

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	18/04/2023 17:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/04/2023 09:30 (SGT)
Exact Location of Accident	63 Market St, Singapore 048942
Additional Location Information	63 MARKET STREET, B2 (BANK OF SINGAPORE CENTRE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA7786Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SADAT QAYYUM
NRIC No	SXXXX564H
Email Address	SADAT.QAYYUM@BANKOFSINGAPORE.COM
Mobile Phone No	(Phone) +65-93252488
Alternative Phone No	+65-81397215

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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?	Yes
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	7210054291-01

DRIVER

Name of Driver	SADAT QAYYUM
NRIC No	SXXXX564H
Date Of Birth	09/10/1973
Occupation	Indoor

Date Of Driving Pass	17/01/2009
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93252488
Alt. Phone Number	+65-81397215
Email Address	SADAT.QAYYUM@BANKOFSINGAPORE.COM
Address	30 MOUNT ELIZABETH HIGHPOINT
Address complement	#03-30
Postcode	228519
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?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

THE LEFT SIDE OF MY CAR BUMPER AND FENDER WERE BADLY IMPACTED ON AND SCRAPED INTO THE PILLAR WHICH WAS ONLY HALF COVERING THE PARKING LOT. THE CAR FENDER DID NOT BUZZ AT ALL AND SINCE IT WAS KIND OF A BLIND SPOT THE CAR RAMMED INTO THE PILLAR SCRAPING THE LEFT SIDE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

IMPORTANT NOTICE

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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. 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

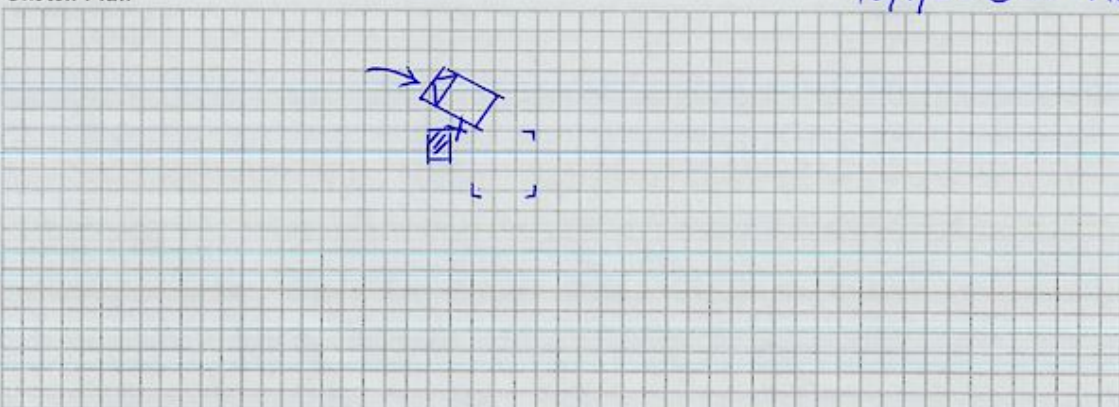
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



18/4/23 @ 14:18

Describe Circumstances of the Accident

The left side of my car bumper and fender were badly contacted as I scraped into the pillar which was only half covering the parking lot.

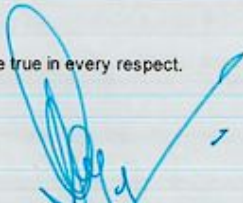
The car sensor did not buzz at all and since it was kind of a blind spot the car rammed into the pillar scraping the left fender.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

18/4/23 @ 14:18







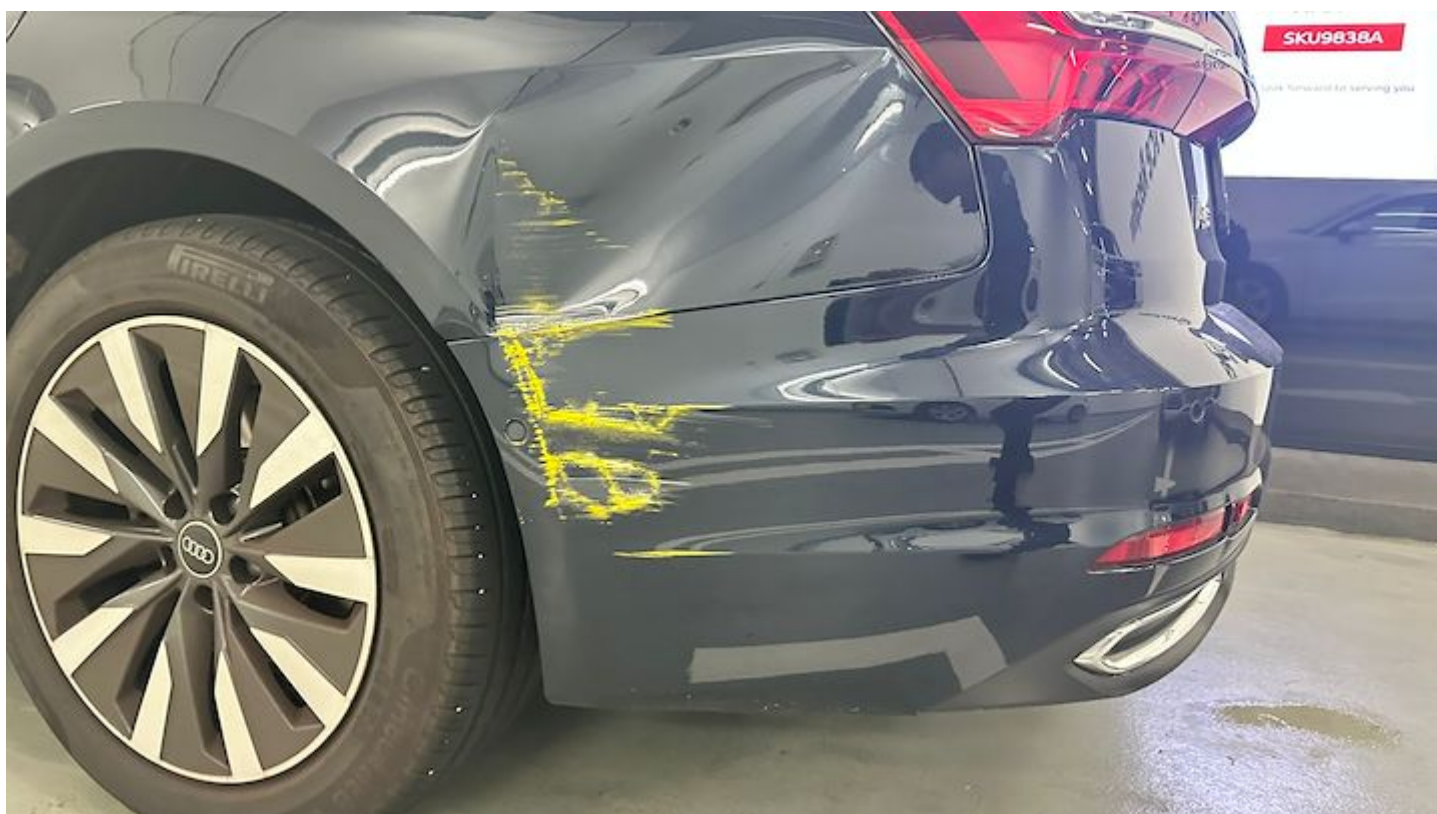
























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP1423410001 Vehicle Registration No: SNA7786Z

Name(as shown in NRIC) : SADAT QAYYUM NRIC/FIN/Passport No : SXXXX564H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 30 MOUNT ELIZABETH HIGHPOINT, #03-30 Singapore(228519)

Contact (Tel) : 93252488 Mobile No. : _____

Email Address : SADAT.QAYYUM@BANKOFSINGAPORE.COM

Date of Accident : 18/04/2023 Time of Accident : 09:30

Place of Accident : 63 MARKET STREET, B2 (BANK OF SINGAPORE CENTRE)

Insurance Company: AIG Asia Pacific Insurance 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 put in the policy number.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. At the bottom right corner, there is a faint blue circular stamp or watermark. The stamp contains some text, which appears to be "BYOMBI" or similar, arranged in a circle around a central point. There is also a small mark resembling a checkmark or a stylized letter next to the stamp.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Wong Khong Seng, George
NRIC/FIN No.: Gxxxx143x
Date: 20/4/2023

GIAAC addendum V3