

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	11/10/2022 18:04 (SGT)
Reported by	Both
Date of Accident	10/10/2022 07:20 (SGT)
Exact Location of Accident	Ghim Moh, Singapore
Additional Location Information	BLK 19 GHIM MOH ROAD CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8399S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARAH LAU SHEN YI
NRIC No	S7531521Z
Email Address	sarahlau75@gmail.com
Mobile Phone No	(Phone) +65-82237893
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
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	1398

INSURANCE COMPANY

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

DRIVER

Name of Driver	SARAH LAU SHEN YI
NRIC No	S7531521Z
Date Of Birth	08/10/1975
Occupation	Indoor

Date Of Driving Pass	02/12/1993
Driving experience	28 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82237893
Alt. Phone Number	-
Email Address	sarahlau75@gmail.com
Address	18 PINE GROVE
Address complement	#10-02
Postcode	597594
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	Collision - Major/Minor Rd
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?	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 DRIVING OUT OF THE CARPARK LOT. I TURNED LEFT AND A CAR WAS COMING OUT OF THE LOT. THE DRIVER CAME OUT OF HIS LOT AND THE REAR LEFT OF MY CAR BRUSHED PASS HIS CAR AND MY REAR LEFT DOOR WAS SCRATCHED.

ATTACHMENT(S)

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

SKETCH PLAN

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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.



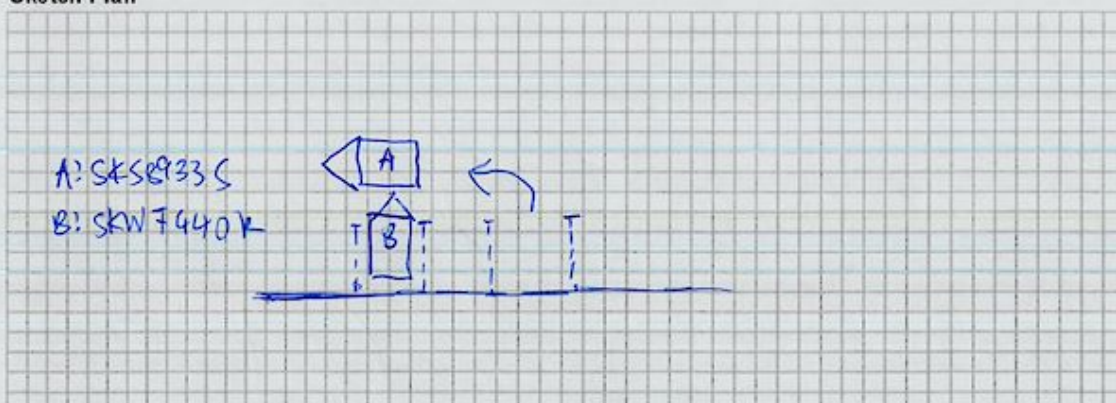
Alas 11/10/22 2pm

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

I was driving out of the carpark lot. I turned left and a car was also coming out of the lot. The driver came out of his lot and the rear left of my car ~~was~~ brushed past his car and my rear left door was scratched.

Declaration

We declare the foregoing particulars are true in every respect.

May 11/10/22 2pm

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



























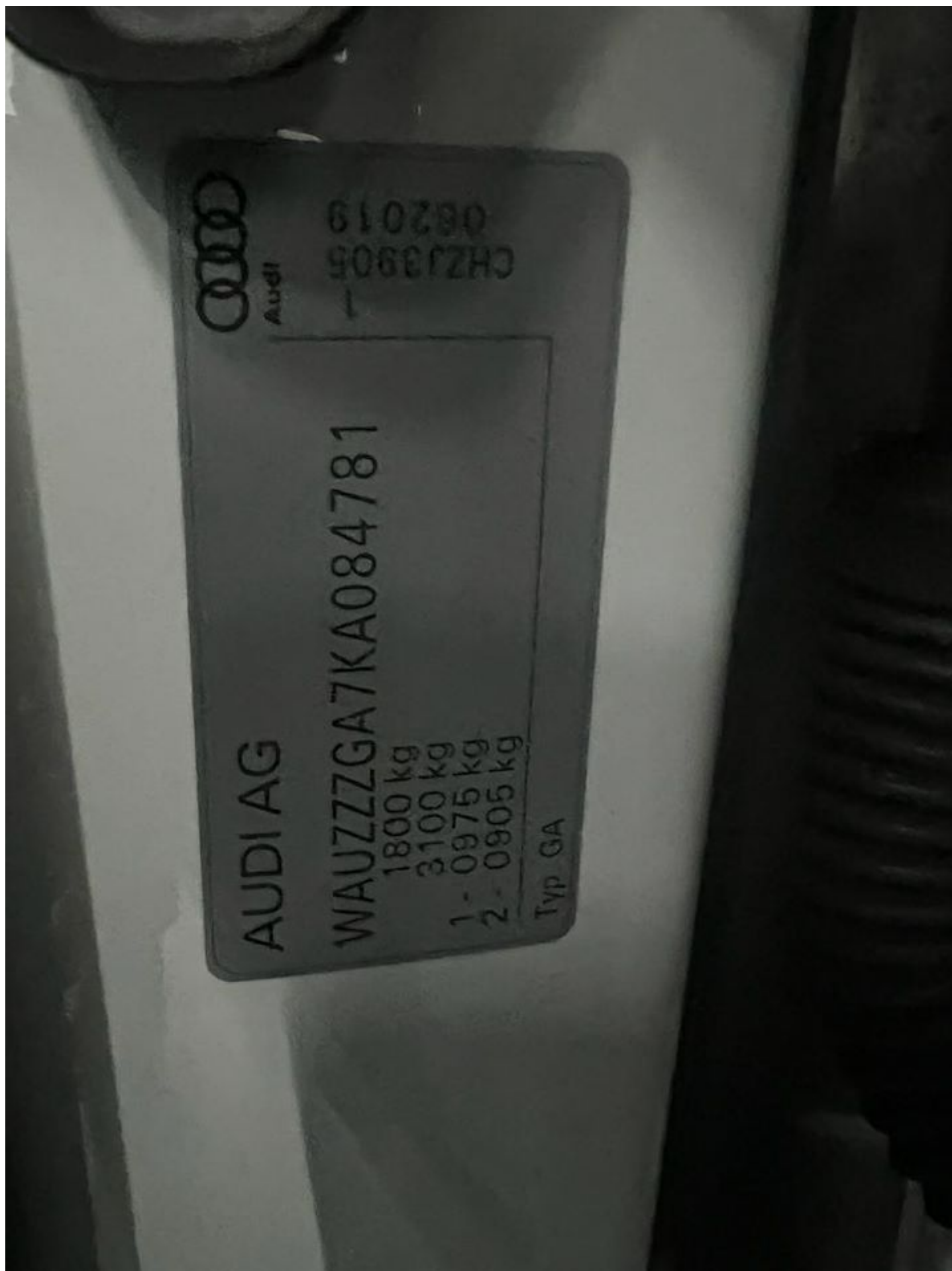






















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP1422AB004 Vehicle Registration No: SKS8399S

Name(as shown in NRIC) : SARAH LAU SHEN YI NRIC/FIN/Passport No : SXXXX521.

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 18 PINE GROVE #10-02 Singapore(597594)

Contact (Tel) : _____ Mobile No. : 82237893

Email Address : SARAH LAU75@GMAIL.COM

Date of Accident : 10/10/2022 Time of Accident : 0720HRS

Place of Accident : BLK 19 GHIM MOH ROAD CARPARK

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 CONVERT OWN DAMAGE CLAIM

[illegible]

Policyholder / Driver's Signature _____
 Date: _____

Reporting Centre Personnel's Signature

Name: Lim Bee Hong

NRIC/FIN No.: 601225509

Date: 12/1/2024