

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	08/09/2021 15:23 (SGT)
Date of Accident	07/09/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 10 CANTONMENT CLOSE MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ2770G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM MIN SIANG(LIN MINXIANG)
NRIC No	SXXXX635I
Email Address	lim.minsiang@gmail.com
Mobile Phone No	(Phone) +65-91188809
Alternative Phone No	+65-91188809

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	7210031820

DRIVER

Name of Driver	LIM MIN SIANG(LIN MINXIANG)
NRIC No	SXXXX635I

Date Of Birth	19/10/1985
Occupation	Indoor
Date Of Driving Pass	02/11/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91188809
Alt. Phone Number	+65-91188809
Email Address	lim.minsiang@gmail.com
Address	BLK 305B PUNGGOL ROAD
Address complement	#11-715
Postcode	822305
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBJ3070B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHAO ZHENGYU
NRIC No	SXXXX149J
Contact Number	(Phone) +65-97619287
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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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.

[Signature] 08/08/21
Policyholder's Signature / Date & Time

Sketch Plan

[Signature] 08/08/21
Driver's Signature (If driver is not the policyholder) / Date & Time

BLK 10 CANTONMENT

[Signature] 08/08/21
Witnessed by Reporting Centre Personnel
CLOSE MSCP



A - SMZ2770G

B - 9BJ3070B

Describe Circumstances of the Accident

On 07/09/2021 at about 1230hrs, I returned to my vehicle which was parked at 10 Convent Avenue (MSEP) Level 3 lot 245. I discovered that there were multiple dents and chip offs to the front of my vehicle. Similarly, the front bumper (left side) was popped out and the headlight alignment was off.

2. I then saw a piece of paper placed on my windscreen. The paper had the following content: "Sorry for hitting your car. 97619327". I contacted the number provided and the person informed that he was driving his company's vehicle and had accidentally hit on to my car when he was moving his vehicle away from the parking garage to settle his cashcard problem.


3. I requested for his particulars and he provided me as such in the preceding document. He then was queried on how he wants to settle the damages and that if he is going to claim insurance, the driver informed that he needs to check with his company first, as whether to insurance claim or private settle.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 08/09/21

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


 Witnessed by Reporting Centre Personnel
 08/09/21





















