

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 18:01 (SGT)
Reported by	Owner
Date of Accident	15/07/2023 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLOCK 1A HDB TOH YI MSCP AT LEVEL 2B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX17E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN GIM HOE
NRIC No	SXXXX653C
Email Address	EDDIE.TGH@GMAIL.COM
Mobile Phone No	(Phone) +65-97878263
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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?	No - Claiming third party
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	1700061762-05

DRIVER

Name of Driver	YONG SOH HOON
NRIC No	SXXXX026D
Date Of Birth	11/08/1966
Occupation	Indoor

Date Of Driving Pass	08/08/1991
Driving experience	31 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97975141
Alt. Phone Number	-
Email Address	EDDIE.TGH@GMAIL.COM
Address	BLK 5
Address complement	TOH YI DRIVE #13-237
Postcode	590005
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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE BELOW SKETCH PLAN & ACCIDENT STATEMENT.

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	SDM8993R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIMMY LIU
Contact Number	(Phone) +65-90073770


Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

 17/7/23 @ 3:20 pm
 Policyholder's Signature / Date & Time

 17/7/23 @ 3:20 pm
 Driver's Signature (If driver is not the policyholder) / Date & Time

 17/7/23 @ 15:19
 Witnessed by Reporting Centre Personnel

Sketch Plan

A - SFX17E
B - SDM8993K


 Parked Damage & Note from Vehicle B

Describe Circumstances of the Accident

On 15 Jul 2023 Saturday, around 2 pm, my wife retrieved the car (SFX 17E) from the Tohyi multi-storey carpark and found the front right corner of the car dented. There was a note on the windscreen from the responsible party with the name and contact number.

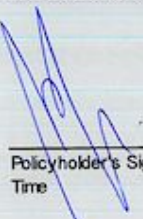
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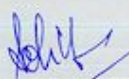
I spoke to Mr Jimmy Liu shortly to understand the situation. We ended the call with a follow up action that I will bring the car to Premium Automobiles (PA) on Monday (17 Jul) for damage assessment.


On 17 Jul 2023 Monday, I went to PA. I updated Mr Jimmy and we agreed to proceed to make the claims with the insurance company. Mr Jimmy had also whatsapp me the relevant information (car number, date/time/place of accident, insurance details)

Declaration

We declare the foregoing particulars are true in every respect.

 17/7/23
Policyholder's Signature / Date & Time
@ 3.20pm

 17/7/23 @ 3.20pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel









