

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 21/09/2021 17:49 (SGT)
Date of Accident 20/09/2021 17:20 (SGT)
Exact Location of Accident 232 Yishun Street 21, Singapore 760232
Additional Location Information OPEN CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ2M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG LIYUN
NRIC No SXXXX318I
Email Address skycity1818@gmail.com
Mobile Phone No (Phone) +65-92349349
Alternative Phone No +65-92349349

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S400I
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2996

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210096144
Cover Note Number -

DRIVER

Name of Driver TOH HOCK CHYE
NRIC No SXXXX405G

Date Of Birth	17/12/1961
Occupation	Indoor
Date Of Driving Pass	07/08/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92349349
Alt. Phone Number	-
Email Address	skycity1818@gmail.com
Address	BLK 232 YISHUN STREET 21 #11-538
Address complement	-
Postcode	760232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

PLEASE REFER TO SKETCH PLAN

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

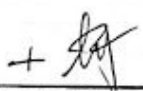
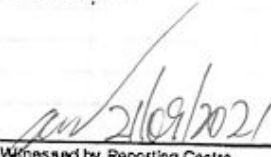
Vehicle Registration Number	SJE3562E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHRIST
Contact Number	(Phone) +65-96425246
Address	-
Address complement	-

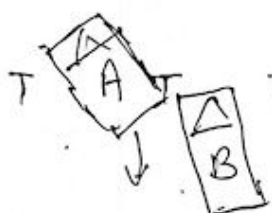
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

+    
 Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel
 Sketch Plan BIK 232 Yishuan S7 21 OPEN CARPARK



(A) SL02M
 (B) SSE3562E

10-180 179 178

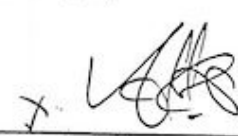
Describe Circumstances of the Accident

on mentioned date and time, I was reversing into the said parking lot, while reversing, ~~second~~ I accidentally knock on to veh B. that parked in the parking lot. I waited for the driver/owner to come for about 20 mins time, we wanted to settle privately at \$900/- but at the end, we proceed for insurance settlements. X 

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

 21/09/2021
Witnessed by Reporting Centre Personnel



















