

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 12/06/2021 15:03 (SGT)
Date of Accident 12/06/2021 10:00 (SGT)
Exact Location of Accident Sentosa Gateway, Vivo City, Singapore 098585
Additional Location Information ENTRANCE VIVOCITY BASEMENT CARPARK BESIDE
HARBOURFRONT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCU9577Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEONG KWONG CHEE
NRIC No SXXXXX331Z
Email Address TRANQUIL_LITY@YAHOO.COM.SG
Mobile Phone No (Phone) +65-90210473
Alternative Phone No (Office) +65-90210473

VEHICLE PARTICULARS

Manufacturer BMW
Model 118i
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 1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10537940R00
Cover Note Number -

DRIVER

Name of Driver LEONG KWONG CHEE

NRIC No	SXXXX331Z
Date Of Birth	16/04/1975
Occupation	Indoor
Date Of Driving Pass	19/01/1995
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90210473
Alt. Phone Number	(Office) +65-90210473
Email Address	TRANQUIL_LITY@YAHOO.COM.SG
Address	BLK 59, TELOK BLANGAH HEIGHTS
Address complement	#04-07
Postcode	100059
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KHOR HOOI PING
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

WAS DRIVING ON THE OUTER RIGHT LANE, AND OTHER DRIVER WAS ON THE LEFT LANE, BOTH OF US WERE HEADING TOWARDS TO THE RAMP DOWN THE BASEMENT CARPARK AT THE VIVOCITY CARPARK BESIDE HABOURFRONT. WE WERE KEEPING TO OUR LANES INITIALLY. BUT WHEN WE WERE SUPPOSED TURN LEFT IN OUR RESPECTIVE LANES DOWN, AFTER DRIVER DID NOT KEEP TO HIS LANE AND HE CAME OUT TO MY RIGHT LANE. HITTING MY LEFT SIDE MIRROR OFF. AND WHEN HE TRIED REVERSE, HE KNOCKED INTO MY LEFT OUTSIDE REAR WHEEL ARC AREA.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL5890J
Vehicle Manufacturer	Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

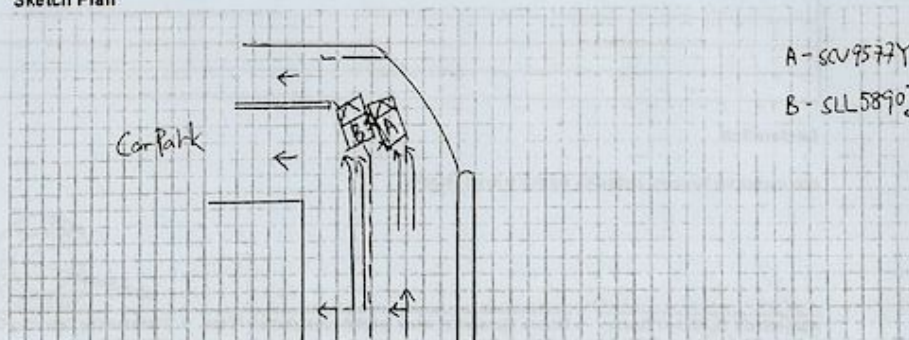
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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.

Policyholder's Signature / Date & Time
 12/6/2021 01321
 Sketch Plan

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

Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

We were driving on the outer right lane, and other driver was in the left lane. Both of us were heading towards the ramp down to the basement carpark at the University carpark beside Harbourfront.

We were keeping to our lanes initially but when we were supposed to turn left in our respective lanes down, other driver did not keep to his lane and he came to my right lane hitting my left side mirror off. And when he tried to reverse, he knocked into my left side rear wheel area.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time 12/6/2021 @ 13:21

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


Witnessed by Reporting Centre Personnel

















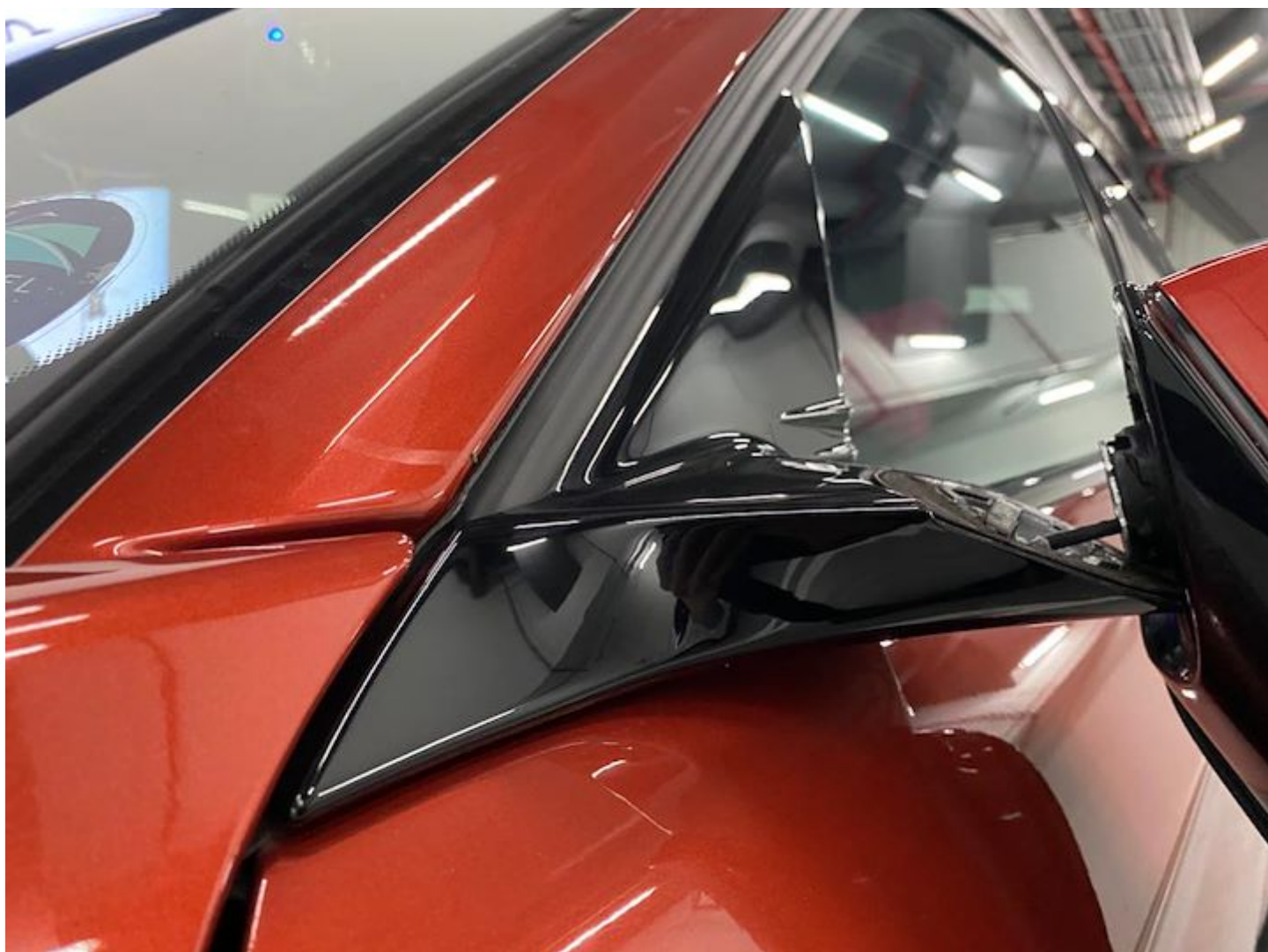




















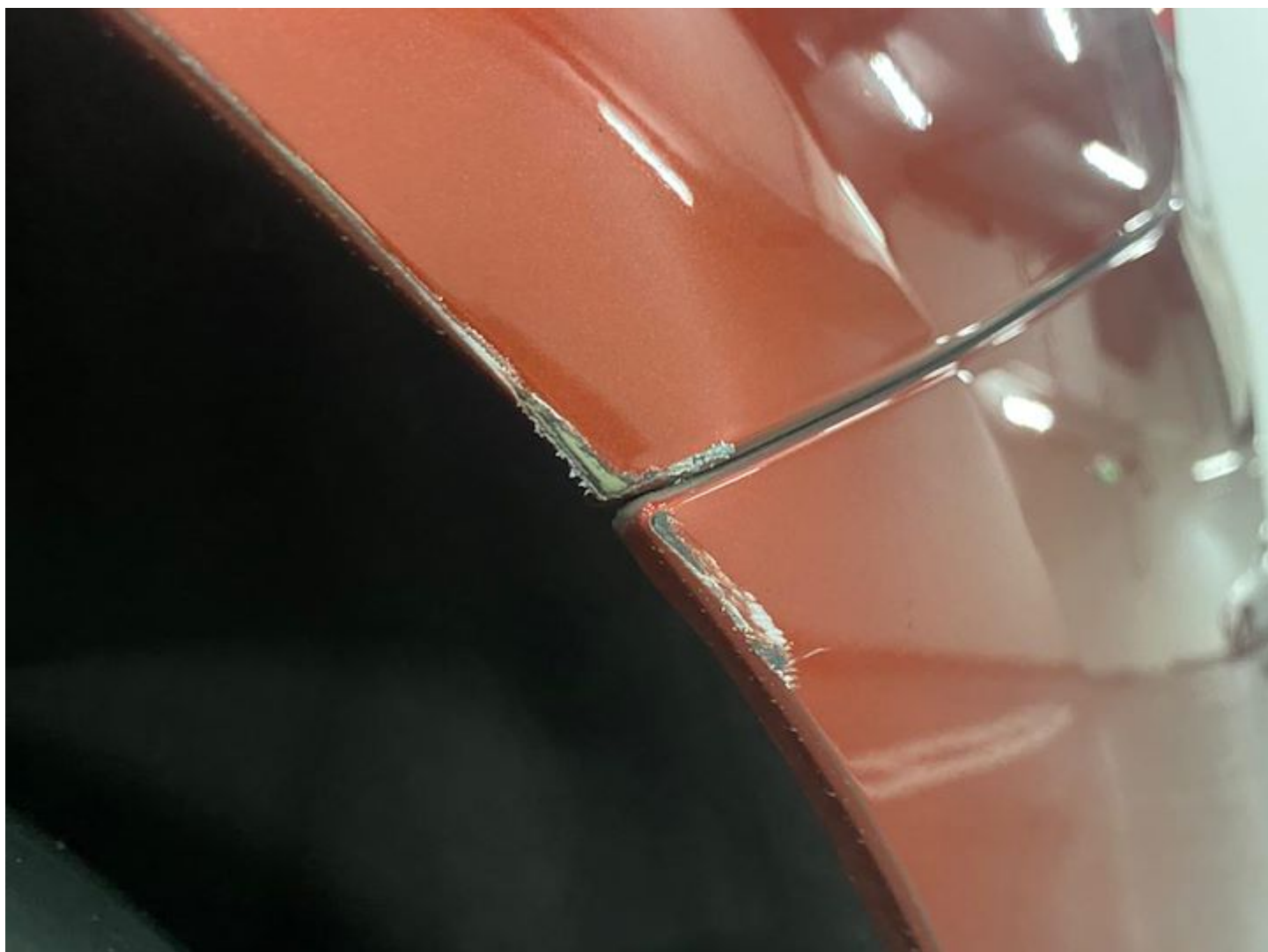


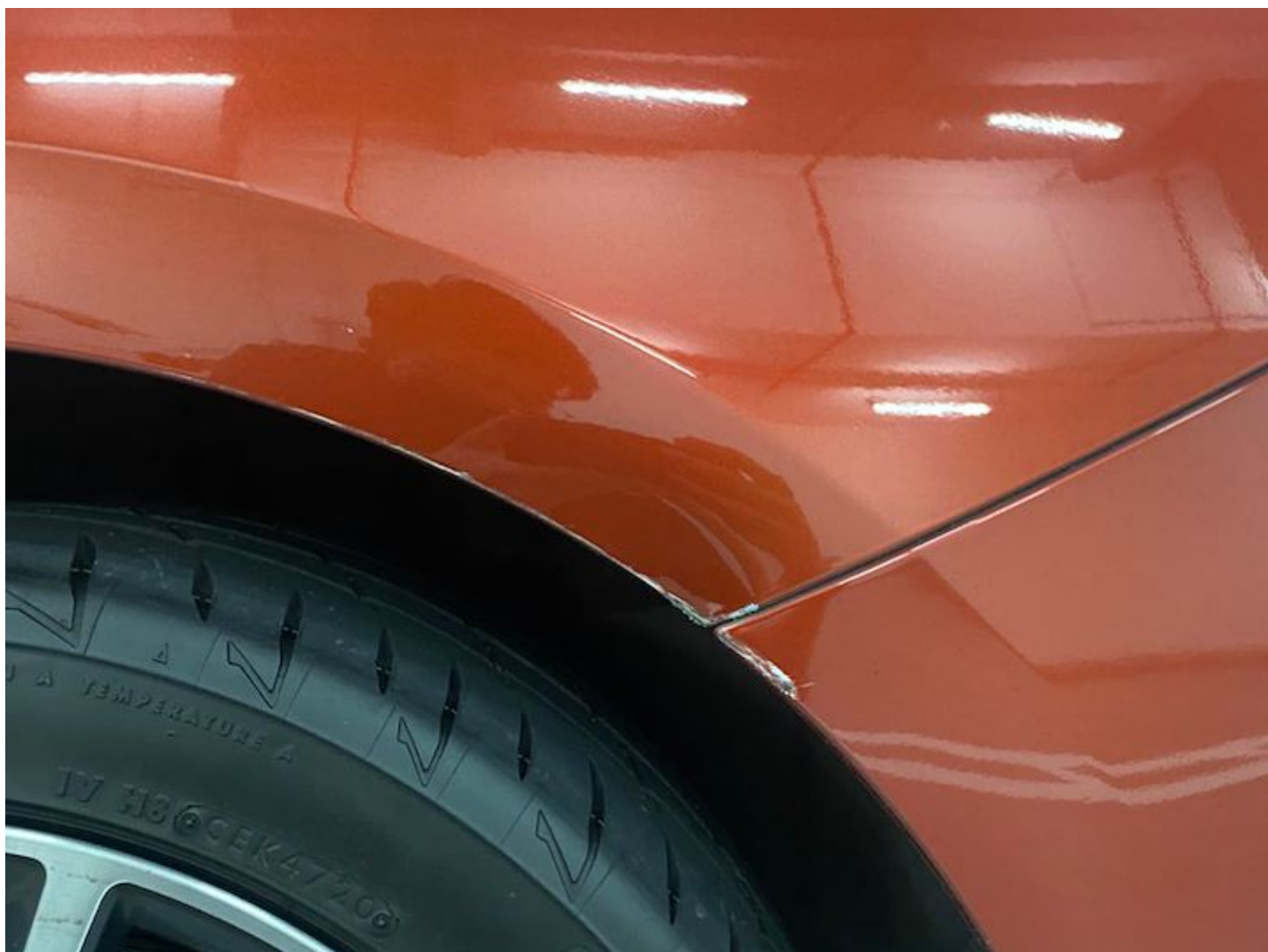




























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0P216C0001 Vehicle Registration No: SCU9577Y
Name(as shown in NRIC) : LEONG KWONG CHEE NRIC/FIN/Passport No : SXXXX331Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 59, TELOK BLANGAH HEIGHTS, #04-07 Singapore(100059)
Contact (Tel) : 90210473 Mobile No. : _____
Email Address : TRANQUIL_LITY@YAHOO.COM.SG
Date of Accident : 12/06/2021 Time of Accident : 10:00
Place of Accident : ENTRANCE VIVOCITY BASEMENT CARPARK BESIDE HARBOURFRONT
Insurance Company: Auto & General Insurance (Singapore) Pte. Limited.


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THE CORRECT THE CAR PLATE NO. OF THIRD PARTY.

PLEASE REFER TO THE UPLOADED PHOTOS AND VIDEO.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature

Name: George Klong
NRIC/FIN No.: GXXXX1RX
Date: 12/6/2021