

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	14/02/2022 15:53 (SGT)
Date of Accident	13/02/2022 18:00 (SGT)
Exact Location of Accident	34 Hongkong St, Singapore 059673
Additional Location Information	CARPARK LOT 35
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU86X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANGELINE QUEK SIEW CHEN(GUO XIUZHEN,ANGELINE)
NRIC No	SXXXX360H
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-93624926
Alternative Phone No	+65-93624926

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210040251
Cover Note Number	-

DRIVER

Name of Driver	MATTHEW LAI SOON CHYE(MATTHEW LAI SHUNCAI)
NRIC No	SXXXX820I

Date Of Birth	06/03/1980
Occupation	Indoor
Date Of Driving Pass	05/02/2007
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-82222800
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	37A HONGKONG STREET
Address complement	-
Postcode	059676
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	0
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMX3101S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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**

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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' 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.

AQ.

Policyholder's Signature / Date & Time

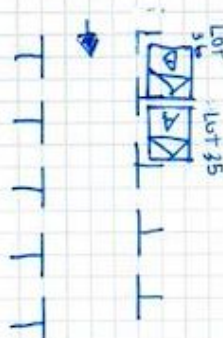


Driver's Signature (If driver is not the policyholder) / Date & Time

 14/02/22
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SFH86X
Vehicle B: SMX31015



34 HONGKONG ST
CARPARK LOT 35

Describe Circumstances of the Accident

Handwritten notes in blue ink on a lined background:

- Top right: A diagonal line pointing upwards and to the right.
- Middle right: The word "Accident" written vertically.
- Bottom left: The word "Peter" written diagonally.
- Bottom center: A small scribble.

Declaration

I/We declare the foregoing particulars are true in every respect.

Signature: *AQ*
 Policyholder's Signature / Date & Time

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

Signature: *[Signature]* 14/02/22
 Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SFU86X) WAS PARKED STATIONARY ON 34 HONGKONG STREET CARPARK LOT 35. WHEN I WENT BACK TO MY CAR I REALISE THERE'S A NOTE LEFT ON MY WINDSCREEN BY THE 3rd PARTY VEHICLE B (SMX3101S) THAT HE HAD COLLIDED ONTO MY STATIONARY VEHICLE REAR PORTION.

VEHICLE A : SFU86X

VEHICLE B : SMX3101S















