

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	03/01/2023 15:18 (SGT)
Reported by	Both
Date of Accident	31/12/2022 10:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAR PARK OF SHAW CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7525M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOO YI KHIM
NRIC No	SXXXX819I
Email Address	KOYIKHIM@GMAIL.COM
Mobile Phone No	(Phone) +65-81612010
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000616092

DRIVER

Name of Driver	KOO YI KHIM
NRIC No	SXXXX819I
Date Of Birth	24/03/1979
Occupation	Indoor

Date Of Driving Pass	17/02/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81612010
Alt. Phone Number	-
Email Address	KOOYIKHIM@GMAIL.COM
Address	12 Q CHANCERY HILL ROAD
Address complement	CHANCERY HILL VILLAS
Postcode	307403
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 31 DECEMBER 2022, I PARKED MY CAR AT SHAW CENTRE CARPARK LEVEL 5 (LOT 5033) AT ABOUT 7PM. I RETURNED TO THE CAR AT 12.10AM AND DISCOVERED SOME SCRATCHES ON THE FRONT RIGHT SIDE OF MY CAR. ACCORDING TO THE DASHCAM, A WHITE VOLVO XC 60 SM5 5670 C , REVERSED INTO MY CAR.

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	SME5670C
Vehicle Manufacturer	Volvo
Vehicle Model	Xc60
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

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

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.

(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.

Kovvilkun

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

3/1/2023 @ 9:03

Sketch Plan

A - SMQ 7528M
B - SME 5670C



















































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 : SP1123130001 Vehicle Registration No: SMQ7525M
 Name (as shown in NRIC) : KOO YI KHIM NRIC/FIN/Passport No : SXXXX819I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 12 Q CHANCERY HILL ROAD, CHANCERY HILL VILLAS Singapore (307403)
 Contact (Tel) : 81612010 Mobile No. : _____
 Email Address : KOOYIKHIM@GMAIL.COM
 Date of Accident : 31/12/2022 Time of Accident : 10:04
 Place of Accident : CAR PARK OF SHAW CENTRE
 Insurance Company: Allianz Insurance Singapore 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 correct number plate.

Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: Wong Khong Seng, George
 NRIC/FIN No.: xxxx143x
 Date: 4/1/2023