

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 16/08/2021 12:26 (SGT)
 Date of Accident 15/08/2021 12:15 (SGT)
 Exact Location of Accident 285 Bukit Batok East Ave 3, Block 285, Singapore 650285
 Additional Location Information 285 BUKIT BATOK EAST AVE 3 LOBBY
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF8688C

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner TEO LI-QIN, PEARLIE MRS PEARLIE LING
 NRIC No S8600572G
 Email Address jia_xing88@hotmail.com
 Mobile Phone No (Phone) +65-92295099
 Alternative Phone No +65-91059203

VEHICLE PARTICULARS

Manufacturer Mitsubishi
 Model Outlander
 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 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number 1800151552-01
 Cover Note Number -

DRIVER

Name of Driver TEO LI-QIN, PEARLIE MRS PEARLIE LING
 NRIC No S8600572G

Date Of Birth	08/01/1986
Occupation	Indoor
Date Of Driving Pass	12/07/2011
Driving experience	10 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92295099
Alt. Phone Number	+65-91059203
Email Address	jia_xing88@hotmail.com
Address	BLK 312C CLEMENTI AVENUE 4 #09-187
Address complement	-
Postcode	123312
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 Parked Vehicle
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)	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

REFER TO ATTACHMENT

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	SMT2199M
Vehicle Manufacturer	Volkswagen
Vehicle Model	Touran
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	AARON ZHANG YIREN
Contact Number	(Phone) +65-91706089
Address	-
Address complement	-

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

SKETCH PLAN

IMPORTANT NOTICE

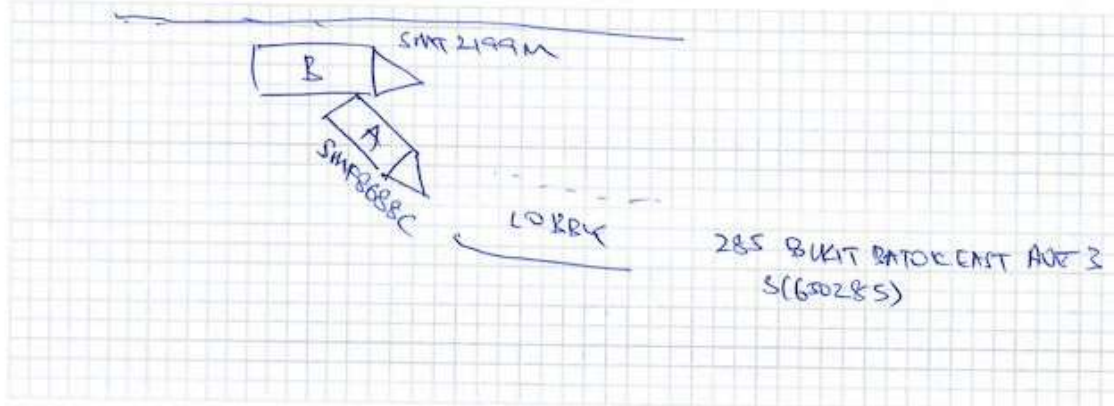
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

After dropping off my child at my in-laws place at 285 West 1st St Apt 3, when I was reversing, there was a lady pushing the stroller near my car.

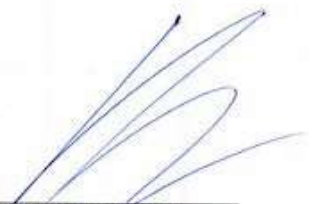
While there was no imminent danger, I suddenly panicked and accidentally knocked into my brother-in-law's parked car. Nobody was injured.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel









































