

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	10/07/2023 17:11 (SGT)
Reported by	Owner
Date of Accident	07/07/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7618G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DEAN KENNETH
Passport No/FIN	GXXXX619W
Email Address	KENNETH.DEAN@MACGILL.CA
Mobile Phone No	(Phone) +65-81677802
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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	1000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210102873-01

DRIVER

Name of Driver	HERRMANN CATHERINE ORDWAY
NRIC No	GXXXX844R
Date Of Birth	21/07/1955
Occupation	Indoor

Date Of Driving Pass	01/12/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81617905
Alt. Phone Number	-
Email Address	KENNETH.DEAN@MACGILL.CA
Address	APT BLK 109 CLEMENTI
Address complement	#09-07 BLK E, KENT VALE
Postcode	129791
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	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	1
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?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT T/20230709/2023

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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 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.



Policyholder's Signature / Date & Time

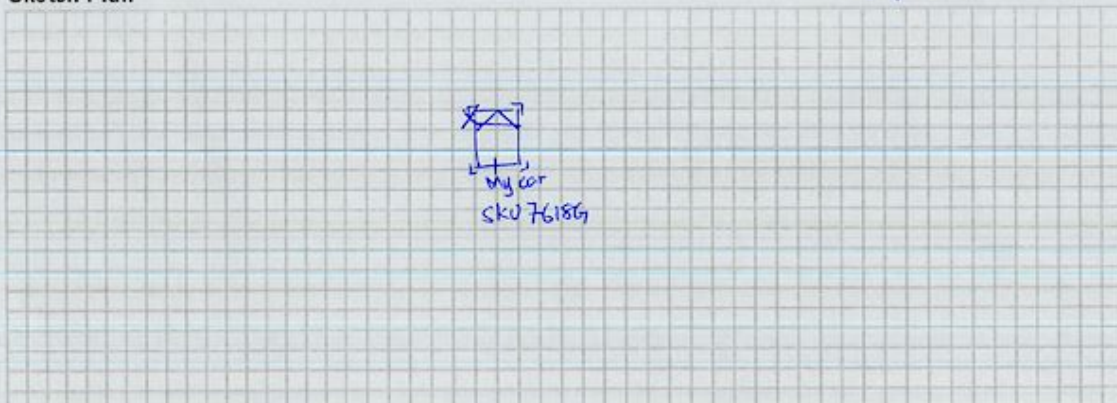
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

10/7/23 @ 10:57

Sketch Plan




Describe Circumstances of the Accident

please refer to the sketch plan & police report 7/20230709/2023

Declaration

I/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

10/7/23 @ 10:57





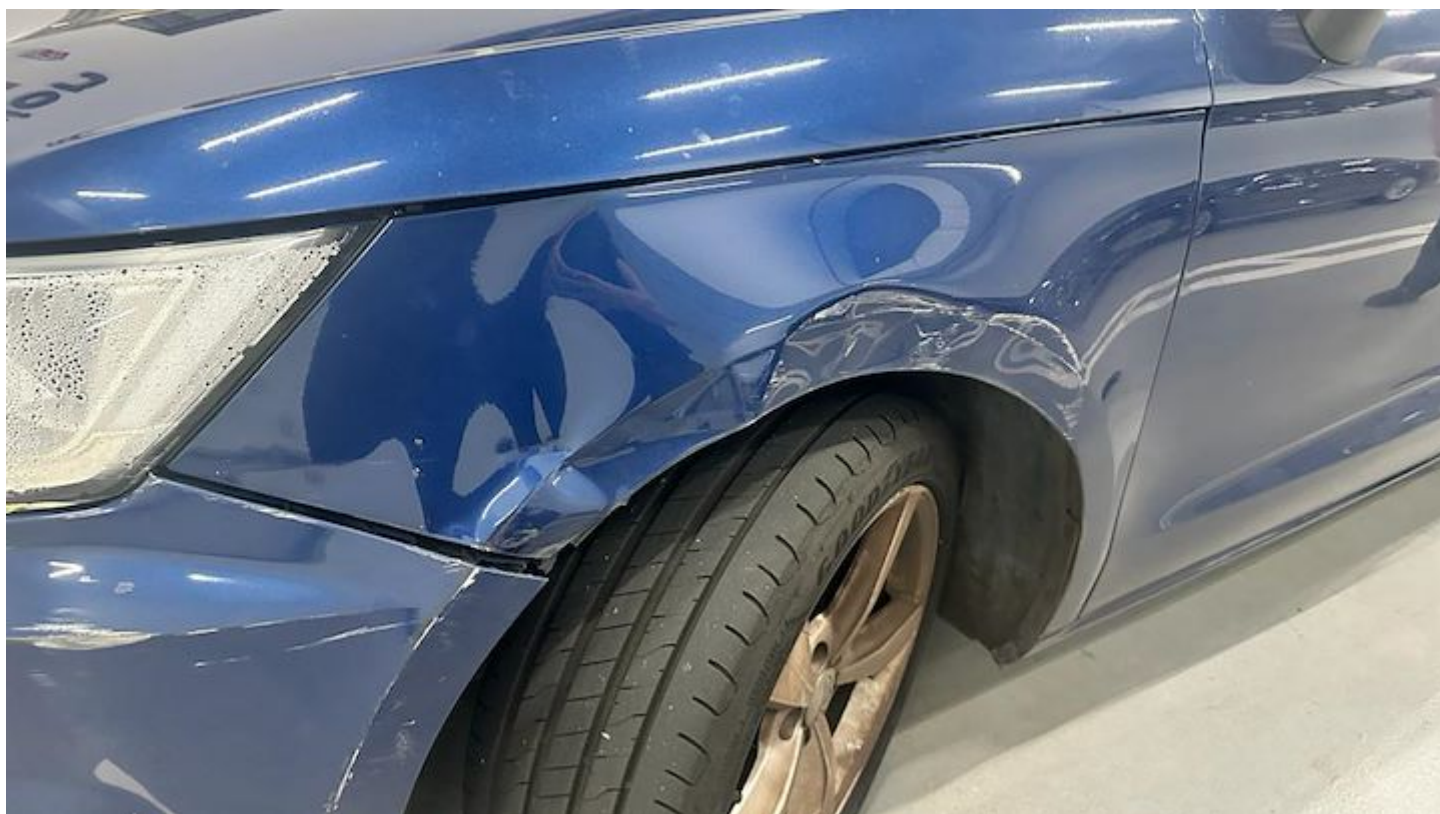








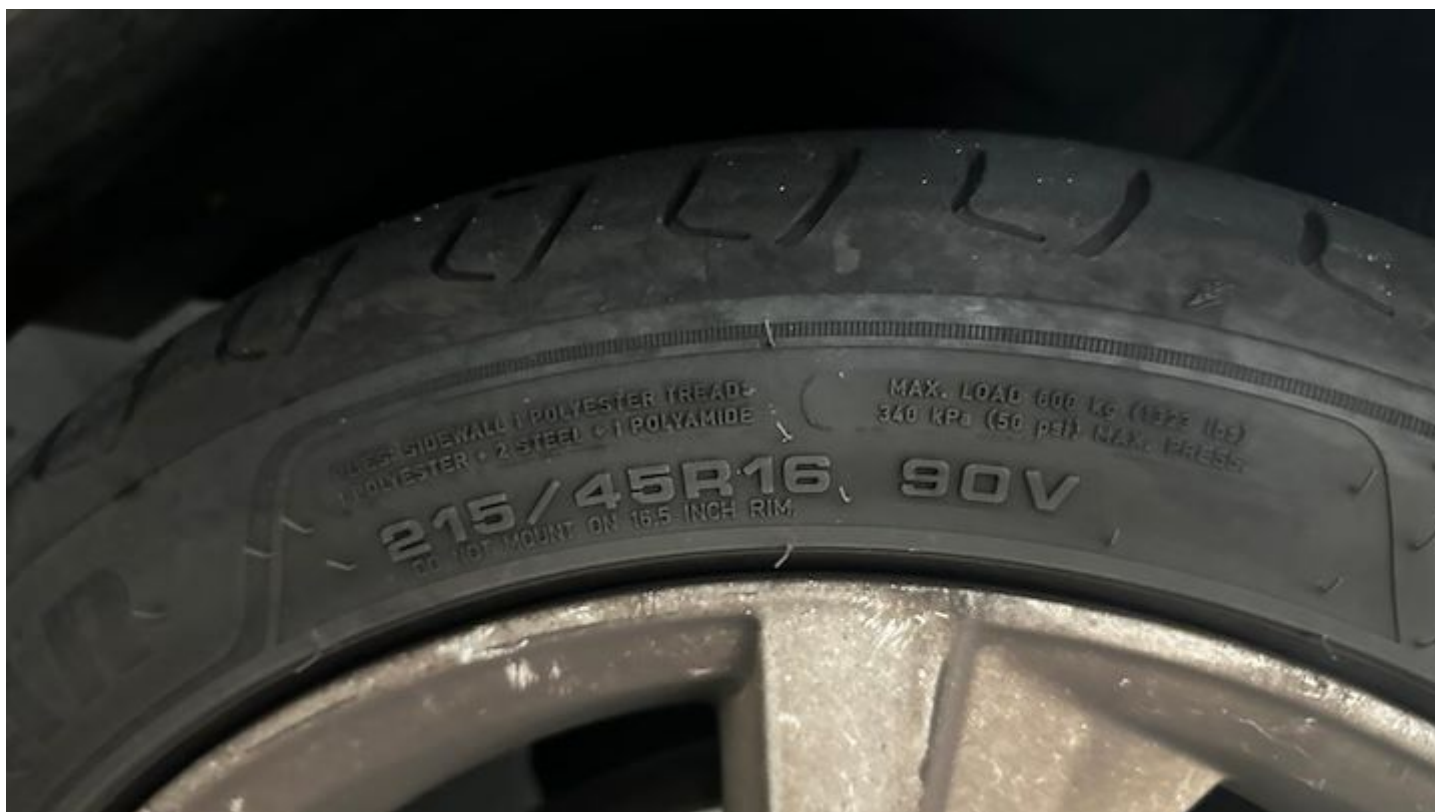


















**SINGAPORE
POLICE FORCE**



T/20230709/2023

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230709/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2023 11:55		Vide Report No.:		Station Diary No.: 22
Name of Informant: HERRMANN CATHERINE ORDWAY		Address: APT BLK 109 CLEMENTI ROAD #09-07 BLK E, KENT VALE SINGAPORE 129791		
ID Type / ID No.: FIN NO / G5128844R		Contact No.: Home/Office: Mobile: 81617905		
Nationality: AMERICAN		Email:		
Sex: Female	Age: 67	Date of Birth: 21/07/1955	Type of Informant: Vehicle Owner	
Race: Caucasian		Language: English		
Occupation: UNEMPLOYEE		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/07/2023 19:00	Type of Location: Car Park
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

SKU7618G	Car		Audi	Blue	Totally Damaged	0
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Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20230709/2023

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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230709/2023

CONTINUATION OF REPORT

Name	HERRMANN CATHERINE ORDWAY	ID No.	G5128844R
Related Vehicle	NIL	Contact No.	81617905
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/07/2023 at about 1900hrs, I went to my vehicle that was parked at the outdoor carpark near the vicinity of 105 Clementi Road and I found out that the front part of my vehicle was damage. My car had some scratches and there was also a bend on the front left side of the vehicle which was near the wheel. The front left side of the headlights is damaged and not working at all.

I wish to state that before I found out about my car, I was in overseas, and my vehicle was parked at the same location for about 2 months. My car does not have any camera and the parking location does not have any CCTV as well. Hence, I do not know exactly what had happened.

On 08/07/2023 at about 1000hrs, I went to the Audi store and informed them regarding this matter and was also adviced to lodge a police report for insurance claim.

**SINGAPORE
POLICE FORCE**

T/20230709/2023

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230709/2023

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SCSGT(1) DARRELL PNG SIR
CHAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

NP168

Signature Of Informant:

Date/Time:
09/07/2023 11:55

Classification Of Case: