

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 26/05/2022 12:02 (SGT)
Date of Accident 26/05/2022 08:45 (SGT)
Exact Location of Accident 3 Stadium Walk, Singapore 397692
Additional Location Information STADIUM WALK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH6911J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO WEI RUI, GILBERT
NRIC No S8509230H
Email Address GILBERTHO@YMAIL.COM
Mobile Phone No (Phone) +65-96698629
Alternative Phone No +65-96698629

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900244032-01
Cover Note Number -

DRIVER

Name of Driver CHNG YING YING
NRIC No S8413295J

Date Of Birth	08/05/1984
Occupation	Indoor
Date Of Driving Pass	09/12/2002
Driving experience	19 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98333673
Alt. Phone Number	-
Email Address	GILBERTHO@YMAIL.COM
Address	501 DUNMAN ROAD
Address complement	#11-03
Postcode	439193
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Wet

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	SUSU HLAING
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

SKH 6911 J EXITED SG SPORTS HUB CAR PARK L FROM THE RIGHT CAR PARK EXIT WHICH FOR VEHICLES TO GO STRAIGHT TO CROSS OVER TO STADIUM WALK. UPON CHECKING FOR CLEARANCE OF ONCOMING STADIUM CRES SIDE AND STADIUM WALK, PROCEEDED TO PACE FORWARD, BMW (SJM 2148 E) COME FROM BLINDSPOT PART OF LANE AT STADIUM WALK. MY AUDI (SKH 6911 J) HIT ON TO THE DRIVER SIDE OF THE BMW AS WASN'T ABLE TO BRAKE IN TIME UPON SIGHTING THE BMW.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM2148E
Vehicle Manufacturer	BMW
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ABHISH CHANDHOK
Contact Number	(Phone) +65-91396687
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

Signature 26 May 22 10am

Policyholder's Signature / Date & Time

Signature 26 May 10am

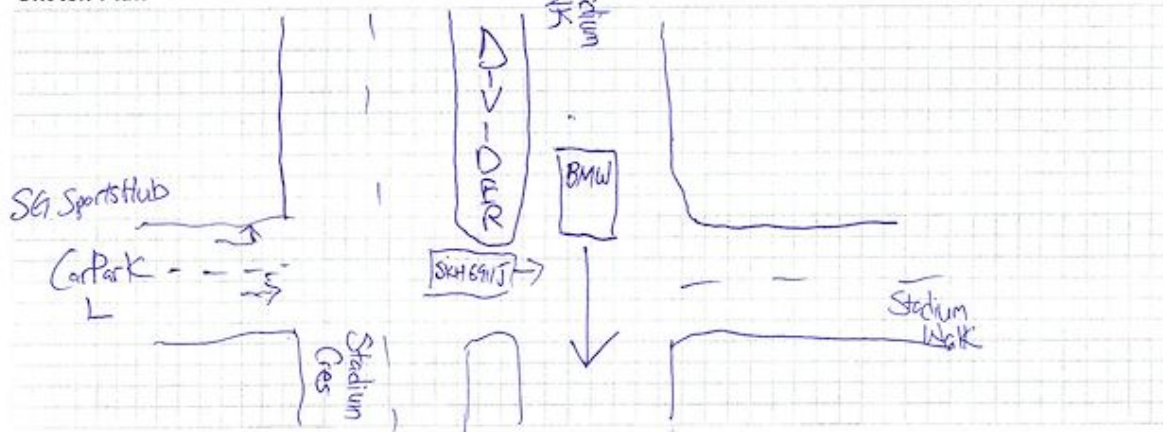
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Tony Fung

Sketch Plan




Describe Circumstances of the Accident


SKH6911J exited SG Sports Hub Carpark L from the right carpark exit which for vehicles to go straight to cross over to Stadium Walk. Upon checking for clearance of oncoming ~~from~~ Stadium (car side and Stadium Walk, projected to ~~the~~ pace forward, BMW (SIM2148 E) came from blindspot part of lane at Stadium Walk. My Audi (SKH6911J) hit on to the driver side of the BMW as wasn't able to brake in time upon sighting the BMW.

Declaration

We declare the foregoing particulars are true in every respect.

 26 May 2020 10.30am

Policyholder's Signature / Date & Time

 26 May 2020 10.30am

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



Witnessed by Reporting Centre Personnel

Tony Fuong

