GIA 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 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.
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	25/08/2022 16:35 (SGT)
Reported by	Both
Date of Accident	24/08/2022 17:30 (SGT)
Exact Location of Accident	3 Simei Street 6, Singapore 528833
Additional Location Information	CAR PARK AT EASTPOINT MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8267P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAUDHARI AJAY SHOK
Passport No/FIN	GXXXX699L
Email Address	AJAY.CHAUDHARI09@GMAIL.COM
Mobile Phone No	(Phone) +65-90181837
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210004265-01

DRIVER

Name of Driver	CHAUDHARI AJAY SHOK
Passport No/FIN	GXXXX699L
Date Of Birth	29/11/1978
Occupation	Indoor

Date Of Driving Pass	07/09/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90181837
Alt. Phone Number	-
Email Address	AJAY.CHAUDHARI09@GMAIL.COM
Address	31 JURONG WEST ST 41
Address complement	#04-30 THE LAKESHORE
Postcode	649412
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	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

I WAS ENTERING THE CAR PARK OF EASTPOINT MALL ON 25TH AUGUST 2022 AROUND 5:30PM AFTER CROSSING THE ENTRANCE BARRIER. I FELT A BUMP AND SOUND ON THE PASSENGER SIDE. THE CAR WAS ON THE RAMP SO I COULD NOT STOP AND GET OUR OF CAR. I DROVE UP THE RAMP AND STOPPED AND STEPPED OUT TO CHECK. THE PASSENGER SIDE (LEFT SIDE) OF THE CAR HAD GRAZED AGAINST THE SIDE WALL OF THE RAMP AND SUFFERED SCRACTHES ON BOTH DOOR AND BACK BUMPER AND PANEL ON TOP OF LEFT REAR WHEEL.
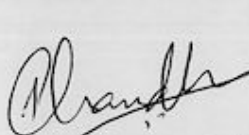
ATTACHMENT(S)

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

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.

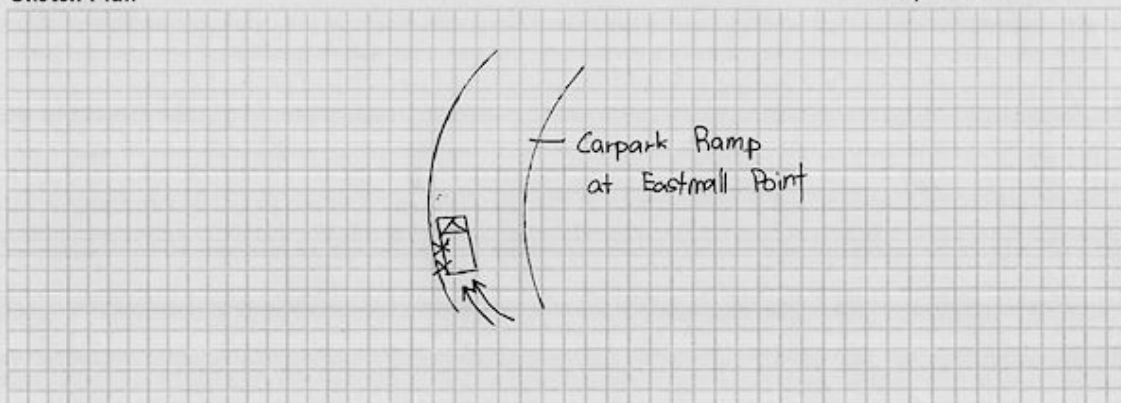Policyholder's Signature / Date & Time

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

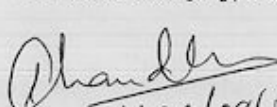Witnessed by Reporting Centre Personnel
25/8/22 @ 1330

Sketch Plan

Carpark Ramp at Eastmall Point

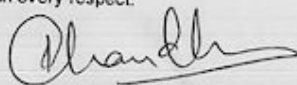**Describe Circumstances of the Accident**

I was entering the carpark of East Point Mall on 25th Aug 2022 around 0530pm When After crossing the entrance barrier, I felt a bump and sound of on the passenger side. The car was on the ramp so I could not stop and get out of car. I drove up the ramp and stopped and stepped out to check. The passenger side (left side) of th car had grazed against the side wall of the ramp and suffered scratches an both doors and back bumper and panel on top of left rear wheel.

Declaration

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

26/08/2022
0155pm
Policyholder's Signature / Date & Time

26/08/2022
0155pm.
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
25/8/22 @ 1330