

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	20/01/2022 12:35 (SGT)
Date of Accident	19/01/2022 18:10 (SGT)
Exact Location of Accident	1 Tanglin Rd, Singapore 247905
Additional Location Information	ORCHARD RENDEVOUS HOTEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD4466J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG JIN HIAN ARRON JAMES (HONG JINXIAN)
NRIC No	S7805384D
Email Address	aaron@eworkz.com.sg
Mobile Phone No	(Phone) +65-90665211
Alternative Phone No	+65-90665211

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3
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	3000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000692212-01
Cover Note Number	SP2000692212-01

DRIVER

Name of Driver	ANG JIN HIAN ARRON JAMES (HONG JINXIAN)
NRIC No	S7805384D

Date Of Birth	23/02/1978
Occupation	Indoor
Date Of Driving Pass	03/03/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90665211
Alt. Phone Number	+65-90665211
Email Address	aaron@eworkz.com.sg
Address	APT BLK 183 JELEBU ROAD
Address complement	#07-48
Postcode	670183
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 Parked Vehicle
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)	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 19 JAN 2022 , I PARKED MY VEHICLE AT ORCHARD RENDEVOUS HOTEL AT ABOUT 6:10PM FOR DINNER . I PARKED AT LOT 22.WHEN I RETURNED AT ABOUT 8:30 PM, I REALISED THAT MY CAR WAS DAMAGED. THE BUMPER HALF ON THE FLOOR AND WAS BADLY SCRATCHED.I LOOKED AROUND THE CARPARK AND FOUND ANOTHER CAR SBV 2121 G WHICH WAS PARKED AT LOT 17. IT WAS DAMAGED AND HAD MY PAINT MARKS.

I REPORTE THE CASE , E/20220/19/0141
TO IN CHARGE IS TAN ZHEE YONG 6 391434

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	SBV2121G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	FLORA CHEW
NRIC No	S1216540D
Contact Number	(Phone) +65-96341391
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident


On 19 Jan 2022, I parked my vehicle at Orchard Rendezvous Hotel at about 6:10 pm for dinner. I parked at Lot 22. When I returned at about 8:50 pm, I realised that my car was damaged. The bumper half on the floor and was badly scratched. I looked around the carpark and found another car, SBV 212167 which was parked at lot 17. It was damaged and had my paint marks.


I reported the case, E/20220/19/0141
 In charge is Tan Zhee Yong 6391434

✓ Claim o/d / TP at other workshop.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Name of Workshop:
 Edwin Garage Automotive
 Pte Ltd
 edwin@sggarage.com



SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

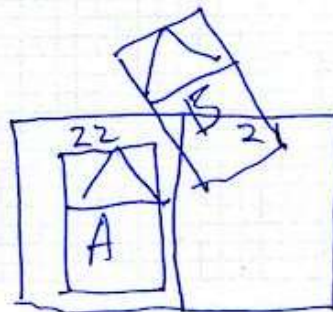
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



① SAD 4466J
② SBV 2121G