

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 01/04/2022 15:22 (SGT)
Date of Accident 01/04/2022 12:30 (SGT)
Exact Location of Accident Serangoon Garden Way, Singapore
Additional Location Information SERANGOON GARDEN WAY (OPEN CARPARK)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDX7177D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG BOON HOWE
NRIC No SXXXX630J
Email Address ANDY@ECCO.COM
Mobile Phone No (Phone) +65-96440614
Alternative Phone No +65-96440614

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant 2.0 TFSI S-TRONIC
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 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210043219-01
Cover Note Number -

DRIVER

Name of Driver NG BOON HOWE
NRIC No SXXXX630J

Date Of Birth	13/10/1978
Occupation	Indoor
Date Of Driving Pass	06/01/1998
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96440614
Alt. Phone Number	+65-96440614
Email Address	ANDY@ECCO.COM
Address	266 YIO CHU KANG ROAD
Address complement	#07-15
Postcode	545684
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEN HUIMIN
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

DRIVING INTO CARPARK, AS THERE ARE A LOT OF CARS WAITING FOR PARKING LOT, I DROVE VERY SLOW ON THE RIGHT SIDE. THE CAR (GBL5691K) BEGAN TO REVERSE, I STOPPED IMMEDIATELY AND HORN VERY LOUD, HOWEVER THE CAR DIDNT STOP ON TIME AND HIT ONTO MY LEFT SIDE.

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	GBL5691K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LEONG CHIN HENG
Contact Number	(Phone) +65-90059909
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

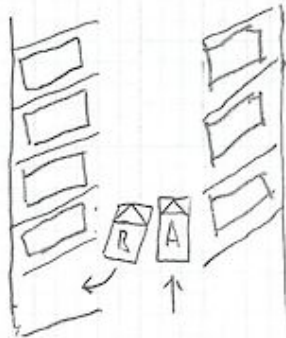
SKETCH PLANIMPORTANT NOTICE

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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.

2.21pm
1/4/22
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Tony Fong

Sketch Plan

A-SOX7177D


B-GBL5691K

Describe Circumstances of the Accident

Driving into car park, as there are a lot of cars waiting for parking lot, I drove very slow on the right side. The car (GBL5691K) began to reverse, I stopped immediately and horn very loud, however the car didn't stop on time and hit onto my left side.

Declaration

We declare the foregoing particulars are true in every respect.

2.21pm

 1/4/22
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre
 Personnel Tomy Poon























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: S66550020G / 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 : SP0R22410001 Vehicle Registration No: SDX7177D
Name (as shown in NRIC) : NG BOON HOWE NRIC/FIN/Passport No : SXXXX630J
(* ~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 266 YIO CHU KANG ROAD, #07-15 Singapore (545684)
Contact (Tel) : Mobile No. : 96440614
Email Address : ANDY@ECCO.COM
Date of Accident : 01/04/2022 Time of Accident : 12:30
Place of Accident : SERANGOON GARDEN WAY (OPEN CARPARK)
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:

TO AMEND VEHICLE NUMBER

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.:
Date: 11/4/22