

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	27/12/2021 17:15 (SGT)
Date of Accident	25/12/2021 18:05 (SGT)
Exact Location of Accident	The Riverwalk, Singapore
Additional Location Information	EBTRY BARRIER TO CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR2906G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LONG CHEE SHAN (LONG JISHAN)
NRIC No	SXXXX241Z
Email Address	CHARLIE.CHELE@GMAIL.COM
Mobile Phone No	(Phone) +65-97314335
Alternative Phone No	+65-97314335

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900087902-01
Cover Note Number	-

DRIVER

Name of Driver	LONG CHEE SHAN (LONG JISHAN)
NRIC No	SXXXX241Z

Date Of Birth	23/03/1972
Occupation	Indoor
Date Of Driving Pass	17/12/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97314335
Alt. Phone Number	+65-97314335
Email Address	CHARLIE.CHELE@GMAIL.COM
Address	55 MEYER ROAD
Address complement	#15-03
Postcode	437978
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	Raining
Road Surface	Wet

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

ON 25 DEC 21 AT AROUND 18:05 PM, I WAS IN VEHICLE NO SDR 2906 G ENTERING THE CAR PARK AT THE RIVER WALK, 20 UPPER CIRCULAR ROAD. THE BARRIER TO THE CAR PARK ROSE. AFTER THE BARRIER STOPPED RISING, I DROVE THROUGH. HOWEVER, TO MY SHOCK AS I WAS DRIVING UNDER THE BARRIER, THE BARRIER, CAME DOWN AND STRUCK MY VEHICLE AT THE TOP RIGHT HAND CORNER. I DROVE INTO THE CAR PARK AND THEN EXITED AGAIN. I STOPPED THE VEHICLE AT THE SIDE OF THE ROAD AND THEN REPORTED THE INCIDENT TO THE SECURITY GUARD ON DUTY AT THE REPORTED THE INCIDENT TO THE SECURITY GUARD DUTY AT THE COUNTER IN THE BUILDING. I REQUESTED THAT THE GUARD MAKE A REPORT F THE INCIDENT FOR THE MANAGEMENT. HE SAID HE WOULD DO SO. HE ADDED THAT THIS HAD HAPPENED SEVERAL TIMES BEFORE. THE WEATHER WAS WET AND THE CAR (INCLUDING THE TOP) WAS COVERED IN TH RAIN DROPS. ANOTHER GUARD TOOK PHOTOS OF THE TOP OF MY CAR ON THE LEFT SIDE. I THEN LEFT THE BUILDING, WHEN THE CAR WAS DRY LATER THAT EVENING, I SURVEYED THE CAR AND NOTICED THE DENTS AND SCRATCHES ON THE TOP RIGHT HAND CORNER OF THE CAR. I HAVE KEPT A RECORD OF THE DAMAGE THOUGH THE PHOTOS I TOOK.

ATTACHMENT(S)

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

SKETCH PLAN

IMPORTANT NOTICE

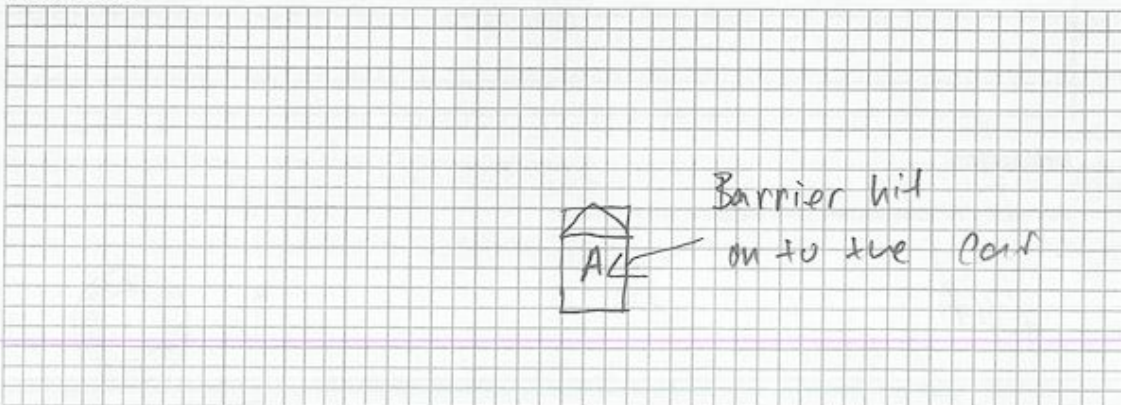
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.


Policyholder's Signature / Date &
Time 9.00am 27/12/2021

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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 25 December 2021 at around 6.05pm, I was in vehicle no. SOR 2906G and entering the car park at The Riverwalk, 20 Upper Circular Road. The barrier to the car park rose. After the barrier stopped rising, I drove through.

However, to my shock as I was driving under the barrier, the barrier came down and struck my vehicle at the top right-hand corner.

I drove into the car park and then exited again. I stopped the vehicle at the side of the road and then reported the incident to the security guard on duty at the counter in the building. I requested that the guard make a report of the incident for the management. He said he would do so. He added that this has happened several times before.

The weather was wet and the car (including the top) was covered in rain drops. Another guard took photos of the top of my car on the left side.

I then left the building. When the car was dry later that evening, I surveyed the car and noticed the dents and scratches on the top right-hand corner of the car. I have kept a record of the damage through the photos I took.

Declaration

We declare the foregoing particulars are true in every respect.


27/12/21
Policyholder's Signature / Date & Time
9.00am

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

  27/12
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: S66550020G / 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 : SP0R21CR0002 Vehicle Registration No: SDR 2906 G
 Name (as shown in NRIC) : Long Chee Shan NRIC/FIN/Passport No : SXXXXJ41Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 55 meyer Road Singapore (437978)
 Contact (Tel) : 97314335 Mobile No. : _____
 Email Address : charlie.chele@gmail.com
 Date of Accident : 25/12/2021 Time of Accident : 18:05
 Place of Accident : The Riverwalk / Entry Barrier to carpark.
 Insurance Company : Alfa

(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 own Damage. Claims.

Policyholder / Driver's Signature

Date: 27/12/2021

Reporting Centre Personnel's Signature

Name: Zhe Yikun

NRIC/FIN No.: FXXXXJ41Z

Date: 1/1/2022

