# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 21/01/2022 10:53 (SGT) Date of Accident 21/01/2022 06:43 (SGT) Exact Location of Accident Airport Blvd., Singapore Changi Airport (SIN), Singapore Additional Location Information T3 CARPARK Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMG7464H

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **QUAH ENG HUA** NRIC No. SXXXX952I Email Address jasminesgh@hotmail.com Mobile Phone No (Phone) +65-97538575 Alternative Phone No +65-97538575

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Wish 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1987

#### **INSURANCE COMPANY**

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D20MPC0000712\_02 Cover Note Number

## DRIVER

Name of Driver **QUAH ENG HUA** NRIC No. SXXXX952I

Date Of Birth 05/08/1967 Occupation Outdoor Date Of Driving Pass 12/07/1990 Driving experience 31 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-97538575 Alt. Phone Number +65-97538575 Email Address jasminesqh@hotmail.com Address BLK 31 TELOK BLANGAH RISE #03-342 Address complement Postcode 090031 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 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 21-01-2022 AT ABOUT 06:43HRS I WAS AT CAR PARK LOT T3 WAITING TO MOVE OUT TO FETCH MY DAUGHTER AT THE T3 ARRIVAL HALL SUDDENLY I FELT AND IMPACT. A CAR SLP2745U BUMP AGAINST MY LEFT FRONT OF MY CAR, IT WAS A RENTAL CAR, WE CAME DOWN AND EXCHANGE PARTICULAR AND MOVE ON. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SLP2745U

 Vehicle Manufacturer
 BMW

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 HUNNEWELL STEPHEN JAMES

Passport No/FIN	5XXXX7758
Contact Number	(Phone) +1-2029416745
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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

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

Policyholder's Signature / Date &

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

Sketch Plan

13 CHANG MRDOON CAR

Date Wanessed by Reporting Centre Personnel

A) SMG 7464 H B) SG 27474

	20	SIBIKMKAN-	
	- (		
		<u> </u>	
			\
			/
		/	
		/	
		/	
		/	
		/	
ıration			
^			
eclare the foregoing	a particulars a	are true in every respect.	
eclare the foregoing	a particulars a	are true in every respect.	
eclare the foregoing	particulars a	are true in every respect.	
eclare the foregoing	particulars a	are true in every respect.	
eclare the foregoing	a particulars a	are true in every respect.	/2/0/2023
eclare the foregoing	sam.		Jul 20)
eclare the foregoing	Date &	are true in every respect.  Driver's Signature (If driver is not the policyholder) / Date	Wignessed by Reporting Centre



























