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 witholding 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.

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 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 13/01/2023 13:35 (SGT) Reported by Date of Accident 11/01/2023 16:00 (SGT) Exact Location of Accident 333A Orchard Rd, Singapore 238897 Additional Location Information CAR PARK MANDARIN GALLERY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK3838S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA CHEE HYONG LEONARD NRIC No SXXXX534B Fmail Address LEO LAW CCH@YAHOO.COM.SG Mobile Phone No (Phone) +65-96162998 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q7 Variant 2.0 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 Yes your vehicle?

Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1800143903-03

DRIVER

Name of Driver CHIA CHEE HYONG LEONARD NRIC No SXXXX534B Date Of Birth 04/08/1962 Occupation Indoor

Date Of Driving Pass	04/04/1983
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96162998
Alt. Phone Number	-
Email Address	LEO_LAW_CCH@YAHOO.COM.SG
Address	2 JALAN CHEMPAH
Address complement	-
Postcode	578444
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 Property
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
AGAINST A PILLAR DUE TO A VERY NARROW EXIT TURN. I T	GALLERY CAR PARK WHEN MY RIGHT REAR SIDE I SCRAPED TOOK A PHOTO OF THE DAMAGE AFTER AND SENT IT TO AUSI HE CAR TO AUDI FOR THE REPAIR AND INSURANCE TO COVER
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment?
Was there any video captured by Car Camera?

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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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 law yers/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' law yers/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 law yers/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 13/1/23 (2) 1036

Sketch Plan

my car skk 38385

0	etiting mendarin (saller Cer park whe my right clar side Scraped again a pillar due to a way narrow exit
	took a photo of the damege after that and send it to Audi for quotation.
	Sent the car to Auch for the regard and sent the car to Auch for the course damage.
Declaration We declare the	foregoing particulars are true in every respect,
Policyholder's Sk	anature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessert by Reporting Centre
Time	& Time Personnel 13/1/23 © 1030























































