

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	16/09/2022 19:26 (SGT)
Reported by	Both
Date of Accident	15/09/2022 20:30 (SGT)
Exact Location of Accident	Singapore, 00000 Dempsey Hill
Additional Location Information	Carpark outside Core Collective Gym
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8500D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Sok Leng Sophia Suanne
NRIC No	S1816739E
Email Address	sophiasuanne@gmail.com
Mobile Phone No	(Phone) +65-97865436
Alternative Phone No	(Home) +65-67694700

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
Variant	Countryman
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070122144-01

DRIVER

Name of Driver	Lim Sok Leng Sophia Suanne
NRIC No	S1816739E
Date Of Birth	25/05/1967
Occupation	Indoor

Date Of Driving Pass	19/04/1989
Driving experience	33 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97865436
Alt. Phone Number	(Home) +65-67694700
Email Address	sophiasuanne@gmail.com
Address	34 Cashew Crescent
Address complement	-
Postcode	S679779
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 Parked Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Matt Benfell
Gender	Male

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

Refer to attached sketch plan.

ATTACHMENT(S)

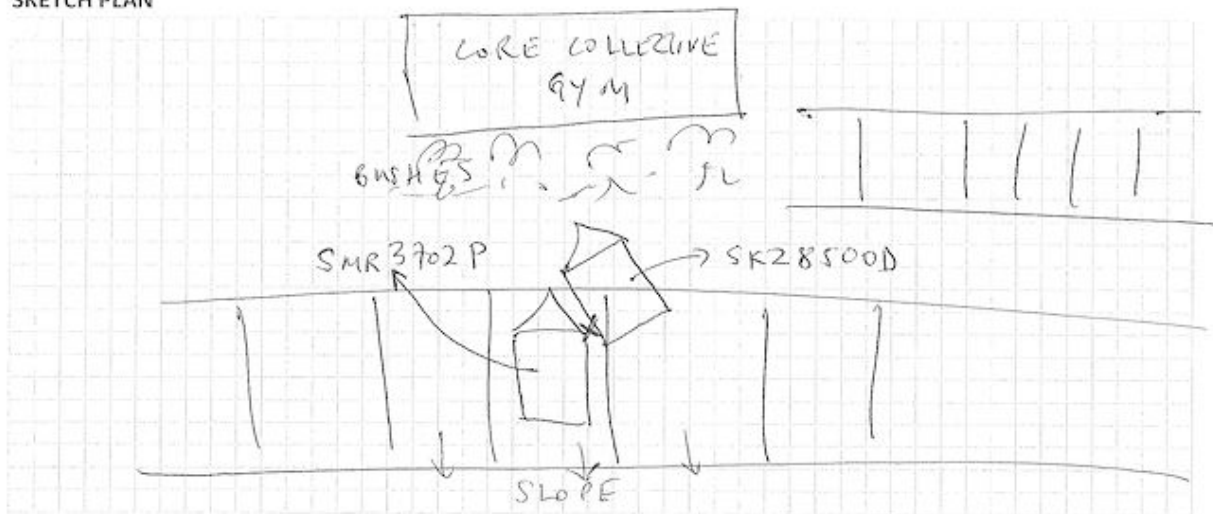
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR3702P
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Adi
-	G5170491L
Contact Number	(Phone) +65-90677250
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Auto & General Insurance (Singapore) Pte. Limited.
Nature Of Damage	-
Details of property damaged in accident	Bumper Right
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SK28500D

ACCIDENT DATE: 15 SEP 2022	CONTACT NUMBER: 97865436
ACCIDENT TIME: 8.30 pm	EMAIL: sophiasuane@gmail.com
LOCATION: Dempsey, carpark outside Core Collective gym	
<p>While moving out of carpark lot, I turned left & accidentally bumped / grazed the car on my left.</p> <p>The carpark was pitch dark, open air, very empty. When I parked at at 7.30pm, no cars on my right & left.</p> <p>Audi was low, dark coloured & carpark was sloping backwards. Didn't know I didn't see the car on my left as my mini countryman is high / taller.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input checked="" type="checkbox"/> REPORTING ONLY	

DECLARATION

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

Policyholder's Signature

Date & Time: 16/9/22
12.52pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Debbie
NRIC/FIN No.: 91111111





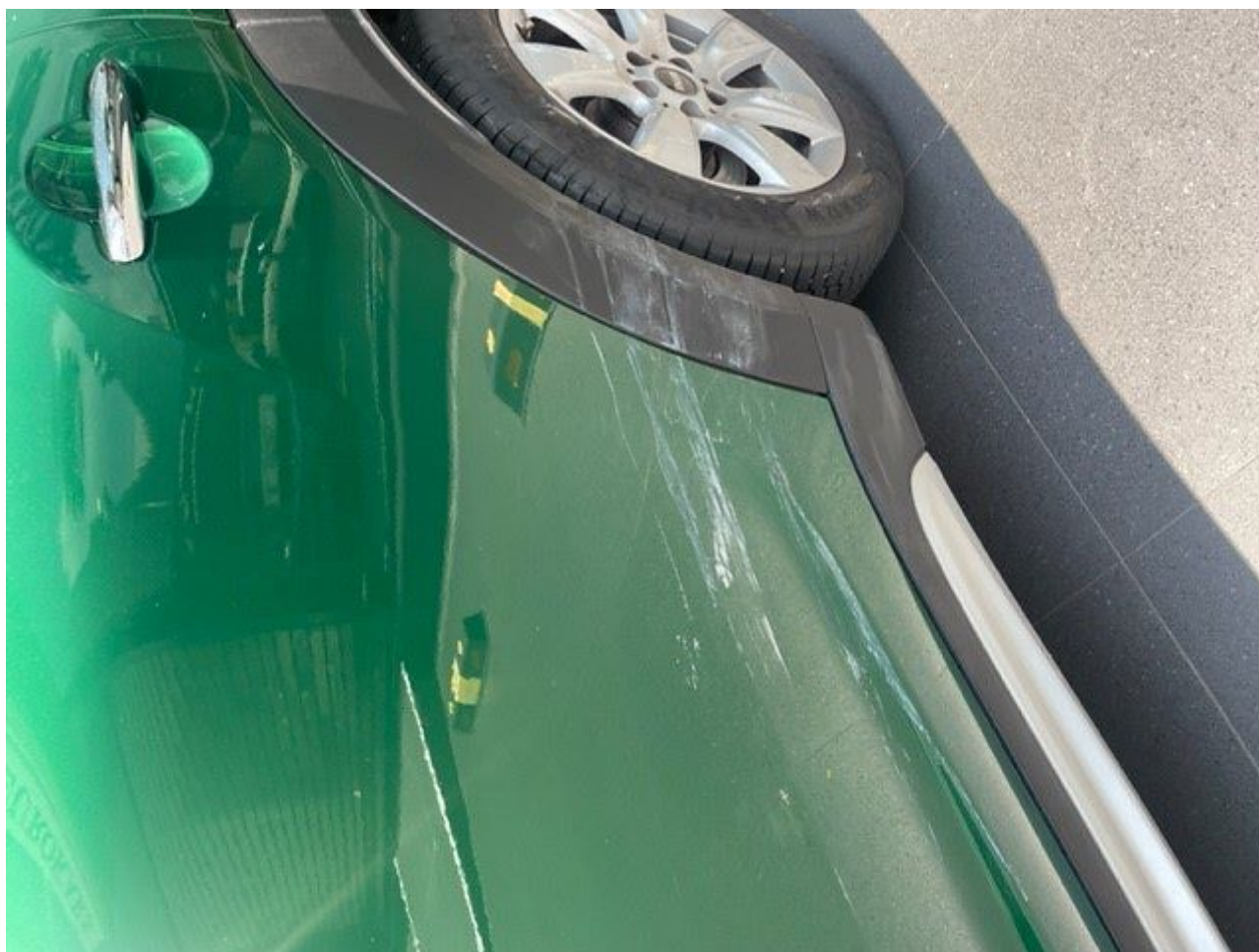
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : SE0N229G0003 Vehicle Registration No : SRZ 8500 D
 Name(as shown in NRIC): Lim Sok Leng Sophia Suane
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : S1816739E
 Address : 34 Cashew Crescent S679779
 Contact (Tel) : _____ (H/P) : 97865436
 (Email) : sophiasuane@gmail.com
 Date of Accident : 15-09-22 Time of Accident : 20:30
 Place of Accident : Amoy Hill, Carpark outside Core Collective Gym
 Insurance Company : AIG

(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:

Add video footage

F. Shem
 Signature of Vehicle Owner / Driver
 Date: _____

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
 Operating Hours : Monday to Friday 9am to 5pm