# **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 05/02/2022 11:57 (SGT) Date of Accident 04/02/2022 20:15 (SGT) Exact Location of Accident 238 Thomson Rd, Singapore 307683 Additional Location Information **CAR PARK** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMQ8218T

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIEW MUN KIONG NRIC No. SXXXX983F Email Address LIEWMUNKIONG@GMAIL.COM Mobile Phone No (Phone) +65-87818438 Alternative Phone No +65-87818438

## 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 Nο Policy Number 7210074983 Cover Note Number

# DRIVER

Name of Driver LIEW MUN KIONG NRIC No. SXXXX983F

Date Of Birth 07/11/1961 Occupation Indoor Date Of Driving Pass 22/04/1980 Driving experience 41 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87818438 Alt. Phone Number +65-87818438 Email Address LIEWMUNKIONG@GMAIL.COM Address 50 AMBER ROAD Address complement #12-01 Postcode 439888 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 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? No Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name NG PEI LING Gender Female 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 THE ACCIDENT HAPPENED ON VELOCITY TURNING OUT THE CAR PARK SLOPE AND ACCIDENTALLY SCRATCH THE WALL. ATTACHMENT(S) Are accident photos available for attachment? Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

#### SKETCH PLAN

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      - 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 todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the and additional 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 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.

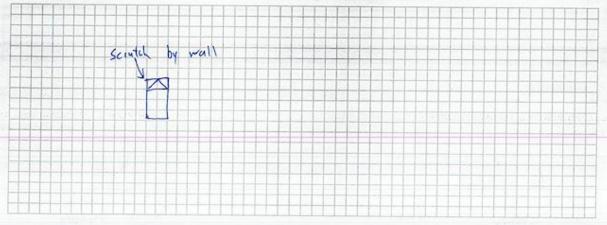
Policyholder's Signature / Date & Time 1(30 hrs

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

Witnessed by Reporting Centre Personnel Tany Fany

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Sketch Plan



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