

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 14:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/01/2023 08:15 (SGT)
Exact Location of Accident	2 Kovan Rise, Singapore 544734
Additional Location Information	KOVAN REGENCY CAR PARK, BLOCK 42
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9373J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANIEL GOH CHEE KHEONG
NRIC No	SXXXX912D
Email Address	DANGO29@GMAIL.COM
Mobile Phone No	(Phone) +65-84841468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
Variant	1.0
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 your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210013888-1

DRIVER

Name of Driver	DANIEL GOH CHEE KHEONG
NRIC No	SXXXX912D
Date Of Birth	29/09/1973
Occupation	Indoor

Date Of Driving Pass	03/08/1992
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84841468
Alt. Phone Number	-
Email Address	DANGO29@GMAIL.COM
Address	42 KOVAN RISE
Address complement	#08-27
Postcode	544729
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)	2
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	-

PASSENGER 1

Name	SERINE TANAMURA
Gender	Female

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 PARKING LOT, TURNING LEFT. THE LEFT OF MY CAR SCRATCH THE FRONT RIGHT OF THE CAR BEING PARKED THERE.

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	SKW2823C
Vehicle Manufacturer	Mercedes
Vehicle Model	180

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LAI YONG RONG
Contact Number	(Phone) +65-93367968
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

SKETCH PLAN

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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' 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.



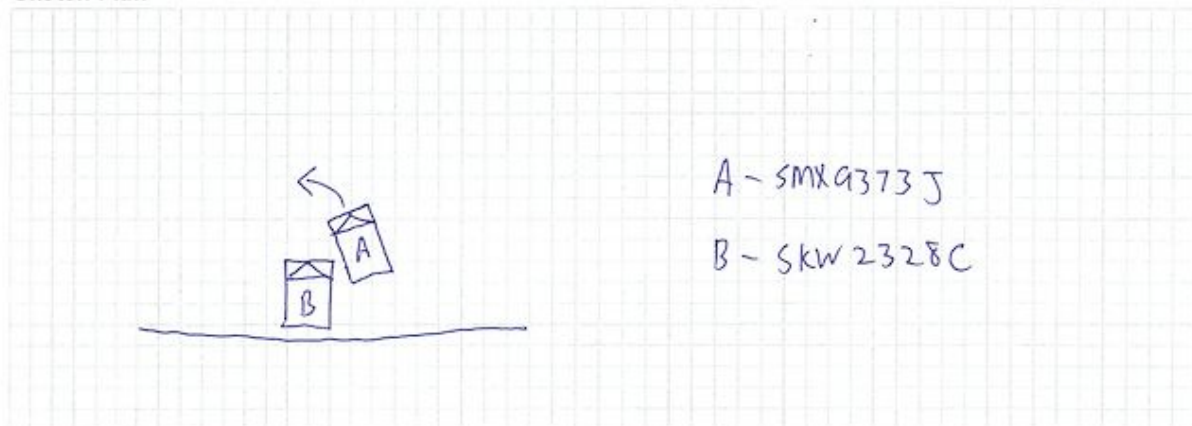
[Signature] 9/1/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *[Signature]*

Sketch Plan



Describe Circumstances of the Accident

I was driving out of the parking lot, turning left. The left of my car scratch the front right of the car being parked there.

Declaration

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

[Signature] 9/1/23

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel *Tom Brown*

Tony Roney

































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP1423190001 Vehicle Registration No: SMX9373J
 Name (as shown in NRIC): DANIEL GOH CHEE KHEONG NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 42 KOVAN RISE #08-27 Singapore (544729)
 Contact (Tel): _____ Mobile No.: 84841468
 Email Address: DANGO29@GMAIL.COM
 Date of Accident: 06/01/2023 Time of Accident: 08:15
 Place of Accident: KOVAN REGENCY CAR PARK, BLOCK 42
 Insurance Company: AIG

(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 amend the TP vehicle number to SKW2823C.

[Signature]

Policyholder / Driver's Signature
 Date: 30 May 2023

[Signature]



Reporting Centre Personnel's Signature
 Name: SITI MUHAMMAD
 NRIC/FIN No.: CYXXX4626
 Date: 1/6/23

GENERAL INSURANCE ASSOCIATION