

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 11:42 (SGT)
Date of Accident 14/08/2021 12:30 (SGT)
Exact Location of Accident Singapore 590006
Additional Location Information BETWEEN BLK 5/6 TOH YI DRIVE S590006 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCN709E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOCK YIN LING MRS NG YIN LING
NRIC No SXXXX250B
Email Address YLFOCK@YAHOO.COM
Mobile Phone No (Phone) +65-96318603
Alternative Phone No +65-96318603

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 2070121931

DRIVER

Name of Driver FOCK YIN LING MRS NG YIN LING
NRIC No SXXXX250B

Date Of Birth	07/09/1973
Occupation	Outdoor
Date Of Driving Pass	29/04/1991
Driving experience	30 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96318603
Alt. Phone Number	+65-96318603
Email Address	YLFOCK@YAHOO.COM
Address	335 BUKIT TIMAH ROAD #26-03
Address complement	-
Postcode	259718
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	Raining
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG MIN ANN
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

IT WAS SATURDAY AFTERNOON ABOUT 1230PM AND I WAS TURNING INTO THE CARPARK OF BLK 6 TOH YI DRIVE TO PICK A FRIEND UP. IT WAS JUST STARTING TO RAIN AND THE CARPARK WAS BUSY. AS I TURNED THE OTHER CAR WAS COMING OUT FROM THE CARPARK. AS IT WAS A SHARP 90 DEGREE TURN WITH ONLY ONE LANE IN EACH DIRECTION THERE WAS NOT ENOUGH SPACE FOR HIM TO PASS ME. I WAS GOING TO REVERSE TO ALLOW HIM SPACE TO PASS BUT BEFORE I COULD DO SO HE MOVED FORWARD IN AN ATTEMPT TO SQUEEZE PASS WHILE MY CAR WAS STATIONARY. HE WAS UNABLE TO DEAN MY CAR AND HIT THE RIGHT SIDE ABOVE THE REAR WHEEL.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT3949J
Vehicle Manufacturer	-

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)	-

WITNESS DETAILS

WITNESS 1

Name	ELIZABETH CHIA
Phone	(Phone) +65-81862256
Email	-

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

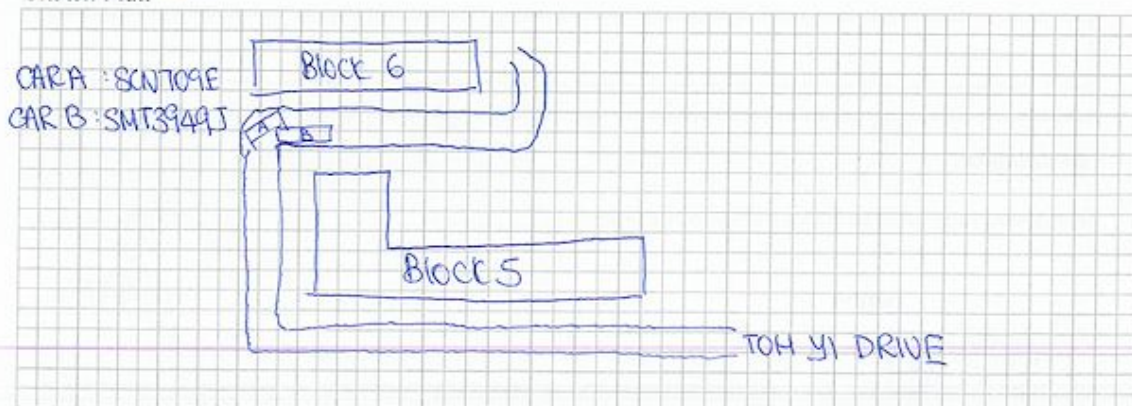
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 11am
16/8/21
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

It was Saturday afternoon about 12:30pm and I was turning into the carpark of Blk 6 Toh Y. Drive to pick a friend up. It was just starting to rain and the carpark was busy. As I turned the other car was coming out from the car park. As it was a sharp 90° turn with only one line in each direction there was not enough space for him to pass me. I was going to reverse to allow him space to pass but before I could do so he moved forward in an attempt to squeeze pass while my car was stationary. He was unable to clear my car and hit the right side above the rear wheel.

Declaration

We declare the foregoing particulars are true in every respect.

 11am
16-8-21
Policyholder's Signature / Date & Time

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: S66550020G / 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 : SP0R218G0002 Vehicle Registration No: SCN 709 E
Name (as shown in NRIC) : FOCK YIN LING MRS NG YIN LING NRIC/FIN/Passport No : SXXXX250B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 335 BUKIT TIMAH ROAD #26-03 Singapore (259718)
Contact (Tel) : 96318603 Mobile No. : _____
Email Address : YLFOCK@YAHOO.COM
Date of Accident : 14/08/2021 Time of Accident : 1230
Place of Accident : BETWEEN BLK 5/6 TOH YI DRIVE CARPARK
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(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:

TO CHANGE NAME OF POLICY HOLDER AND DRIVER

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: LIM KEE SIANG
NRIC/FIN No.: GXXXX689M
Date: 23/8/2021