

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 17/11/2021 18:57 (SGT)
Date of Accident 16/11/2021 16:15 (SGT)
Exact Location of Accident 10 Leedon Rd, Singapore 267833
Additional Location Information THE CAPARK AT 10 LEEDON ROAD JADE MANSION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC5366E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHANG CHING LOU
Passport No/FIN GXXXX008N
Email Address CHERRYLCHANG@GMAIL.COM
Mobile Phone No (Phone) +65-83899499
Alternative Phone No (Office) +65-83899499

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
Variant Q5 2.0 TFSI QU S TRONIC
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210128140
Cover Note Number -

DRIVER

Name of Driver CHANG CHING LOU
Passport No/FIN GXXXX008N

Date Of Birth	24/12/1982
Occupation	Indoor
Date Of Driving Pass	09/10/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-83899499
Alt. Phone Number	(Office) +65-83899499
Email Address	CHERRYLCHANG@GMAIL.COM
Address	APT BLK 10 LEEDON ROAD #06-01
Address complement	JADE MANSION
Postcode	267833
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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. E/20211116/2058

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

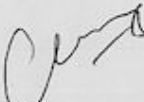
Vehicle Registration Number	SBF1680A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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) -


SKETCH PLAN

IMPORTANT NOTICE

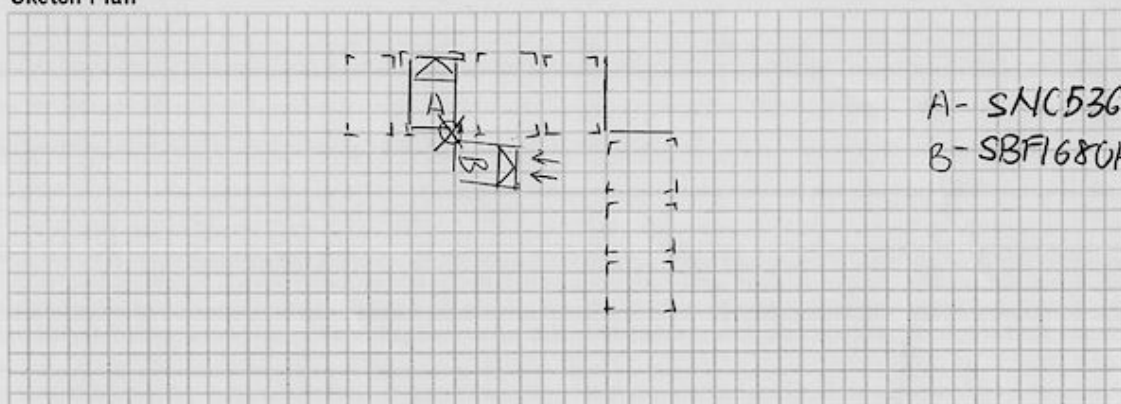
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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' law yers/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 w ith 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, w hich 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 w ith my claims.
(collectively the "Purposes")
(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time 17/11/2021 @ 1800

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


Witnessed by Reporting Centre
Personnel

Sketch Plan

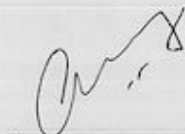


Describe Circumstances of the Accident

Please refer to the police report No. E/2021/116/2058.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 7/11/2021 @ 1200

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



Witnessed by Reporting Centre
Personnel













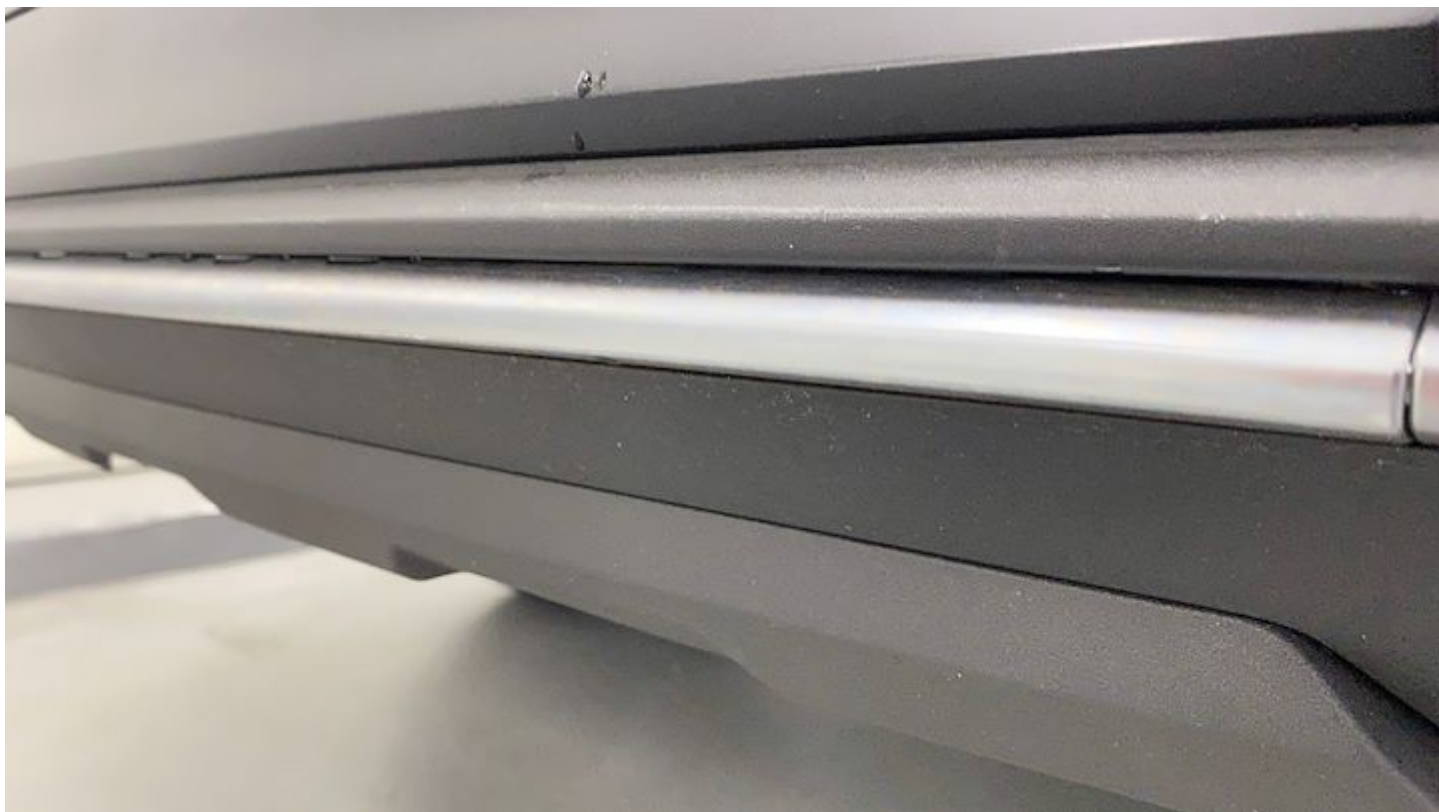




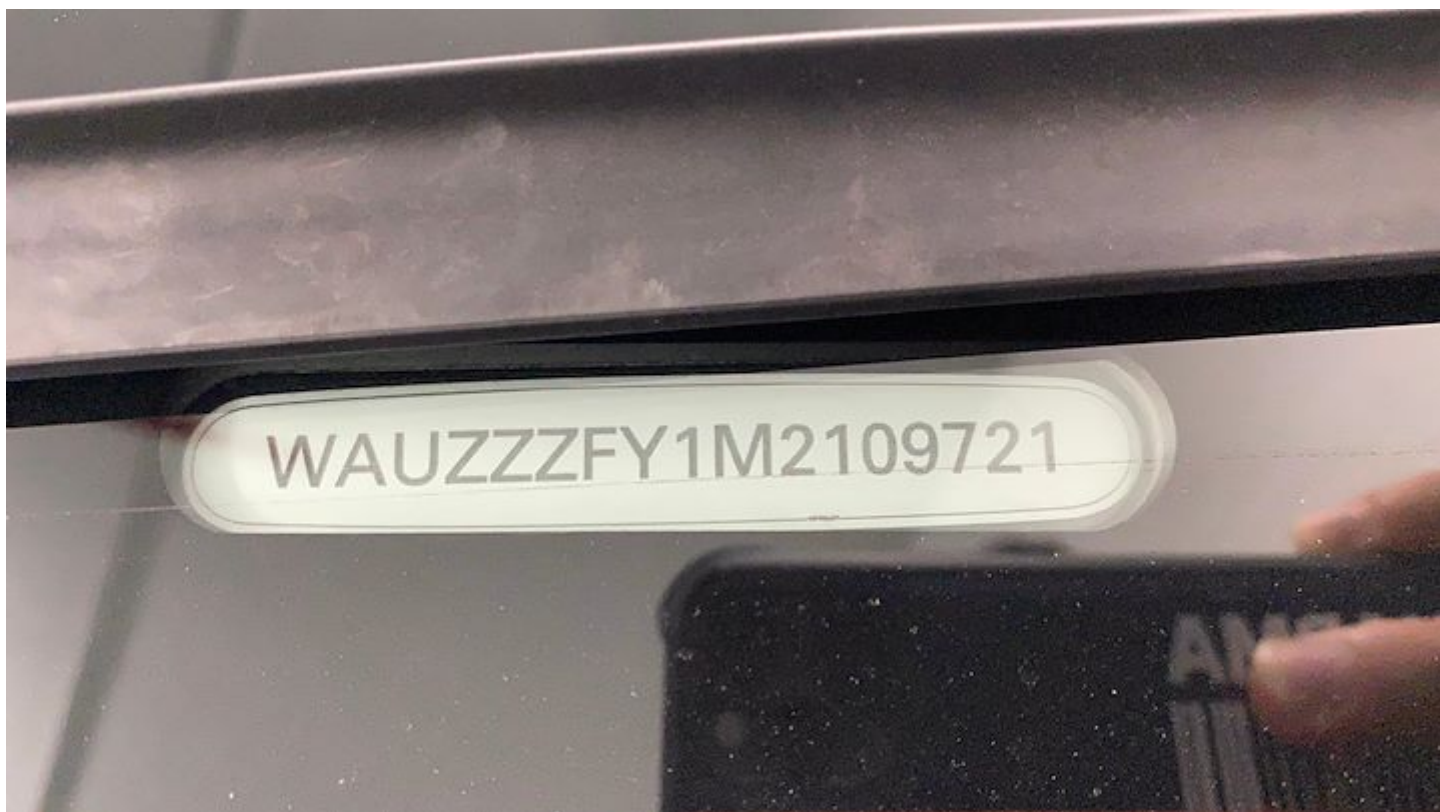













**SINGAPORE
POLICE FORCE**


E/20211116/2058

1 of 2

POLICE REPORT (NP299)

Report No. E/20211116/2058

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Date/Time Report Made 16/11/2021 19:11	Vide Report No.	Station Diary No. 39
Name Of Informant CHANG CHING LOU	Address APT BLK 10 LEEDON ROAD #06-01 JADE MANSION SINGAPORE 267833	
ID Type / ID No. FIN NO / G5182008N	Contact No. Home/Office	Mobile 83899499
Nationality NETHERLANDS	Email Address CherryChang@gmail.com	
Occupation HOMEMAKER	Sex Female	Age 38
	Date of Birth 24/12/1982	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 16/11/2021 14:50 - 16/11/2021 16:15	Location Of Incident 10 LEEDON ROAD JADE MANSION SINGAPORE 267833 Open Spaced Carpark, Lot #06-01	

Brief details.

On 16/11/2021 at about 0800hrs, I last properly saw my vehicle intact. Later at about 1515hrs, I drove my vehicle (SMG5366E) out to fetch my children. Subsequently at 1615hrs, I arrived back at my condominium compound and parked my vehicle at the open space sheltered parking lot of my condominium, Lot #06-01. At that time, I happened to observe that there are long scratch marks at the rear right portion of my vehicle. There was no notes left at my vehicle to inform me on who had collided

Signature Of Officer Recording The Report:
E / Sgt 3 LAU KOK TING

Signature Of Informant:

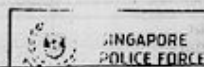
Signature Of Interpreter:
Not applicable

Date/Time:
16/11/2021 19:11

Officer In-Charge Of Case:
E / Tanglin Police Divisional
Investigation Branch /
SI NURANIZA ANIS BINTE AZIZ
Contact No.: 63914755

Classification Of Case:

Authentication Stamp



SIGNATURE



**SINGAPORE
POLICE FORCE**



E/20211116/2058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211116/2058

my vehicle.

I then viewed my rear in car camera and observed that a vehicle (SBF1680A) had earlier at 1454hrs, reversed the vehicle and the left side of it had brushed against the rear of my vehicle. I have the video footage of it and is able to provide it as evidence if required. From the video, I believe that the said vehicle was parked at Lot #10-03 but I am unsure if the vehicle belonged to the residents of that unit.

Hence, I am now lodging this report to report this hit and run accident for Police investigations.

Subjects Involved	
Victim	
Person Name	CHANG CHING LOU (Informant)

Signature Of Officer Recording The Report:
E / Sgt 3 LAU KOK TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/11/2021 19:11



SN 065

Officer In-Charge Of Case:
E / Tanglin Police Divisional
Investigation Branch /
SI NURANIZA ANIS BINTE AZIZ
Contact No.: 63914755

SIGNATURE

Classification Of Case:

Authentication Stamp



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: S665500206 / 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 : SP0R21BH0004 Vehicle Registration No: SNC 5366 E
 Name (as shown in NRIC) : CHANG CHING LOU NRIC/FIN/Passport No : GXXXXX008N
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : APT BLK 10 LEEDON ROAD #06-01, JADE MANSION Singapore (267833)
 Contact (Tel) : 83899499 Mobile No. : _____
 Email Address : CHERRYLCHANG@GMAIL.COM
 Date of Accident : 16/11/2021 Time of Accident : 16:15
 Place of Accident : THE CAPARK AT 10 LEEDON ROAD JADE MANSION
 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 CONVERT FROM REPORTING ONLY TO THIRD PARTY CLAIM.

Dr low left a note, confirming to
pay the bumper damages. And
agreed to let insurance handle the
matter.

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: WONG HONG SENG, GEORGE
 NRIC/FIN No.: GXXXXX143X
 Date: 16/11/2021

GRASWC addendum form 3/3