

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	09/01/2023 10:49 (SGT)
Reported by	Both
Date of Accident	08/01/2023 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KIM PONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB194X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOKE MARY ANGELA
NRIC No	S0005911J
Email Address	ANGELALoke61@GMAIL.COM
Mobile Phone No	(Phone) +65-91053343
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Colt
Variant	COLT 1.5A
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

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

DRIVER

Name of Driver	LOKE MARY ANGELA
NRIC No	S0005911J
Date Of Birth	07/07/1949
Occupation	Indoor

Date Of Driving Pass	09/06/1979
Driving experience	43 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91053343
Alt. Phone Number	-
Email Address	ANGELALOKE61@GMAIL.COM
Address	61 MOUNT SIBAI DRIVE
Address complement	#13-04
Postcode	277113
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	Collided into Parked Vehicle
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)	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

REFER TO THE SKETCH PLAN

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	SMX8392K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

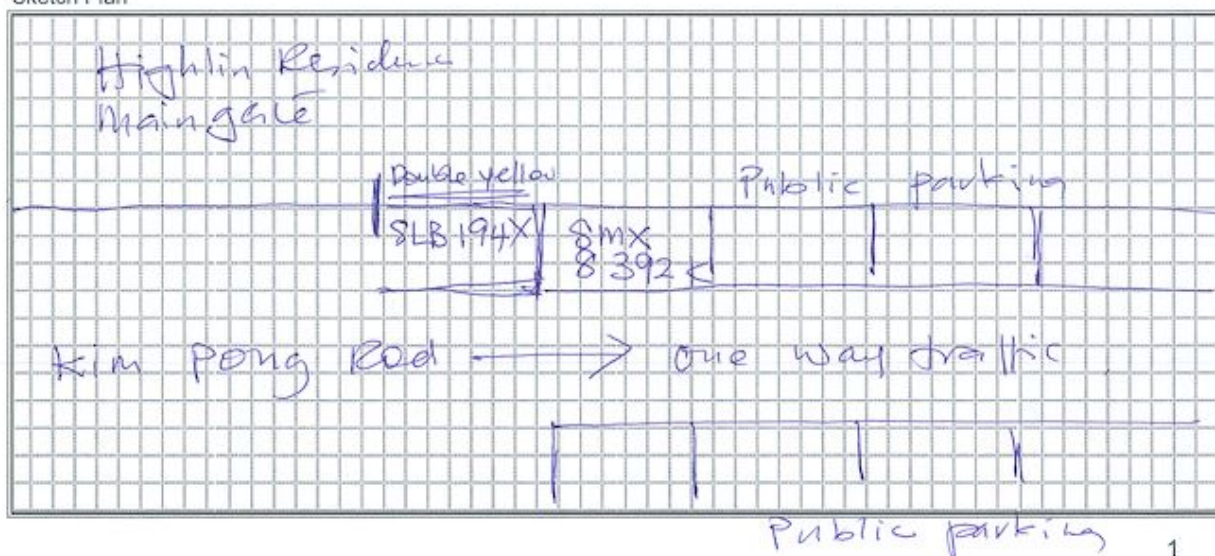
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 10:10am
09/01/23
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



①

Describe Circumstance of the Accident	
VEHICLE NO: SLB 194X	ACCIDENT DATE & TIME: 8/01/23 (approx 3.00)
CONTACT NUMBER: 91053343	E-MAIL: angdalokey61@gmail.com
LOCATION: Kim Pong road in front of Highline Residence	
<p>I was coming down Kim Pong Road and wanted to stop for a while. I park went behind the As it was in front of the gate of Highline Residence, I moved close too close to the car and slid against the back of car SMX8392K.</p> <p>I moved back and got out of the car to assess the damage. The other driver did the same. The minute he got out, he said I had caused the panel of the side of the car to be out of alignment. He didn't even look at the back of his car yet. I looked at his car bumper and my front bumper — there were no marks on his and whatever marks I had were old marks, not new dam marks caused by this "kiss" of the bumper.</p> <p>(My car plate had cracked ages ago but because my car will expire in March 2023, I didn't bother to fix it)</p> <p>I told the driver that it was not possible as there were no marks on his bumper. He wanted to give me his driving licence but because it was I felt he was bent on getting the maximum out of this, I told him</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE:	() CLAIM OWN POLICY () CLAIM THIRD PARTY () CLAIM CD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

09/01/23 10:10 am

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

(2)

Describe Circumstance of the Accident	
VEHICLE NO: 8LB 194X	ACCIDENT DATE & TIME: 08/01/23
CONTACT NUMBER: 9105 3343	E-MAIL: angda bole@gmail.com
LOCATION: Kim Pong Rd	
<p>After speaking to my insurance agent, he advised that I should take lots of photos and how to take down the driver's details.</p> <p>I then approached him with my driving licence and he said "Now you want your now you didn't". I said my insurance agent said if no injury, just here to make insurance report, no need for police report". He then said "That's right". But after taking photos of my driving licence he said "I have a back pain".</p> <p>His claim of back pain is obviously an exaggerated claim, as he was out of his car immediately when when our bumpers touched.</p> <p>I am making this report that ^{my car} I did touch his bumper but it was not possible to cause damage to the side of the car for it to be out of alignment, nor nor for him to claim that he it had could cause him back pain".</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY	

Declaration

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 09/01/23 10/10 am
Policyholder's Signature / Date & Time

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

 
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















