

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 17/04/2021 10:15 (SGT)
Date of Accident 16/04/2021 15:30 (SGT)
Exact Location of Accident 293 Holland Rd, Singapore 278628
Additional Location Information JELITA SHOPPING CENTRE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU5810G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH ZHI YI
NRIC No SXXXX338B
Email Address ZYLOH@YAHOO.COM
Mobile Phone No (Phone) +65-96842846
Alternative Phone No +65-96842846

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1395

INSURANCE COMPANY

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

DRIVER

Name of Driver LOH ZHI YI
NRIC No SXXXX338B

Date Of Birth	26/11/1984
Occupation	Indoor
Date Of Driving Pass	09/05/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96842846
Alt. Phone Number	+65-96842846
Email Address	ZYLOH@YAHOO.COM
Address	28 JALAN LEMPENG
Address complement	#22-04
Postcode	S128807
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAYAKA MIZOGUCHI
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

VEHICLE WAS PARKED IN A LOT. WHEN TRYING TO LEAVE THE LOT, DRIVER HAS TO REVERSE IN A VERY THIGHT SPACE. CARE WAS TAKEN NOT TO HIT THE PILLAR ON DRIVER SIDE, HOWEVER DRIVER FAILED TO NOTICE A PILLAR ON THE PASSENGER SITE AS OUR CARPARK WAS DARK. DRIVER HIT THE PILLAR, DAMAGING BOTH DOORS AND SIDE MIRROR ON PASSENGER SIDE. WHEN TRYING TO COME OUT FROM THIS SITUATION, DRIVER ALSO ACCIDENTALLY BRUSHED THE FRONT GRILL/BUMPER ON THE DRIVER SIDE ON ANOTHER PILLAR.

ATTACHMENT(S)


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


Describe Circumstances of the Accident



Vehicle was parked in a ~~park~~ lot. When trying to leave the lot, driver has to reverse in a very tight space. Care was taken not to hit the pillar on driver side, however driver failed to notice a pillar on the passenger side as car park was dark. Driver hit the pillar, damaging both doors and side mirror on passenger side. When trying to come out from this situation, driver also accidentally brushed the front ^{grill} bumper on the driver side on another pillar.

Declaration

We declare the foregoing particulars are true in every respect.

 16/4/21
Policyholder's Signature / Date & Time
6pm.

 16/4/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 
Witnessed by Reporting Centre Personnel

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
 16/4/21
 5:40pm

Driver's Signature (if driver is not the policyholder) / Date & Time
 16/4/21

Witnessed by Reporting Centre Personnel

Sketch Plan