

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 08/10/2021 10:29 (SGT)
Date of Accident 07/10/2021 19:00 (SGT)
Exact Location of Accident 152 Gangsa Rd, Block 152, Singapore 670152
Additional Location Information BLK 152 GANGSA ROAD (MSCP)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC1674S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG YU ANN
NRIC No SXXXX714E
Email Address YUANN1993@GMAIL.COM
Mobile Phone No (Phone) +65-91729504
Alternative Phone No +65-91729504

VEHICLE PARTICULARS

Manufacturer Kia
Model Stonic
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 998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210117588
Cover Note Number -

DRIVER

Name of Driver ANG YU ANN
NRIC No SXXXX714E

Date Of Birth	19/01/1993
Occupation	Indoor
Date Of Driving Pass	23/06/2015
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91729504
Alt. Phone Number	+65-91729504
Email Address	YUANN1993@GMAIL.COM
Address	BLK 155 GANGSA ROAD #14-335
Address complement	-
Postcode	670155
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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)

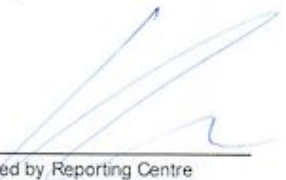
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

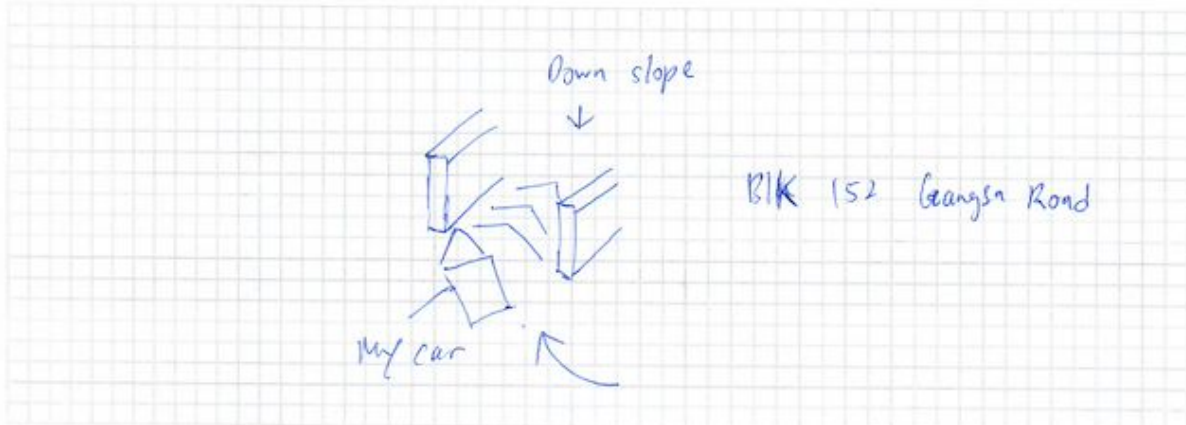
SKETCH PLAN**IMPORTANT NOTICE**

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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.

 8/10/2021 9:20am
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

I was going downhill at the carpark and the car bumper collided into the corner of the wall at the slope.

Declaration

We declare the foregoing particulars are true in every respect.

Yme 8/10/2021 9:20am

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



















