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 07/10/2022 14:31 (SGT) Reported by Both Date of Accident 07/10/2022 01:00 (SGT) Exact Location of Accident 176 Orchard Rd, Singapore 238843 Additional Location Information THE CENTREPOINT CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

1984

Vehicle Registration Number **SNF2025T**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIEW CHEE YEN NRIC No SXXXX339G Email Address CHEEYENLIEW@HOTMAIL.COM Mobile Phone No (Phone) +65-92733477 Alternative Phone No (Home) +65-67626927

VEHICLE PARTICULARS

Manufacturer

Model **A6** Variant **DESIGN 2.0 TFSI S** 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 Yes your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220050201

DRIVER

CC

Name of Driver LIEW CHEE YEN NRIC No SXXXX339G Date Of Birth 30/07/1972 Occupation Outdoor

Date Of Driving Pass	11/12/2003				
Driving experience	18 YEARS AND 10 MONTHS				
Gender	Male				
Mobile Number	(Phone) +65-92733477 (Home) +65-67626927 CHEEYENLIEW@HOTMAIL.COM 5 FLORA DRIVE #03-19				
Alt. Phone Number					
Email Address					
Address complement					
Postcode	507011				
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					
The state of the s	-				
Insurance Company of Other Vehicle Owned by Driver	-				
GENERAL INFORMATION OF THE ACCIDENT					
Type of Accident	Collided into Property				
Weather Conditions	Clear				
Road Surface					
Noau Sullace	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?	•				
Was any injured in the Accident: Was any injured conveyed to hospital by ambulance?	No				
Was any other vehicle or property damaged?	- N				
	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	NO				
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?					
If yes, against whom?	-				
n yee, agamet mem.					
CIRCUMSTANCES OF ACCIDENT					
THE ACCIDENT HAPPENED DURING EXITING THE CENTREPORAMP. COLLIDED TO THE SIDE WALL WHEN CORNERING TO	OINT MULTI-STOREY CAR PARK. COMING DOWN FROM THE EXIT. ONLY THE LEFT FRONT OF THE CAR WAS AFFECTED.				
ATTACHMENT(S)					
Are accident photos available for attachment?	Voc				
Was there any video captured by Car Camera?	Yes No				

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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.

Policyholder's Signature / Date & Time / (-30 aux

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

exit

& Time

Witnessed by Reporting Centre

Sketch Plan

GALL

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time 4 /10 / 22 / 1/30 pm. & Time

Witnessed by Reporting Centre Personnel Tom FM9













































