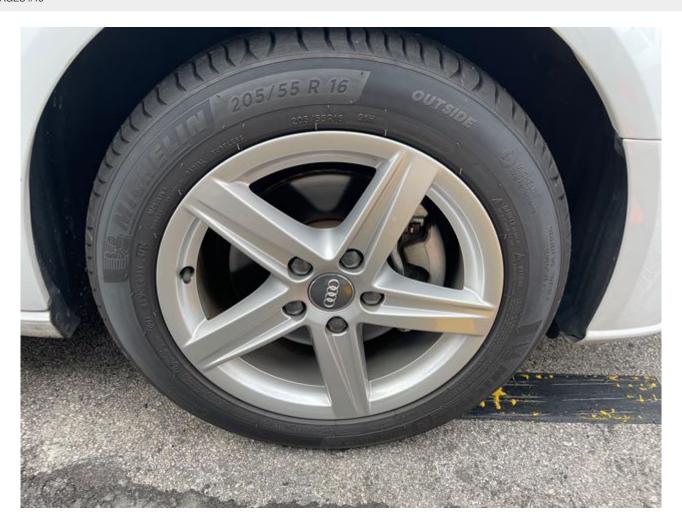




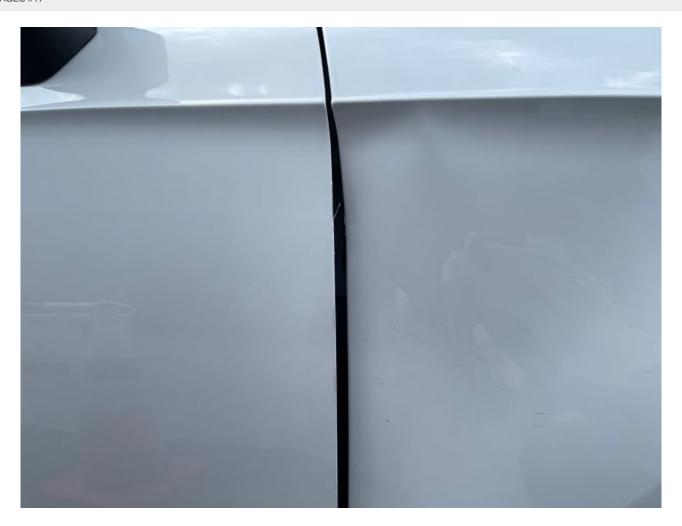




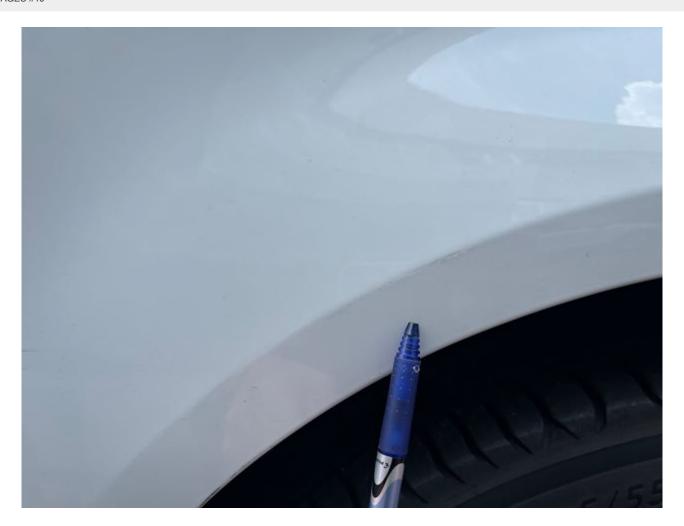






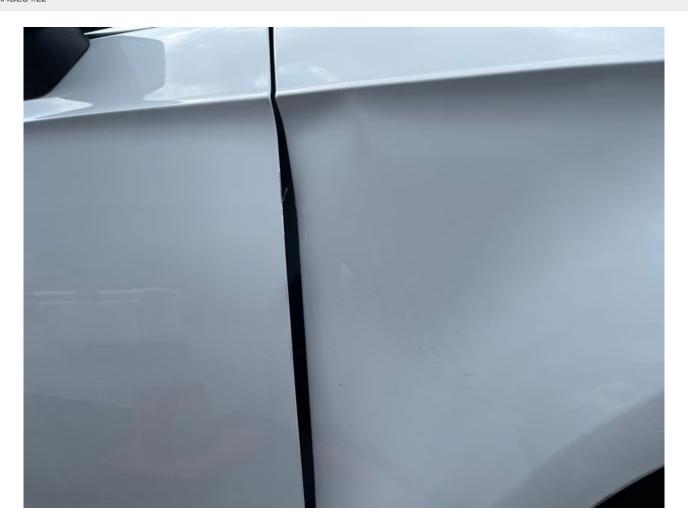


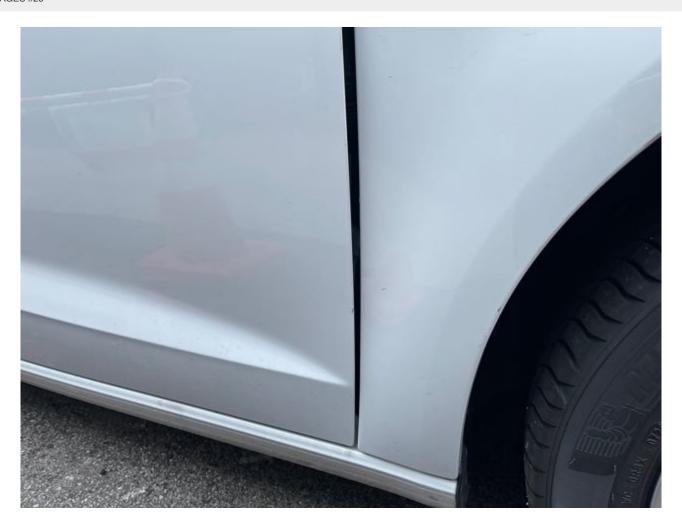


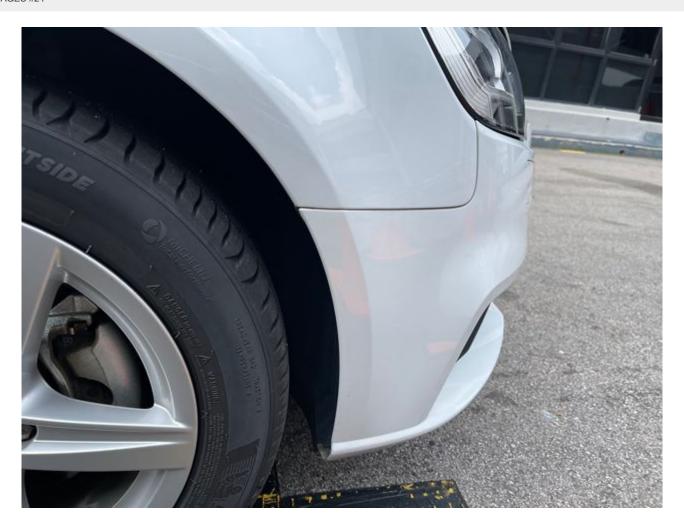


















SINGAPORE POLICE FORCE



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20210320/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2021 11:22		Made:	Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
	Informant: IOE CHEI		Address: 116 LENGKONG TIGA #1	1-191 SINGAPORE 410116
ID Type / NRIC NO	ID No.: / S68122	97Z	Contact No.: Home/Office:	Mobile: 97262083
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: CHOERUTH@GMAIL.COM	200
Sex: Female	Age: 52	Date of Birth: 28/03/1968	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupatio Administra	n: ation mana	ager	Driving Licence Information Class:	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/03/2021 10:45	Type of Location Car Park
LENGKONG	TIGA			
Weather:		Road Surface:	Ro	ad Speed Limit:
Weather: Clear		Road Surface: Dry	Ro	oad Speed Limit:
	Way		Tra	pad Speed Limit:

Details of Vo	ehicle Invo	lved		The Banks		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMJ8928P	Car	AUDI	A3 Sportback	White	Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ8928P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900061390-1	14/03/2021	13/03/2022





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20210320/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079

Authentication Stamp NP168 Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 20/03/2021 11:22

Classification Of Case:





T/20210320/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20210320/7011

Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved	23-49-1			
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner		O'NOTE OF THE PARTY OF THE PART			Establish Street
Name	RUTH CHOE CHE	NG KIM	EINT	ID No.	S6812297Z
Related Vehicle	NIL			Contact No	97262083
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I parked my car at HDB Lengkong Tiga car park one, lot no. 29 (in front of Blk 116 Lengkong Tiga) at 9.30 p.m. on Friday, 19 March 2021.

When I went to my car at 10.45 a.m. on Saturday, 20 March 2021, I realised that the driver's door could not open. The front right side of the car above the wheel had been hit and damaged, causing the driver's door to be stuck.



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: 566550020G / G5T Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SPOR213 MODO | _______ Vehicle Registration No: _____ SMJ 8928 P Name(as shown in NRIC): RUTH CHOE CHENG K/M NRIC/FIN/Passport No: SXXXX (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 116 Longtong Tiga #11-191. Address _Singapore(410 116) Contact (Tel) Mobile No.: CHOERUTH@GMAIL. COM **Email Address** Time of Accident : ____ 10:45 AM Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: THIRD PARTY CLAIM

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature Name: EryX Tan

NRIC/FINNO .: SXXXX5190 Date: 30/07/21

GIARMC addendumform_V3