

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	21/07/2021 16:17 (SGT)
Date of Accident	19/07/2021 16:45 (SGT)
Exact Location of Accident	1 Kim Seng Promenade, Singapore 237994
Additional Location Information	CAR PARK OF GREAT WORLD CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7013B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PAMELA CHUA SOO PING (CAI SHUPING)
NRIC No	SXXXX970I
Email Address	SPPC@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96517373
Alternative Phone No	(Office) +65-96517373

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1400

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	PAMELA CHUA SOO PING (CAI SHUPING)
NRIC No	SXXXX970I

Date Of Birth	25/07/1975
Occupation	Indoor
Date Of Driving Pass	05/06/1993
Driving experience	28 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96517373
Alt. Phone Number	(Office) +65-96517373
Email Address	SPPC@HOTMAIL.COM
Address	371 HOLLAND RD, SERENADE@HOLLAND
Address complement	#15-03
Postcode	278698
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

WHEN I RETURNED TO THE CAR, I SAW A YELLOW NOTE LEFT ON MY CAR WINDSCREEN TO NOTIFY ME OF THE ACCIDENT. I CHECKED MY CAR AND SAW THE SCRATHES & DENTS. I CALLED THE PERSON WHO LEFT THE NOTE TO CONFIRM THE ACCIDENT.

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	SKS7490S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MS. JANEY
Contact Number	(Phone) +65-96256486

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

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' 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;

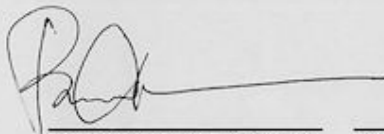
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



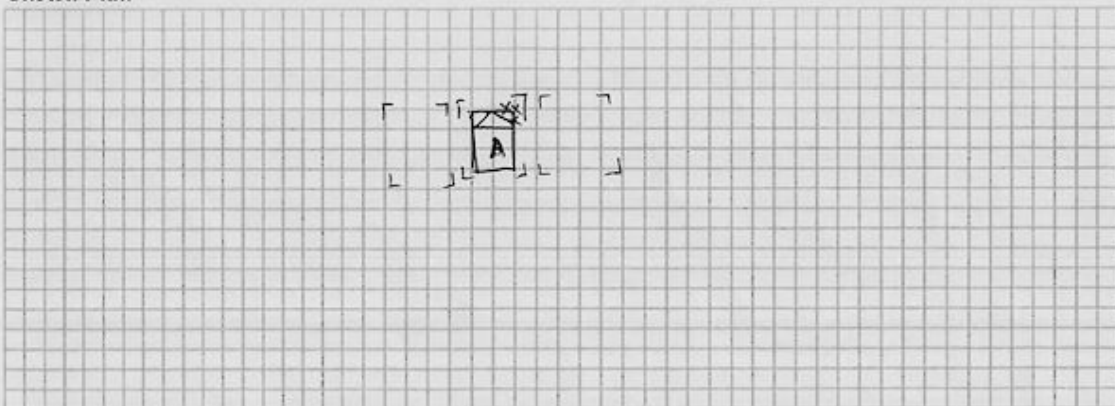
Policyholder's Signature / Date &
Time 21/7/2021 @ 10:20 am & Time

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

& Time



Witnessed by Reporting Centre
Personnel

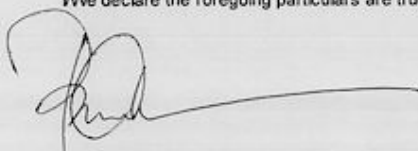
Sketch Plan

Describe Circumstances of the Accident

When I returned to the car, I saw a yellow note left on my car windscreen to notify me of the accident. I checked my car and saw the scratches & dents. I called the person who left the note to confirm the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
21/7/2021 @ 10:26

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



Witnessed by Reporting Centre Personnel

I AM SO SORRY I SCRATCHED
YOUR CAR ON THE RIGHT FRONTAL CORNER.
MY NAME IS EUNME LIM.
MY CONTACT NUMBER IS 9625-6486
I HAVE REPORTED TO MY INSURANCE
COMPANY AIG.
SO SORRY AGAIN FOR THIS.



































