

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	20/10/2022 13:48 (SGT)
Reported by	Both
Date of Accident	19/10/2022 19:00 (SGT)
Exact Location of Accident	11 Canning Walk, Singapore 178881
Additional Location Information	HOTEL FORT CANNING CAR PARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX9449X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HEA HONG (CHEN HUOFENG)
NRIC No	S6902481E
Email Address	KELVINTHH69@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97628069
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	SEDAN 1.4 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 your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100461226-06

DRIVER

Name of Driver	TAN HEA HONG (CHEN HUOFENG)
NRIC No	S6902481E
Date Of Birth	25/01/1969
Occupation	Outdoor

Date Of Driving Pass	18/08/1987
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97628069
Alt. Phone Number	-
Email Address	KELVINTHH69@YAHOO.COM.SG
Address	1A CANTONMENT ROAD
Address complement	#34-03
Postcode	085101
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	Side Swipe
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	ANG LYE SINN
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

HOTEL FORT CANNING CAR PARK EXIT. THE CAR PARK EXIT ON THE SLOPE. BLIND SPOT ON THE STRAIGHT ROAD. CAR COMING FROM THE RIGHT SIDE. WHEN EXITING THE CAR PARK DIDN'T SEE THE CAR COMING STRAIGHT FROM THE ROAD. BLIND SPOT ON THE RIGHT.

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	SNC2684G
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	KOH AH HOCK
Contact Number	(Phone) +65-84819131
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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

Sketch Plan

Describe Circumstances of the Accident

Hotel Fort Canning car park exit.
The car park exit on the slope. Blind spot on the straight road
car coming from the right side.

When exiting the car park didn't see the car coming straight
from the road. Blind spot on the right.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 20/7/22 11am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel











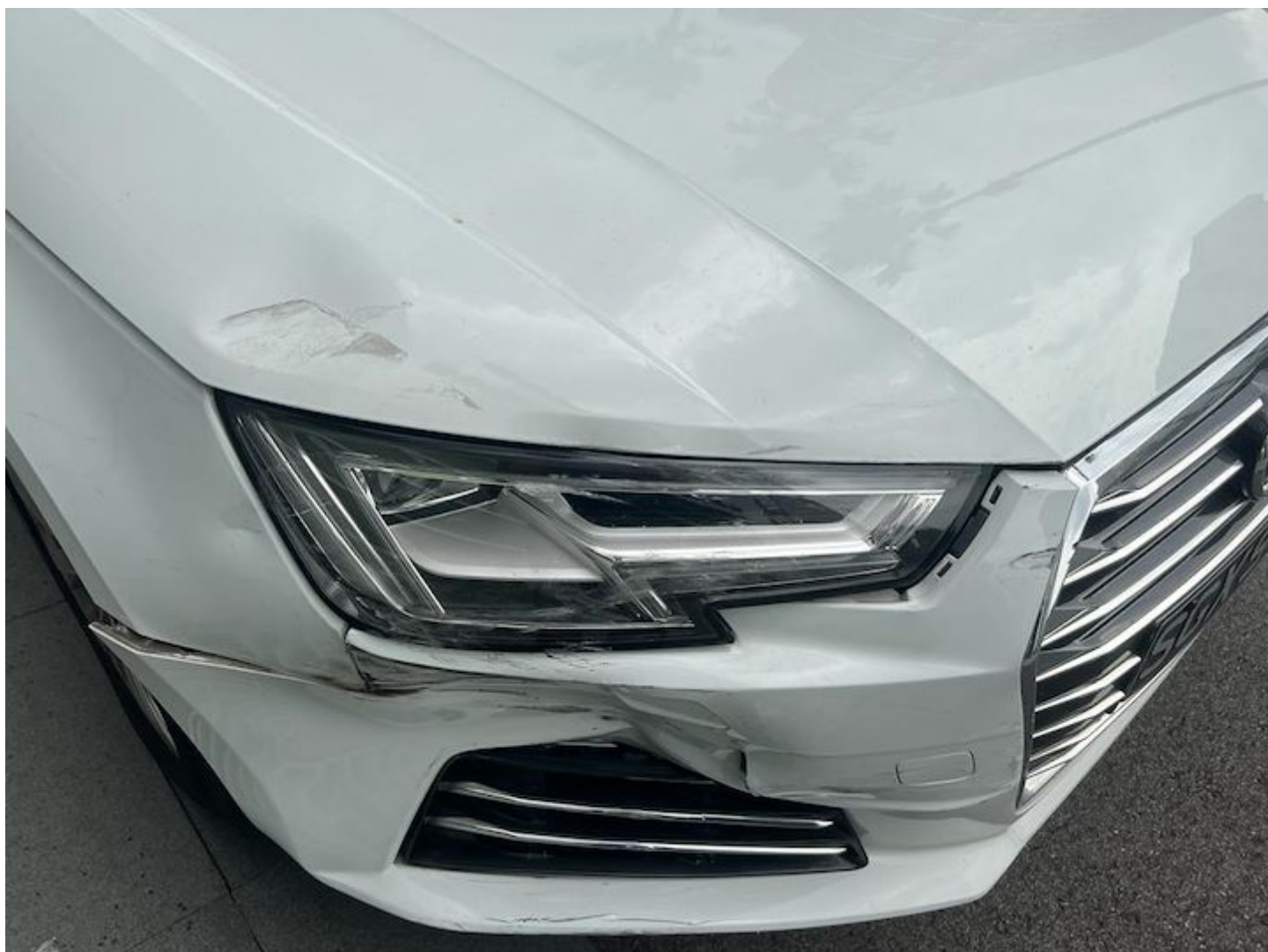




























































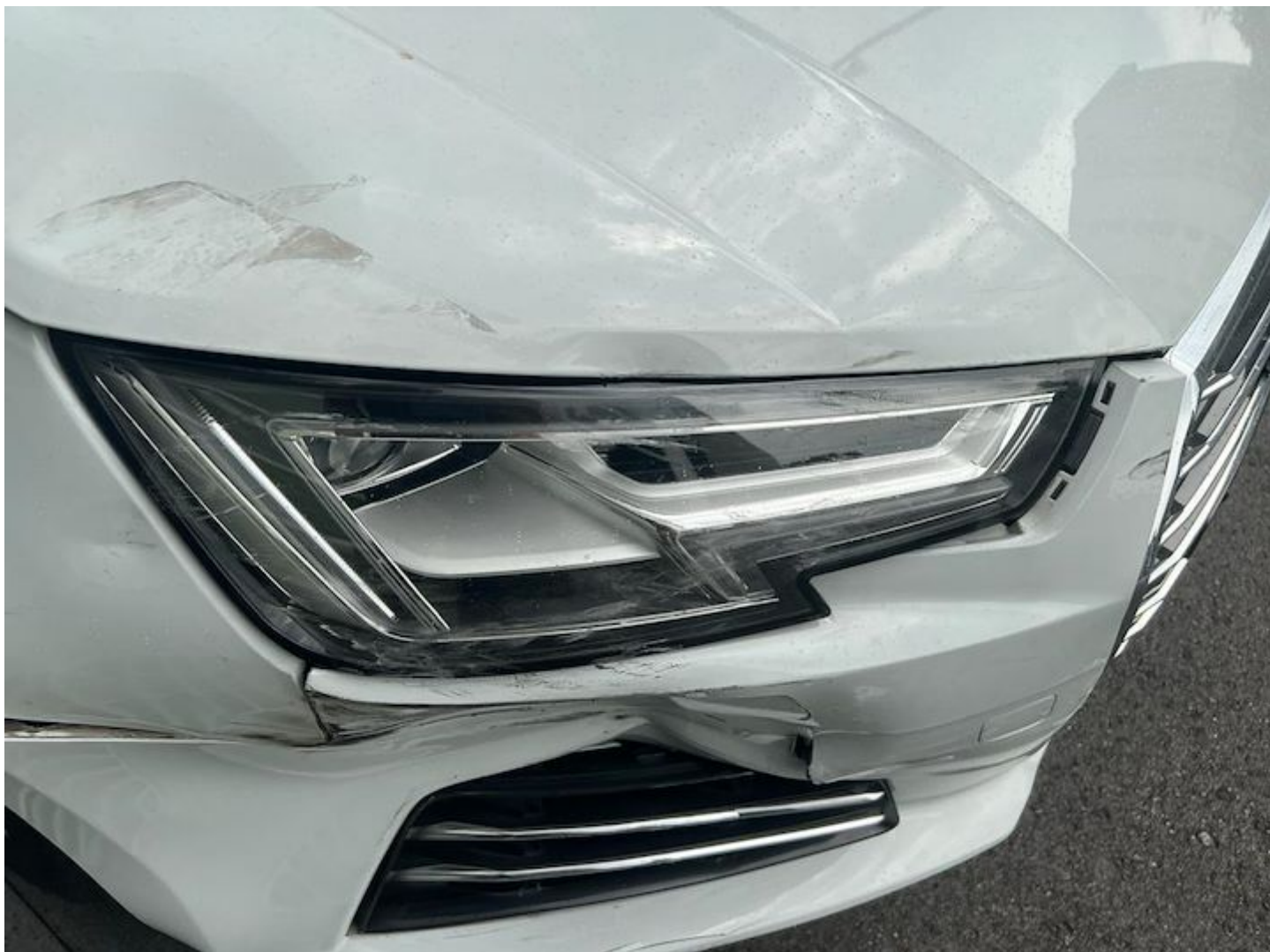
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP1422AK0001 Vehicle Registration No: SGX 9449 X
Name(as shown in NRIC) : TAN HEA HONG (CHEN HUOFENG) NRIC/FIN/Passport No : SXXXX481E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 1A CANTONMENT ROAD, #34-03 Singapore(085101)
Contact (Tel) : _____ Mobile No. : 97628069
Email Address : KELVINHH69@YAHOO.COM.SG
Date of Accident : 19/10/2022 Time of Accident : 19:00
Place of Accident : HOTEL FORT CANNING CAR PARK EXIT
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 DRIVER'S NAME AS PER CI.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Linn KEE Seng
NRIC/FIN No.: 61XXXX569M
Date: 24/10/2022