

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	29/03/2021 15:26 (SGT)
Date of Accident	29/03/2021 06:50 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	TOA PAYOH LOR 4 OPEN CARPARK, RESIDENT PARKING LOT.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2328P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JEFFREY NG LENG PING
NRIC No	SXXXX472G
Email Address	FORBYTEI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82232020
Alternative Phone No	+65-82232020

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100451771-05
Cover Note Number	-

DRIVER

Name of Driver	JEFFREY NG LENG PING
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NRIC No	SXXXX472G
Date Of Birth	18/07/1976
Occupation	Indoor
Date Of Driving Pass	23/06/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82232020
Alt. Phone Number	+65-82232020
Email Address	FORBYTEI@HOTMAIL.COM
Address	193 LORONG 4 TOA PAYOH
Address complement	#11-658
Postcode	310193
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 by fallen tree / Other objects
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)	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

I PARKED OVERNIGHT AT MY RESIDENT PARKING LOT (RED LOT) WHICH IS A ON OPEN CARPARK WITH TREES. THE TIME IS AROUND 6.30PM.

WHEN I RETURNED TO DRIVE MY CAR, I NOTICED THE WINDSCREEN REAR IS CRACK WHEN I LOOK INTO MY REAR MIRROR, OUT OF THE PARKING LOT. THE TIME IS TODAY 29 MARCH 2021 0650HRS. BESIDE THE REAR WINDSCREEN IS CRACK, THERE ARE LOTS OF WOOD DEBRIS IN THE CAR AND BROKEN TRIMMINGS AND BOT ALSO DENTED WITH MARKS.

THANK YOU

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

of the accident to speed up the claims process.
 by the Policyholder and/or the Authorised Driver.
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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.

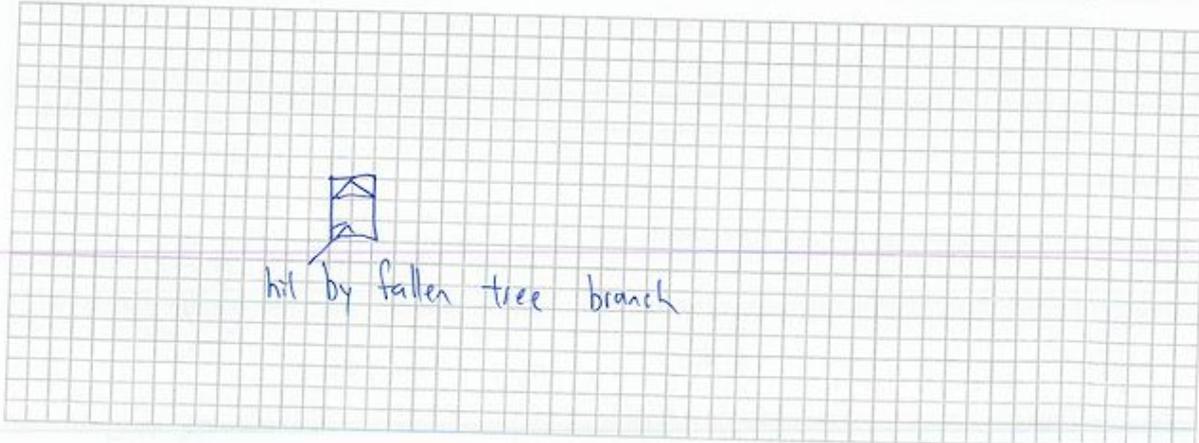


[Signature] 29/3/21 1138 hrs
 Policyholder's Signature / Date & Time

[Signature] 29/3/21 1138 hrs
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel Tommy Fong

Sketch Plan



Describe Circumstances of the Accident

I parked overnight at my resident parking lot (red lot) which is an open carpark with trees. The time is around 6:30pm.

When I returned to drive my car, I noticed the windscreen rear is crack when I look into my rear mirror, out of the parking lot. The time is today 29 March 2021 06:50 hrs. Beside the rear windscreen is crack, there are lots of wood debris in the car and broken trimmings and boot also dented with marks.

Thank you.

Declaration

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

 29/Mar/21 11:38hrs
 Policyholder's Signature / Date & Time

 29/Mar/21 11:38hrs
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel Tom Fung











































