

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	26/07/2021 10:48 (SGT)
Date of Accident	25/07/2021 16:45 (SGT)
Exact Location of Accident	130, #01-02 Tg Rhu Rd, Blk 4, Lobby J Pebble Bay Condominium, Singapore 436919
Additional Location Information	CARPARK(BASEMENT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5817P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABHISHEK GARG
NRIC No	SXXXX935C
Email Address	ABHISHEKGARG.SNG@GMAIL.COM
Mobile Phone No	(Phone) +65-85710400
Alternative Phone No	+65-85710400

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900171616-01
Cover Note Number	-

DRIVER

Name of Driver	ABHISHEK GARG
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NRIC No	SXXXX935C
Date Of Birth	17/01/1984
Occupation	Indoor
Date Of Driving Pass	07/04/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85710400
Alt. Phone Number	+65-85710400
Email Address	ABHISHEKGARG.SNG@GMAIL.COM
Address	132 TANJONG RHU ROAD #15-12
Address complement	-
Postcode	436919
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	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
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

AT AROUND 1645-1700 ON 25TH JULY, I ENTERED THE PEBBLE BAY PARKING AFTER BUYING CHICKEN FROM SHOP. AS I WAS DRIVING ON A TURN, CLEANING TROLLEY DRIVER BY CLEANER/DRIVER WAS SUDDENLY IN FRONT OF ME WHEN TURNING THERE WAS ANOTHER CAR COMING FROM OPPOSITE SIDE ALSO. TO AVOID HITTING CLEANER TROLLEY I HAVE TO QUICK ADJUSTMENT WHICH RESULTED IN SCRAPPING THE PILLAR FROM THE LEFT SIDE. LEFT SIDE DOOR WAS SCRATCHES AND THE RIM OVER LEFT BACK TYRE CAME OUT A BIT. THE PILLAR HAS RUBBER CUSHIONING. NOBODY GOT INJURED. I DIDN'T HIT ANYTHING OTHER THAN SCRAPPING THE PILLAR. SINCE IT WAS A SUNDAY, I WENT TO AUDI SERVICE CENTRE NEXT DAY@8 AM AND NOW FILLING THE CLAIM ON 26TH JULY.

ATTACHMENT(S)

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

SKETCH PLAN

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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.

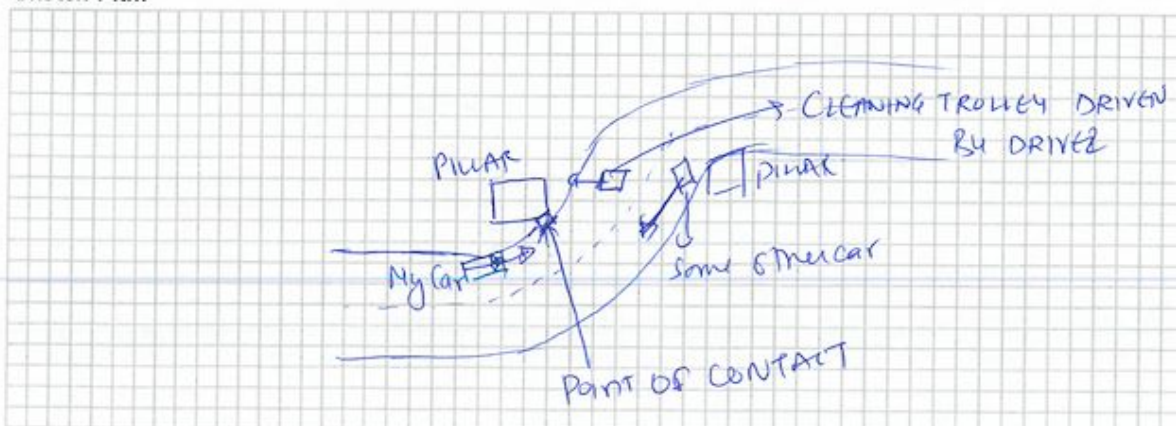
Adrian G-7
9-14
26/7/2021

Policyholder's Signature / Date & Time

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

Zoe Kwan H.
WITNESSED BY REPORTING CENTRE PERSONNEL

Sketch Plan



Describe Circumstances of the Accident

At approx 4:45-5 PM ON 25th JULY, I ENTERED THE PERBIE BAY PARKING AFTER BUYING CHICKEN FROM SHOP. AS I WAS DRIVING ON A TURN, CLEANING TROLLEY DRIVEN BY CLEANER/DRIVER WAS SUDDENLY IN FRONT OF ME WHEN TURNING. THERE WAS ANOTHER CAR COMING FROM OPPOSITE SIDE ALSO. TO AVOID HITTING THE CLEANER TROLLEY I HAD TO MAKE QUICK ADJUSTMENT WHICH RESULTED IN SCRAPPING THE PILLAR FROM THE LEFT SIDE. LEFT SIDE DOOR HAS SCRATCHES AND THE RIM OVER LEFT REAR TYRE CAME OUT A BIT.

THE PILLAR HAS RUBBER CUSHIONING.

NO BODY GOT INJURED. I DIDN'T HIT ANYTHING OTHER THAN SCRAPPING THE PILLAR.

SINCE IT WAS SUNDAY, I WENT TO THE AUDI SERVICE CENTRE NEXT DAY @ 8 AM AND NOW FILING THE CLAIM ON 26th JULY MORNING.

Declaration

We declare the foregoing particulars are true in every respect.

Ashwin G. 2.14

26/7/2021

Policyholder's Signature / Date & Time

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



Zohy Kum.

Witnessed by Reporting Centre Personnel



































