

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	04/07/2023 18:39 (SGT)
Reported by	Actual Driver
Date of Accident	03/07/2023 14:00 (SGT)
Exact Location of Accident	41 Sunset Way, Singapore 597071
Additional Location Information	COLD STORAGE SERVICE ROAD OFF SUNSET WAY IN CLEMENTI (CLEMENTI ARCADE) ONE WAY SERVICE ROAD AND STATIONARY CAR OPENED DOOR AS OUR CAR MOVED DOWN MINOR ROAD AT CLEMENTI ARCADE).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2057T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOSS BENJAMIN PAUL
Passport No/FIN	GXXXX927X
Email Address	benjamin.goss@sc.com
Mobile Phone No	(Phone) +65-83238712
Alternative Phone No	+65-90664517

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	1.4 TFSI S-TRONIC
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070177615-01

DRIVER

Name of Driver	MONIKA MARIA GOSS
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Passport No/FIN	GXXXX185T
Date Of Birth	26/08/1976
Occupation	Indoor
Date Of Driving Pass	30/06/2016
Driving experience	7 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90664517
Alt. Phone Number	-
Email Address	MONIKAGOSS01@GMAIL.COM
Address	25 SUNSET SQUARE
Address complement	-
Postcode	597322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Opening Door of 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)	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

- 1) ENTERING THE ONE-WAY MINOR ROAD OF CLEMENTI ARCADE (41 SUNSET WAY).
- 2) STATIONARY CAR WHICH WAS PARKED OPENED THE DOOR INTO OUR CAR WHEN PROCEEDING ALONG MINOR ROAD.
- 3) VIDEO AVAILABLE.

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	SLE7175P
Vehicle Manufacturer	Toyota

Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ELENA TREACHIRIA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

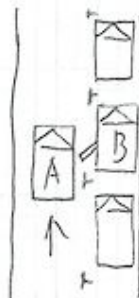
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Tony Foong



A - SMX2057T

B - SLE 7175P (open door)

Describe Circumstances of the Accident

- 1) Entering the one way ^{minor} ~~sewer~~ road of Clementi arcade (41 Sunset way)
- 2) stationary car which was parked opened door into our car when proceeding along ~~sewer~~ ^{minor} road.
- 3) Video available

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 *Timothy F. Brown*







































