

## 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 Actual 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 .....	01/08/2022 18:06 (SGT)
Reported by .....	Driver
Date of Accident .....	31/07/2022 09:30 (SGT)
Exact Location of Accident .....	Tiong Bahru, Singapore
Additional Location Information .....	THAI TEMPLE, KAMPONG, TIONG BAHRU
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMW4249Z
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	VOESTALPINE HIGH PERFORMANCE METALS PACIFIC PTE LTD
Company Reg No .....	1XXXXX242R
Email Address .....	thomas.habeler@voestalpine.com
Mobile Phone No .....	(Phone) +65-91784837
Alternative Phone No .....	(Office) +65-65345600

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A5
Variant .....	SPORTBACK 2.0 TFSI
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 .....	1984

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2070164200

#### DRIVER

Name of Driver .....	THOMAS HABELER
Passport No/FIN .....	GXXXX776W
Date Of Birth .....	31/07/1966

Occupation .....	Indoor
Date Of Driving Pass .....	10/11/2012
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91784837
Alt. Phone Number .....	-
Email Address .....	thomas.habeler@voestalpine.com
Address .....	23 NEWTON ROAD
Address complement .....	#23-05
Postcode .....	307955
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	1
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

WHILE REVERSING THE VEHICLE TO PARK, A LOW WALL WAS POORLY VISIBLE WHILE REVERSING, AND LEFT BACK SIDE OF VEHICLE SCRATCHED THE WALL.

#### ATTACHMENT(S)

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

**SKETCH PLAN****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 willful 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. The 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.
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.
  - (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 &amp; Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



misjudged distance to a  
low wall which was badly  
visible and resulted left-side  
side of vehicle

## Describe Circumstances of the Accident

While reversing the vehicle to park, a low wall was  
 poorly visible while reversing, and left-hand side  
 of vehicle scratched the wall.

## 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

01.08.2022 / 09:05 a.m.

Witnessed by Reporting Centre  
 Personnel

















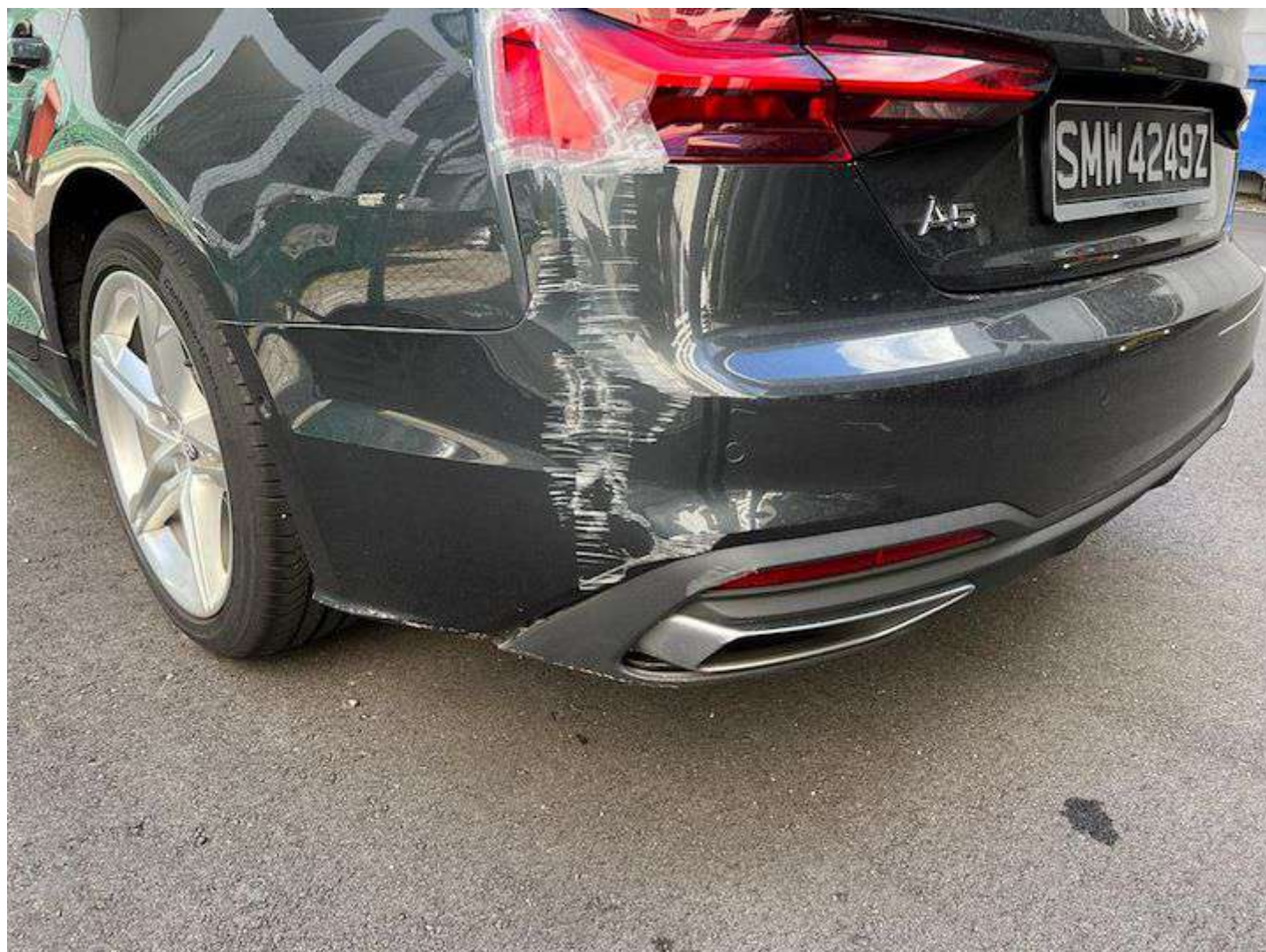












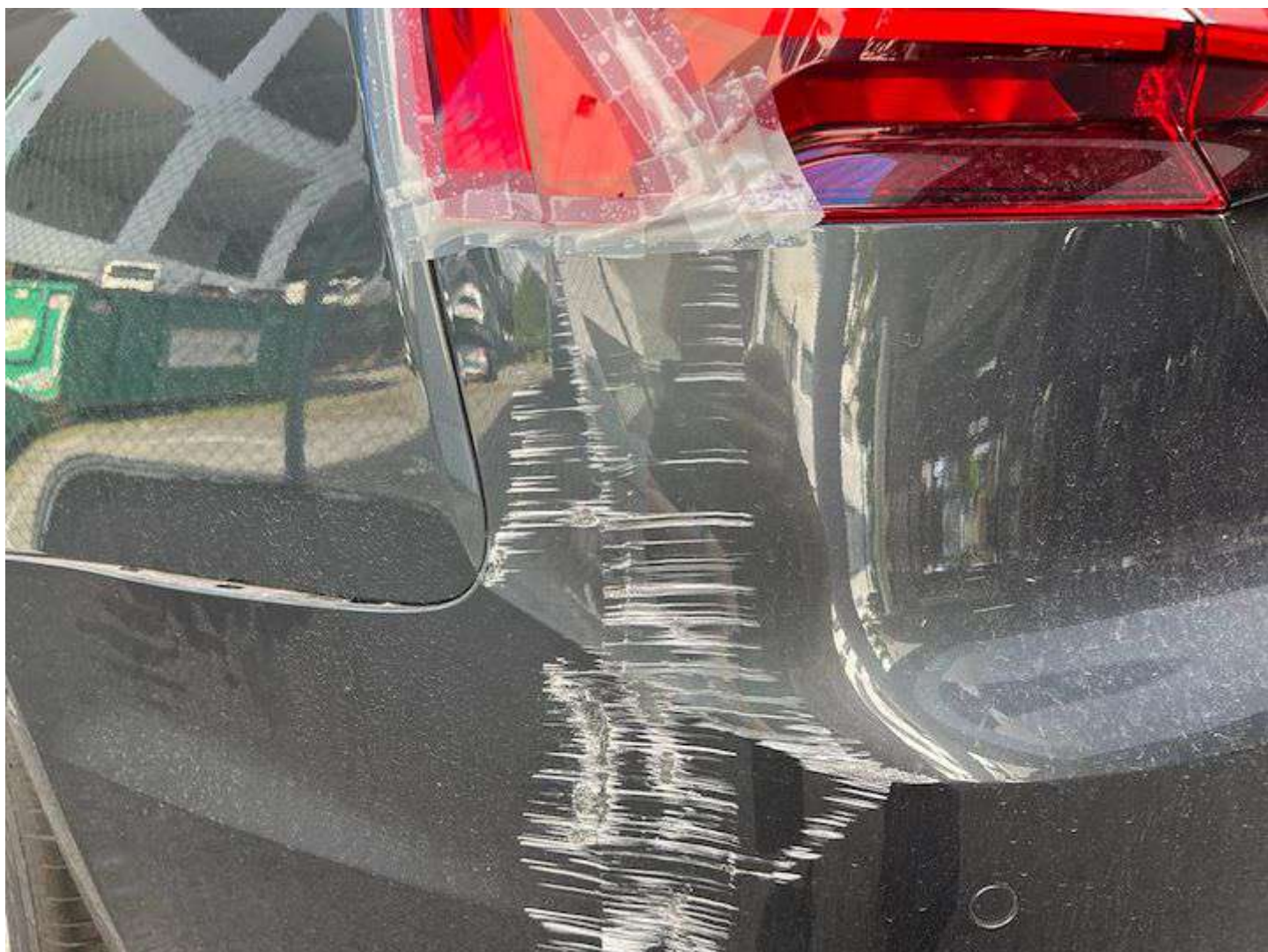
















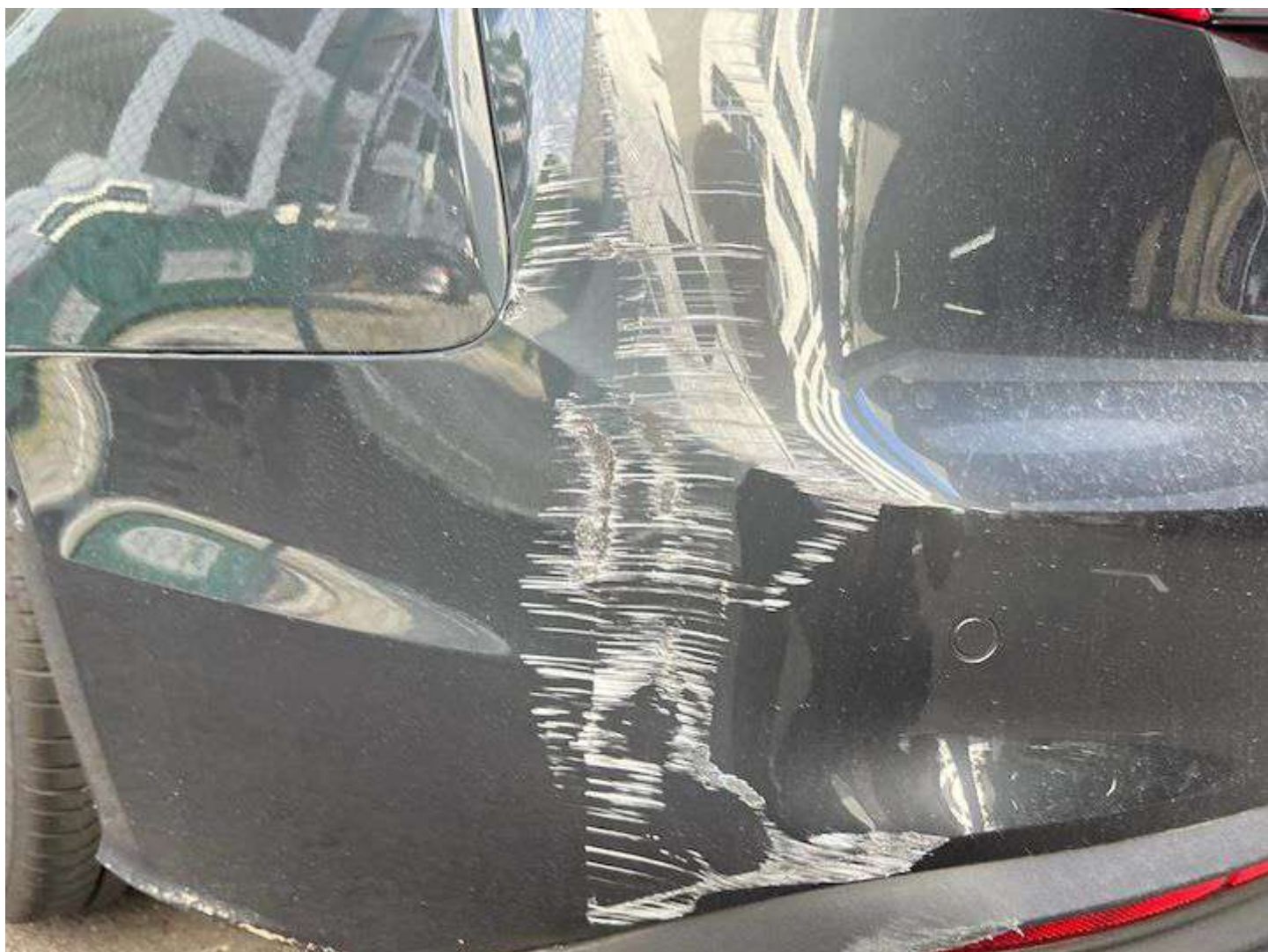












































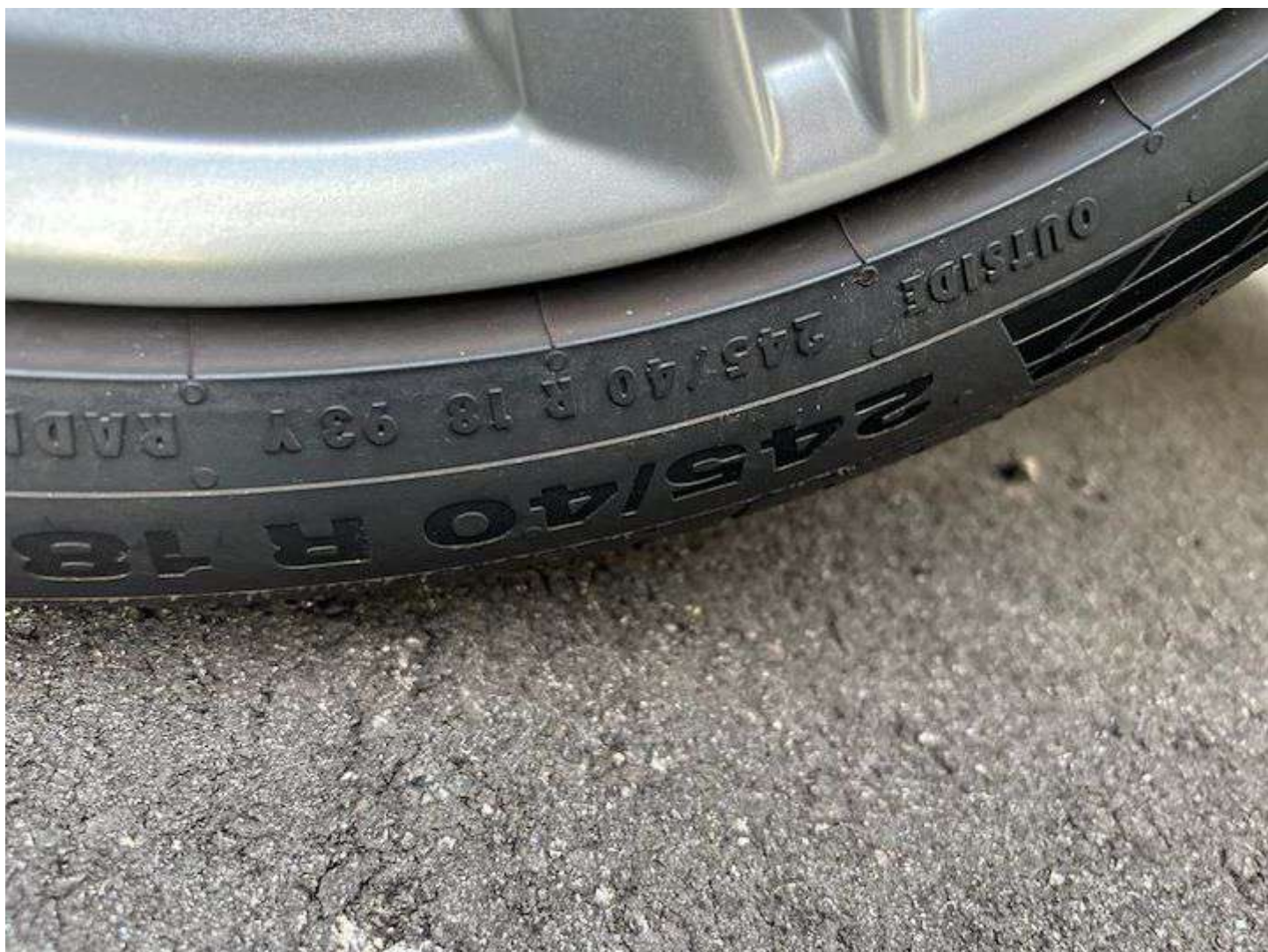






















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : SP1422810007 Vehicle Registration No: SMW 4249 Z  
Name (as shown in NRIC) : VOESTALPINE HIGH PERFORMANCE METAL PACIFIC PTE LTD NRIC/FIN/Passport No : 1XXXXX242R  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 23 NEWTON ROAD, #23-05 Singapore ( 307955)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9178 4837  
Email Address : thomas.habeler@voestalpine.com  
Date of Accident : 31/07/2022 Time of Accident : 09:30  
Place of Accident : THAI TEMPLE, KAMPONG, TIONG BAHRU  
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 OI'S FULL NAME .

---

---

---

---

---

---

---

---

---

---

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Liam Lee Siang  
NRIC/FIN No: xxxxxx569m  
Date: 10/1/2022

Submit addendum form at