

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 11/01/2022 17:44 (SGT)
Date of Accident 11/01/2022 13:56 (SGT)
Exact Location of Accident 533 Hougang Ave 6, Block 533, Singapore 530533
Additional Location Information CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ725K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WILLIAM SOH WAI LEONG
NRIC No S8436562I
Email Address WILL_MILLENCOLIN@YAHOO.COM
Mobile Phone No (Phone) +65-97859505
Alternative Phone No +65-97859505

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 1900012026-02
Cover Note Number -

DRIVER

Name of Driver WILLIAM SOH WAI LEONG
NRIC No S8436562I

Date Of Birth	10/11/1984
Occupation	Indoor
Date Of Driving Pass	28/02/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97859505
Alt. Phone Number	+65-97859505
Email Address	WILL_MILLENCOLIN@YAHOO.COM
Address	23 ANCHORVALE CRESCENT
Address complement	#14-26
Postcode	544655
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	Hit by fallen tree / Other objects
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHAU KAI YI
Gender	Female

PASSENGER 2

Name	RAYMUS SOH GUAN LIN
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

LORRY WAS PARKING AT THE OPPOSITE DIRECTION OF THE ROAD. AND THERE WAS A LOADING METAL PLATE PROTRUDING OUT OF THE BODY OF THE LORRY VEHICLE CAUSING AN OBSTRUCTION ON THE ROAD. I HAD TO MAKE A SLIGHT TURN TO AVOID HIS LORRY AND ALSO MISS THE PROTRUDING METAL PLATFORM BEHIND THE LORRY (WHICH WAS OBVIOUSLY NOT VISIBLE FROM MY INCOMING DIRECTION) AND THUS THE METAL PLATE HAS BRUSH ON THE OWNER PART OF MY CAR SMJ 725 K.BASED ON THE ACCIDENT SCENE PHOTO THAT THE METAL LOADING PLATFORM IS STILL RAISED UP. FURTHERMORE, THE LORRY IS NOT PARKED IN A LOADING/UNLOADING LOT AND IN A NARROW SINGLE LANE. THE RAISED PLATFORM IS CAUSING A ROAD HAZARD TO OTHER VEHICLE. GIVEN THE FACT THE LORRY IS PARKED IN THE OPPOSITE DIRECTION (AGAINST THE FLOW OF TRAFFIC) IT IS IMPOSSIBLE FOR MA (AS THE DRIVER) TO HAVE NOTICE THE RAISED METAL PLATFORM.

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	YN5935A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
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

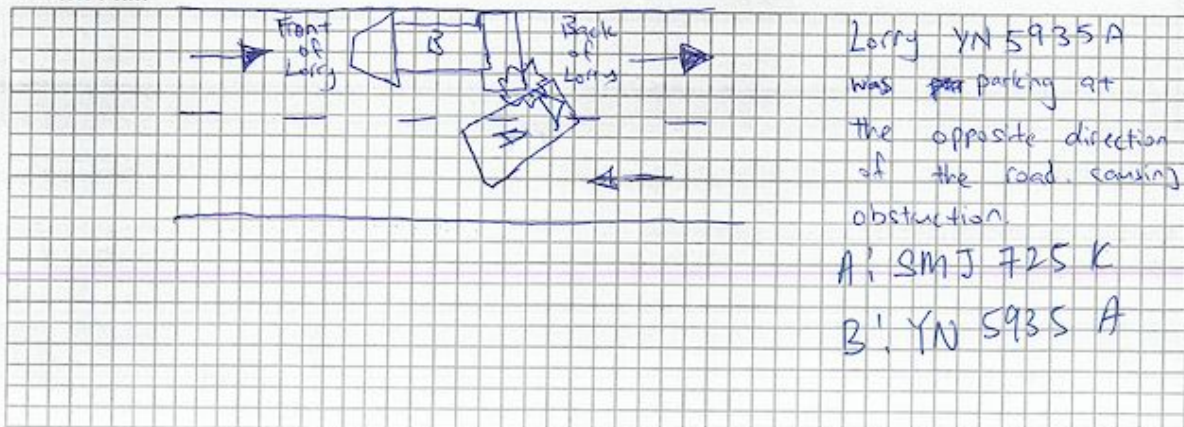
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 firms/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' law firms/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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Wzh 11/10/22
Policyholder's Signature / Date & Time

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

Kr 2004 ICum 4.16pm.
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Lorry was parking at the opposite direction of the road. And there was a loading metal plate protruding out of the body of the lorry vehicle causing an obstruction on the road. ~~I had to~~ I had to make a slight turn to avoid his lorry and also miss the protruding metal platform behind the lorry (which was obviously not visible from my incoming direction). And thus ~~causing~~ the metal plate has brushed on the lower part of my car SMJ 725K.

Declaration

We declare the foregoing particulars are true in every respect.

Dylan 2 11/01/22
Policyholder's Signature / Date & Time

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

Ph 2004 Kum 4-16/22
Witnessed by Reporting Centre Personnel

















































01/11/2022 13:54:31 000KJ



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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: S6650020G / 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 : SP0R221B0003 Vehicle Registration No: SMJ725K
Name(as shown in NRIC) : WILLIAM SOH WAI LEONG NRIC/FIN/Passport No : SXXXX562I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 23 ANCHORVALE CRESCENT #14-26 Singapore(544655)
Contact (Tel) : 97859505 Mobile No. : _____
Email Address : WILL_MILLENCOLIN@YAHOO.COM
Date of Accident : 11/01/2022 Time of Accident : 13:56
Place of Accident : 533 Hougang Ave 6, Block 533, Singapore 530533
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 FROM OD TO REPORTING ONLY


Policyholder / Driver's Signature
Date: 03/03/2022


Reporting Centre Personnel's Signature
Name: ZOEY KUM
NRIC/FIN No.: FXXXX741R
Date: 01/03/2022



GIARMC addendumform_v3