

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 24/11/2022 18:23 (SGT)
Reported by Both
Date of Accident 24/11/2022 12:30 (SGT)
Exact Location of Accident 243 Bishan Street 22, Block 243, Singapore 570243
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFM754T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG MUI CHU
NRIC No SXXXX535H
Email Address JACNG70@YAHOO.COM.SG
Mobile Phone No (Phone) +65-93682728
Alternative Phone No +65-98220828

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
Variant SPORTBACK 2.0 TFS
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1984

INSURANCE COMPANY

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

DRIVER

Name of Driver NG MUI CHU
NRIC No SXXXX535H
Date Of Birth 20/01/1970
Occupation Indoor

Date Of Driving Pass	14/10/1994
Driving experience	28 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-93682728
Alt. Phone Number	+65-98220828
Email Address	JACNG70@YAHOO.COM.SG
Address	10 KITCHENER LINK
Address complement	#29-17
Postcode	207225
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

ON 24 NOVEMBER AT 3 PM PLUS, I WALKED BACK TO MY CAR TO DRIVE HOME. I SAW A NOTE ON THE WINDSCREEN. THE NOTE WAS FROM VALERIE STATING: SHE APOLOGISED FOR BUMPING INTO MY CAR'S BUMPER. I THEN PROCEEDED TO AUDI CENTRE TO CONDUCT AN ASSESSMENT AFTER CALLING VALERIE TO CHECK HOW SHE WOULD LIKE TO PROCEED.

ATTACHMENT(S)

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

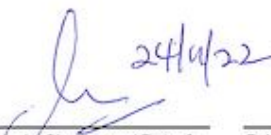
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS9674S
Vehicle Manufacturer	Citroen
Vehicle Model	C5
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car

Name of Driver	VALERIE
Contact Number	(Phone) +65-92224165
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

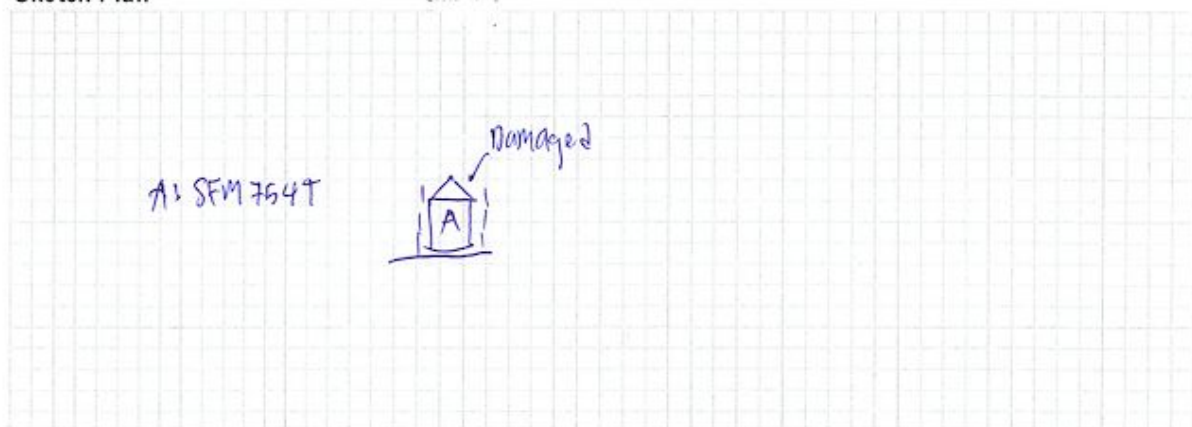
SKETCH PLAN**IMPORTANT NOTICE**

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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.

 24/4/22
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

On 24 Nov at 3pm plus, I walked back to my car to drive home.

I saw a note on the windscreen.

Note was from Valerie staty that she apologised for bumping into my car's bumper.

I then proceeded to Audi Centre to conduct an assessment after calling Valerie to check how she would like to proceed.

Valerie

Declaration

We declare the foregoing particulars are true in every respect.

 24/11/22
 Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
 1737hr
 24/11/22


 Witnessed by Reporting Centre Personnel









































