

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 31/12/2021 12:04 (SGT)
Date of Accident 06/12/2021 12:30 (SGT)
Exact Location of Accident 368 Thomson Rd, Singapore 298127
Additional Location Information CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBG383J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH GUEK HONG (XU YUEFENG)
NRIC No SXXXX385E
Email Address SHARONKOH72@GMAIL.COM
Mobile Phone No (Phone) +65-90189349
Alternative Phone No +65-90189349

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070177540
Cover Note Number -

DRIVER

Name of Driver KOH GUEK HONG (XU YUEFENG)
NRIC No SXXXX385E

Date Of Birth 17/10/1972
 Occupation Indoor
 Date Of Driving Pass 15/09/1993
 Driving experience 28 YEARS AND 3 MONTHS
 Gender Female
 Mobile Number (Phone) +65-90189349
 Alt. Phone Number +65-90189349
 Email Address SHARONKOH72@GMAIL.COM
 Address 368 THOMSON ROAD
 Address complement #22-03
 Postcode 298127
 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 Side Swipe
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name ISAAC CHOW
 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

I WAS DRIVING OFF FROM MY CONDO CAR PARK WITH MY SON IN THE FRONT PASSENGER SEAT. I HEARD A LOUD SCRATCH SOUND ON THE LEFT REAR SIDE. I GOT OFF THE CAR AND WENT OVER TO HAVE A LOOK. I SAW ANOTHER CAR DOOR (SMS 9182 U) WAS OPENED AND DAMAGED THE LEFT REAR SIDE OF MY CAR (SBG 383 J)

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 SMS9182U
 Vehicle Manufacturer Nissan
 Vehicle Model Sentra
 Vehicle Variant -

Vehicle Colour Blue
Vehicle Category Private car
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name SINGAPORE ACCIDENT
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver) IMPORTANT NOTICE

3 MONTHS AND 3 MONTHS

(Phone) +65 90199349

SHAN LK0172@GMAIL.COM
3 THE THOMSON ROAD

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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



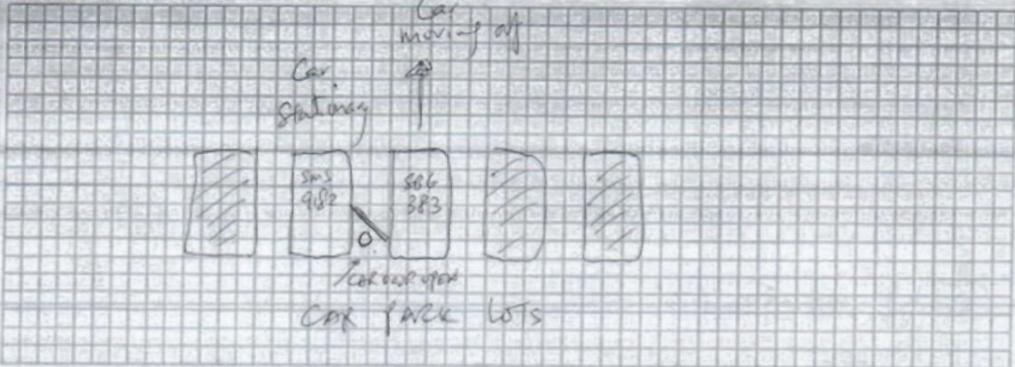
Shan 21/12/21

Policyholder's Signature / Date & Time
0933

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

Describe Circumstances of the Accident

I WAS DRIVING OFF FROM MY CAR WASH IN THE FRONT PASSENGER SEAT. I HEARD A CLANG SOUND ON THE LEFT REAR SIDE OF THE CAR AND GOT OFF THE CAR AND WENT OVER TO HAVE A LOOK. I SAW ANOTHER CAR (SUS 9124) WAS GLANCED AND DAMAGED THE LEFT REAR SIDE OF MY CAR (SUS 385)

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 21/10/2024
 Policyholder's Signature / Date & Time 0937

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

Witnessed by Reporting Centre Personnel Tony Feary