

# 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 .....              | 17/07/2023 12:47 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 15/07/2023 10:45 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | TOH YI MSCP BLK 1A                  |
| Country/State of Loss .....           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SDM8993R |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                           |
|--------------------------------|---------------------------|
| Is company? .....              | No                        |
| Name Of Registered Owner ..... | JIMMY LIU WING TIM        |
| NRIC No .....                  | S2693206H                 |
| Email Address .....            | jimmy.liu@cpgecorp.com.sg |
| Mobile Phone No .....          | (Phone) +65-90073770      |
| Alternative Phone No .....     | -                         |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Volvo               |
| Model .....  | Xc40                |
| Variant .....  | T4 R-design         |
| 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 - Reporting only |
| Vehicle Category .....   | Private car         |
| Transmission .....   | Auto                |
| CC .....   | 1999                |

### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 7210045366                           |

### DRIVER

|                      |                    |
|----------------------|--------------------|
| Name of Driver ..... | JIMMY LIU WING TIM |
| NRIC No .....        | S2693206H          |
| Date Of Birth .....  | 20/10/1959         |
| Occupation .....     | Indoor             |

|  |                           |
|--|---------------------------|
| Date Of Driving Pass .....   | 16/02/2002                |
| Driving experience .....   | 21 YEARS AND 5 MONTHS     |
| Gender .....   | Male                      |
| Mobile Number .....  | (Phone) +65-90073770      |
| Alt. Phone Number .....  | -                         |
| Email Address .....  | jimmy.liu@cpgecorp.com.sg |
| Address .....  | 47 ENG KONG DRIVE         |
| Address complement .....   | -                         |
| Postcode .....   | 599375                    |
| 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 Parked 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

#### REFER TO SKETCH PLAN

#### 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 ..... | SFX17E      |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| 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) ..... -

















## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

|                            |                              |
|----------------------------|------------------------------|
| Date and Time of Accident  | Date: 15/07/2023 Time: 1045. |
| Exact Location of Accident | 70H Y1 MSCP Bldg 1A.         |

## DETAILS OF OWN VEHICLE

|                             |           |
|-----------------------------|-----------|
| Vehicle Registration Number | SDM8993R. |
|-----------------------------|-----------|

## INSURED / POLICYHOLDER (OWN VEHICLE)

|   |                    |
|---|--------------------|
| Name of Registered Owner (See Insurance Cert.)  | Jimmy LUI WING TUN |
| Personal Identification - NRIC (Singaporean/PR) | S2693206H.         |
| - FIN/Passport Number                           |                    |
| - Not Applicable                                |                    |

## VEHICLE PARTICULARS (OWN VEHICLE)

|  |  |
|--|--|
| Vehicle Make / Model   | Manufacturer VW Model XCD  |
| Type of Vehicle*   | <input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry<br><input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____ |
| Exact Purpose for which vehicle was being used at time of accident           | Service  |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)  |
| Vehicle Category*  | <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle   |

## INSURANCE COMPANY (OWN VEHICLE)

|                             |   |
|-----------------------------|---|
| Name of Insurance Company * | ALL ASIA PACIFIC.   |
| Type of Policy              | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy                | <input type="radio"/> Yes <input checked="" type="radio"/> No   |
| Policy Number               | D10045566   |
| Motor CI                    |   |

## DRIVER

|   |   |
|---|---|
|   | <input type="radio"/> Same as Insured above                           |
| Name of Driver                                  | Jimmy LUI WING TUN  |
| Personal Identification - NRIC (Singaporean/PR) | S2693206H   |
| - FIN/Passport Number                           |   |
| Date of Birth                                   | 20 dd/10 mm/1959/yy   |
| Driving Date Pass                               | 46 dd/02 mm/2009/yy   |
| Year of Driving Experience                      | Year(s) Month(s)  |
| Occupation                                      | <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor |
| Gender  | <input checked="" type="radio"/> Male <input type="radio"/> Female    |
| Contact Number / Mobile Phone / Fax No.         | 90073770.   |

Page 1

|   |   |                   |
|---|---|-------------------|
| Address of Driver   | 47 ANG KONG DRIVE   | Postcode (599375) |
| Email Address   | Jimmy-ly @ cpqcorp.com.sg   |                   |
| Was driver an employee of the Insured's Company?                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |                   |
| If No, Relationship of the Driver with the Insured                                    | OWNER   |                   |
| Vehicle Registration Number of Driver's Own   | <input type="radio"/> Yes <input type="radio"/> No  |                   |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable)                   |   |                   |
| Insurance Company of Driver's Own Vehicle (if applicable)                             |   |                   |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |   |                   |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | NOT STATIONARY CAR  |                   |
| Weather Conditions  | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others |                   |
| Road Surface  | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others       |                   |
| <b>OTHER INFORMATION</b>  |   |                   |
| Was any foreign vehicle involved in this accident?                                    | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |                   |
| Was any body injured in the accident?   | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |                   |
| Was any other vehicle or property damaged?  | <input checked="" type="radio"/> Yes <input type="radio"/> No                                     |                   |
| Was there any video captured by Car Camera?   | <input type="radio"/> Yes <input checked="" type="radio"/> No                                     |                   |
| Number of Passengers (Including Driver)   | 01  |                   |
| <b>DETAILS OF POLICE ACTION</b>   |   |                   |
| Was the Accident reported to the Police?  | <input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)   |                   |
| Police Station Name   |   |                   |
| Police Station Address  |   |                   |
| Police Station Contact  | Tel No.   | Fax No.           |
| Was notice of intended Prosecution given?   | <input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)                        |                   |
| <b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>  |   |                   |
| Vehicle Registration Number   | SPX 176   |                   |
| Vehicle Make/ Model/ Colour   |   |                   |
| Details of Properties   |   |                   |
| Name of Driver  |   |                   |
| Personal Identification - NRIC (Singaporean/PR)                                       |   |                   |
| - FIN/Passport Number   |   |                   |
| Contact Number  |   |                   |
| Address   |   |                   |
| Name of Insurance Company   |   |                   |
| Nature of Damage  |   |                   |
| No. of Passenger (Including Driver)   |   |                   |
| (Note - Please use page 6 if you need to add more vehicles)                           |   |                   |

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 :

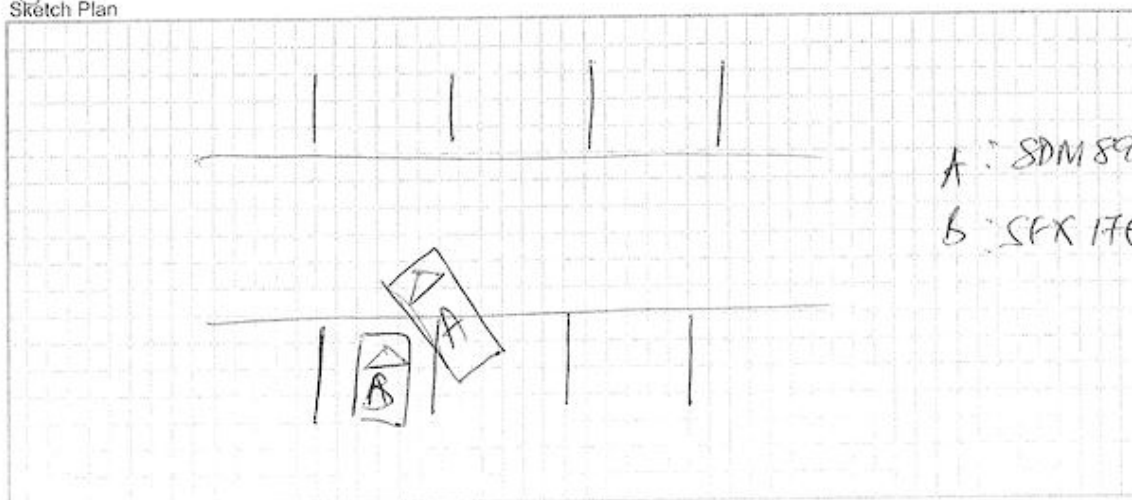
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law firms/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



Page 4



## Describe Circumstance of the Accident

I was turning left out of car park space  
and then tried to manoeuvre to the right  
when I accidentally scrapped the parked car.  
I left message of my fault via piece of  
paper on his windscreen

**IMPORTANT NOTE**

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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

**UNDERTAKING**

I, Jimmy/Liu Wang, Tim, (NRIC No. S2693206H), hereby confirm that the Singapore Accident Statement lodged by me on 15 July 2023 at 10.45am hours pertaining to the accident involving motor car Reg. No: SFX17E, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,


I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I further undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my receipt of a written demand from my insurers.

Signature

Name of Policyholder

NRIC No.

Date

  
Jimmy/Liu Wang, Tim  
S2693206H  
17/7/23