

## 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 ..... 07/12/2021 15:11 (SGT)  
Date of Accident ..... 01/12/2021 20:00 (SGT)  
Exact Location of Accident ..... 114A Lor 3 Geylang, Singapore 382114  
Additional Location Information ..... CAR PARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX2084P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN SOON CHWEE  
NRIC No ..... SXXXX486C  
Email Address ..... SLEUEDDIE9394@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93660078  
Alternative Phone No ..... (Home) +65-63845247

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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 ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070173124  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN ZHI HIN, EDDIE  
NRIC No ..... SXXXX285E

Date Of Birth .....	05/09/1994
Occupation .....	Indoor
Date Of Driving Pass .....	25/05/2018
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96280699
Alt. Phone Number .....	-
Email Address .....	TANZHIHIN@HOTMAIL.COM
Address .....	BLK 103 RIVERVALE WALK
Address complement .....	#09-72
Postcode .....	540103
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LOH WEE CHING
Gender .....	Female

#### PASSENGER 2

Name .....	TAN ZHI WEE
Gender .....	Male

#### PASSENGER 3

Name .....	TAN SOO CHWEE
Gender .....	Male

#### 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

WHILE REVERSING INTO THE PARKING LOT, THE REAR BUMPER HIT THE PILLAR. DAMAGED REAR BUMPER. NO INJURY.

#### 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

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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 :

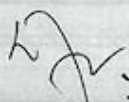
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

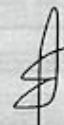
(collectively the "Purposes")


(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.

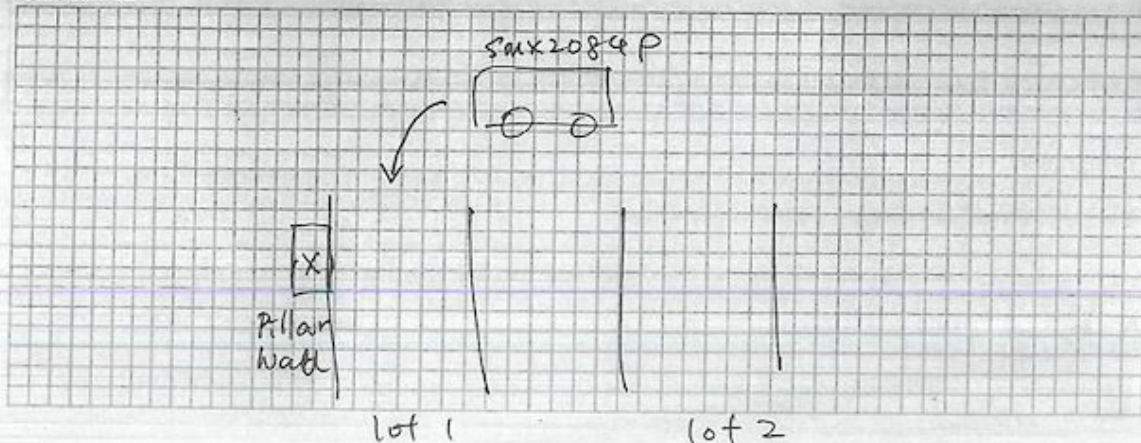
  
7/12/2021

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

While Reversing into the parking lot, the rear bumper hit the pillar. Damage rear bumper. No injury.

Declaration

We declare the foregoing particulars are true in every respect.

 7/12/2021  
Policyholder's Signature / Date & Time  
12 pm

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

  
Witnessed by Reporting Centre Personnel



















































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.: M600017735

**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:

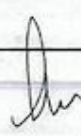
Original Report No : SP0R21C70001 Vehicle Registration No: SMX2084P  
 Name (as shown in NRIC) : TAN SOON CHWEE NRIC/FIN/Passport No : SXXXX486C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 103 RIVERVALE WALK #09-72 Singapore (540103 )  
 Contact (Tel) : 93660078 Mobile No. : \_\_\_\_\_  
 Email Address : SLEUEDDIE9394@GMAIL.COM  
 Date of Accident : 01/12/2021 Time of Accident : 20:00  
 Place of Accident : Lor 3 Geylang Car Park  
 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:

Convert to reporting only

SK  
 Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name: Lim Kee Siang  
 NRIC/FIN No.: GXXXX689M  
 Date: 14/12/21