

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	06/02/2023 14:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/02/2023 09:33 (SGT)
Exact Location of Accident	Farleigh Ave, Singapore
Additional Location Information	FARLEIGH AVENUE OFFSTREET CARPARK (F0031)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD181X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO SAY LOK
NRIC No	SXXXX082H
Email Address	EBEK.TWO@GMAIL.COM
Mobile Phone No	(Phone) +65-96313130
Alternative Phone No	-

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	Income Insurance Limited
Policy Number / Cover Note Number	5132632524

DRIVER

Name of Driver	FOO SAY LOK
NRIC No	SXXXX082H
Date Of Birth	22/05/1950
Occupation	Indoor

Date Of Driving Pass	01/06/1971
Driving experience	51 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96313130
Alt. Phone Number	-
Email Address	EBEK.TWO@GMAIL.COM
Address	37 CLOVER AVENUE
Address complement	-
Postcode	579324
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

MY VEHICLE WAS STATIONARY AND PARKED AT FARLEIGH AVENUE OFFSTREET CARPARK (F0031). AT APPROX 0940, I WAS APPROACHED BY A MEMBER OF THE PUBLIC IF I WAS THE OWNER OF SJD181X AND THAT A LORRY HAD HIT MY CAR WHILST IT WAS GETTING OUT OF HIS PARKING LOT. MY CAR WAS STATIONARY PARKED. THE DRIVER OF THE LORRY IS MR. RAVI CHELLIAN. THE LORRY IS REGISTERED TO TOH CHYE HOCK BUILDING CONTRACTOR PTE LTD. THE LORRY INSURANCE IS COVERED BY LONPAC INSURANCE SDN BHD. THE ACCIDENT OCCURRED AT AROUND 0933 HRS.

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	YP7299D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

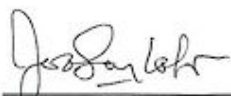
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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6. The 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.
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.



Policyholder's Signature / Date &
Time 1145 6/2/2023

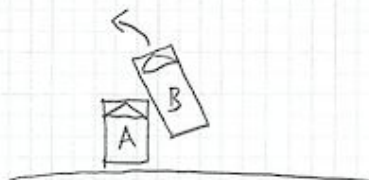
Sketch Plan

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



Witnessed by Reporting Centre
Personnel

Tony Foong



A-SJD181X (Parked)

B-YP7299D

MY VEHICLE WAS STATIONARY AND PARKED AT EARLEIGH AVENUE OFFSTREET CARPARK (F0031).

AT APPROX 0940, I WAS APPROACHED BY A MEMBER OF THE PUBLIC IF I WAS THE OWNER OF SJD181X AND THAT A LORRY HAD HIT MY CAR WHILST IT WAS GETTING OUT OF HIS PARKING LOT. MY CAR WAS STATIONARY PARKED.

THE DRIVER OF THE LORRY IS MR. RAVI CHELLIAH. THE LORRY ^{IS} BELONGED REGISTERED TO TOH CHYEHOCK BUILDING CONTRACTOR PTE LTD. THE LORRY INSURANCE IS COVERED BY LONPAC INSURANCE SDN BHD.

THE ACCIDENT OCCURRED ~~AT~~ AROUND 0933 HRS.

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel *Tony Fong*





















