# 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 26/05/2023 12:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/05/2023 08:00 (SGT) Exact Location of Accident 28 Sumang Walk, Singapore 828623 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Audi

Vehicle Registration Number SNJ8529X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Qiu Mingjie NRIC No SXXXX067Z Email Address ridgeqmj@hotmail.com Mobile Phone No (Phone) +65-98513379 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model A5 Variant Audi A5 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1984

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230021840

#### DRIVER

Name of Driver Qiu Mingjie NRIC No SXXXX067Z Date Of Birth 03/09/1986 Occupation Indoor

Date Of Driving Pass 14/06/2018 Driving experience 4 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98513379 Alt. Phone Number Email Address ridgeqmj@hotmail.com Address 28 Sumang Walk Address complement Postcode 828619 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Wang Wenyu Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Accidently hit a pillar in the carpark while driving out. ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- 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)

Lunderstand, 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| Policyholder's Signature / Date & Time 26/5/2023 Qaw |        |  | Oc   |  |  |     |  |      | C STABOL                                   |  |  |   |      |  |
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|  |        |  | Driver's Signature (if driver is not the policyholder) / Date & Time 26/5/2023, aan. |  |  |     |  | Date | Witnessed by Reporting Centre<br>Personnel |  |  |   |      |  |
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| declare the foregoing   | particulars are   | true in every respec   | t.               |                   |                         | 1 15 * PEC                            |
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| yholder's Signature / D | ate & Driv<br>& T | er's Signature (If dri | ver is not the p | olicyholder) / Da | te Witnesse<br>Personne | d by Reporting Centre                 |





































































