

# 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	24/03/2021 16:18 (SGT)
Date of Accident	24/03/2021 13:00 (SGT)
Exact Location of Accident	980 Upper Changi Road North, Singapore 507708
Additional Location Information	SINGAPORE PRISON HQ PARADE SQUARE OPENSOURCE CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7433J

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JASMIN KAUR
NRIC No	SXXXX370J
Email Address	jasmin_kd@yahoo.com.sg
Mobile Phone No	(Phone) +65-98450769
Alternative Phone No	(Home) +65-98450769

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1395

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2384935
Cover Note Number	-

### DRIVER

Name of Driver JASMIN KAUR

NRIC No	SXXXX370J
Date Of Birth	07/10/1980
Occupation	Indoor
Date Of Driving Pass	09/06/1999
Driving experience	21 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98450769
Alt. Phone Number	(Home) +65-98450769
Email Address	jasmin_kd@yahoo.com.sg
Address	APT BLK 126 BUKIT MERAH VIEW
Address complement	#04-370
Postcode	151126
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	Raining
Road Surface	Wet

#### 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

#### REFER TO SKETCH PLAN

#### 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	SMQ5332R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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)**


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")

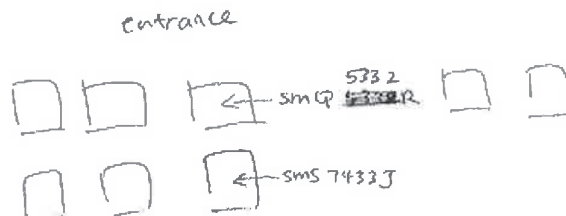
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 3:16 pm  
28/3/21  
Policyholder's Signature / Date & Time

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

 Steven Chee  
Insurance Advisor  
Tel: 6305 7299 Ext: 511  
HP: 8511 2203  
Fax: 6285 8620  
Witnessed by Reporting Centre Personnel

**Sketch Plan**


**Describe Circumstances of the Accident**

On 24th March 2021, between 0900 am to 1.31pm, my car, VW Golf, SMS 7433J, was parked at the parade square of <sup>Upper Jalan Besar</sup> SPS HQ premises. My car was parked behind another car, SMQ 5332R with sufficient space between us. When I went to my car at 1.31pm, I realised that my car had been hit, with the bumper off, in the front. There was no car around me at all. I was waiting around to see if I could get more information.

At 1.49pm, Mr Vijay Jain (S 7383 9774) of SMQ 5332R came out to let me know that he had hit my car when he wanted to go out for lunch at 1pm. He had reversed and not realised that my car was there. I exchanged details with him and came to report the accident.

**Declaration**

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

 3.16pm  
24/3/21  
Policyholder's Signature / Date & Time

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

Steven Chee  
Insurance Advisor  
Tel: 6305 7299 Ext: 511  
HP: 8511 2203  
Fax: 6285 8620  
  
Witnessed by Reporting Centre Personnel