

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 19/10/2021 13:32 (SGT)
Date of Accident 22/09/2021 17:00 (SGT)
Exact Location of Accident 249 Pasir Panjang Rd, Singapore 118609
Additional Location Information BAROSSA GARDEN CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBL8899J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WOO FOONG CHEN
NRIC No S0107050I
Email Address wfoongchen@gmail.com
Mobile Phone No (Phone) +65-97817588
Alternative Phone No +65-97817588

VEHICLE PARTICULARS

Manufacturer Toyota
Model Picnic
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100012436-14
Cover Note Number -

DRIVER

Name of Driver WOO FOONG CHEN
NRIC No S0107050I

Date Of Birth	13/07/1951
Occupation	Indoor
Date Of Driving Pass	27/08/1982
Driving experience	39 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97817588
Alt. Phone Number	+65-97817588
Email Address	wfoongchen@gmail.com
Address	249 PASIR PANJANG ROAD #01-13
Address complement	-
Postcode	118609
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

I REVERSE MY VEHICLE FROM PARKING LOT. MY VEHICLE MADE A LEFT TURN AND MY VEHICLE LEFT PORTION MAY HAVE HIT VEHICLE B FRONT RH CORNER.

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	GBL5026G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

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

SKETCH PLAN

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6. 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.



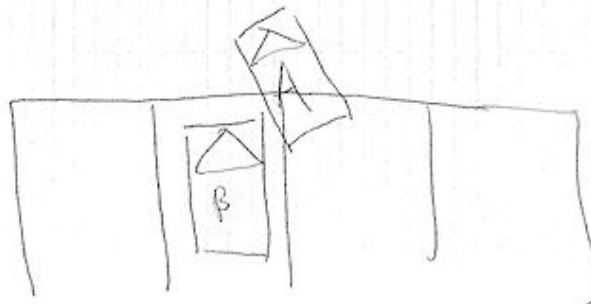
Policyholder's Signature / Date & Time

Sketch Plan

19/10/21

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I reversed my veh from parking lot. my veh make
 left turn & my veh ^{may have hit} ~~left~~ ^{hit} veh B from
 front RA corner.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 19/10/21

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

Witnessed by Reporting Centre
 Personnel



















AIG		CERTIFICATE OF INSURANCE	
PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE			
Name of Policyholder	: Woo Foong Chen	Vehicle No.	: SBL8899J
Period of Insurance	: 20 Mar 2021 To 19 Mar 2022	Policy No.	: 2100012436-14
Engine No.	: 1AZ5581242	Endorsement No.	:
Chassis No.	: JTEGH23B400023485	Issued Date	: 05 Feb 2021
ABOUT THE COVER			
Make/Model	: TOYOTA PICNIC 2.0	Sum Insured	: Market Value
Engine Capacity/Tonnage	: 1,998.00 CC	First Year of Registration	: 2007
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*	Insuring with COE/PARF : Yes		
a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.			
Age Condition	: 30 years old and above	Mileage Condition	: Unlimited Mileage
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.			
EXCESS			
Section 1	Fire - \$0. Theft - \$0		
Section 2	Property Damage - \$0		
Windscreen	: NA		
Named Driver and Excess (where applicable)			
Woo Foong Chen, Favian Kang Hong An, Philip Kang Boon Kee			
APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.			
IMPORTANT NOTES			
Hire Purchase Company/Employer's Loan: CITIBANK SINGAPORE			
We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).			
0030210000	AIG Asia Pacific Insurance Pte. Ltd.		
This computer generated document does not require a signature.			
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.			
1004144972/AC			