

# 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 ..... 20/11/2021 12:15 (SGT)  
Date of Accident ..... 19/11/2021 20:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CARPARK AT ROBERTSON WALK (LOT 139)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH3332M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG LI LI  
NRIC No ..... SXXXX922G  
Email Address ..... LEOW4489G@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-98774049  
Alternative Phone No ..... (Home) +65-98774049

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100488430-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEOW LAM CHOON CHRISTOPHER  
NRIC No ..... SXXXX487G

Date Of Birth .....	25/06/1959
Occupation .....	Indoor
Date Of Driving Pass .....	15/11/2002
Driving experience .....	19 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94796588
Alt. Phone Number .....	-
Email Address .....	LEOW4489G@YAHOO.COM
Address .....	BLK 528 JELAPANG RAOD
Address complement .....	#15-91
Postcode .....	670528
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 .....	Hit and run / Vandalism / Damaged whilst parked
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

#### REFER ATTACHMENTS.

#### 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 .....	SLW1403B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN WEN MING
Contact Number .....	(Phone) +65-98639225
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

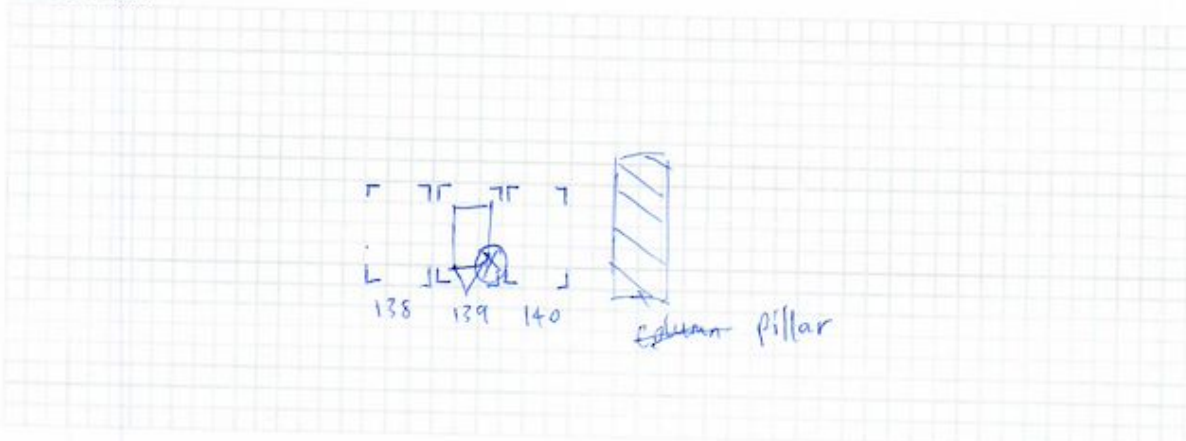
20 Nov 2021

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

20 Nov 2021

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstances of the Accident

My ~~car~~ car is parked at the carpark at ~~Robert~~ Robertson-Walle. Lot No is 139.

Time entered carpark around 7.45 to 8 pm.

At about 9.55pm, I came to the carpark.

~~Immediately~~ Immediately, notice damages to the left side of the vehicle. Apparently, someone has knocked onto my parked car.




Also notice a paper note on my windscreen. The note stated that he has hit my car and left a phone number. SMS him that I am the owner of the car SLH3332M.

He texted back with his name, i/c & car number. Later, texted to ~~state~~ included time of accident at 8.30pm. His insurance is AXA

His name is ~~Tan~~ Tan Wen Ming, i/c S83006741  
 Carpark - SLW1403B.

Declaration

We declare the foregoing particulars are true in every respect.

 20 Nov 2021	 20 Nov 2021	 20 Nov 2021
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel































































Sorry I hit  
your car please  
call or sms me  
on 98639225  
after 1030pm or  
tomorrow

Mandarin Oriental, Kuala Lumpur  
Kuala Lumpur City Centre, P. O. Box 10905  
50088 Kuala Lumpur, Malaysia.  
Telephone (603) 2380 8888 Facsimile (603) 2380 8833  
Assa Klantik Sdn. Bhd./Co. No. 2115101



Hi, I am the owner of car SLH 3332M.

9:57 pm

Hi, sorry about the accident. My full name is Tan Wen Ming. IC number S8300674I. Car SLW1403B. Can I please have your details so I can report this to my insurance.

11:25 pm

Saturday, 20 November 2021

Who is your car insurance company? My name is Christopher Leow, IC S1391487G.

7:34 am

What time did you

insurance company? My name is Christopher Leow, IC S1391487G.

7:34 am

What time did you knock into my car at the parking lot?

8:03 am

Appreciated your gesture to leave a note of my windscreen. Thank

8:09 am

No worries. Around 830pm. Looking for the insurance company details now. Will get back to you asap

9:43 am

Thank.

9:57 am