

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 First Submission	02/07/2024 19:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/07/2024 17:50 (SGT)
Exact Location of Accident	Hougang Central, Singapore
Additional Location Information	ALONG HOUGANG CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ3797D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM TECK LYE
NRIC No	SXXXX709D
Email Address	limtecklye97@gmail.com
Mobile Phone No	(Phone) +65-98779457
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	SUV
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230048007-01

DRIVER

Name of Driver	LIM TECK LYE
NRIC No	SXXXX709D
Date Of Birth	27/06/1963
Occupation	Indoor

Driving Pass Date	31/05/1993
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98779457
Alt. Phone Number	-
Email Address	limtecklye97@gmail.com
Address	NA
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
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	-

PASSENGER 1

Name	ANGELIA
Gender	Female

PASSENGER 2

Name	ZANE
Gender	Female

PASSENGER 3

Name	JOSEPHINE
Gender	Female

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 ATTACHED STATEMENT AND ACCIDENT VIDEO FOOTAGE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC9326X
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Bus
Name of Driver	NORAZHAR BIN JOHARI
Contact Number	(Phone) +65-87935229
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	FRONT LEFTHAND AND RIGHTHAND
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SG5401G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN CHUN HAU
Contact Number	(Phone) +65-91411941
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	REAR RIGHTHAND SIDE
No. Of Passenger (Including Driver)	-

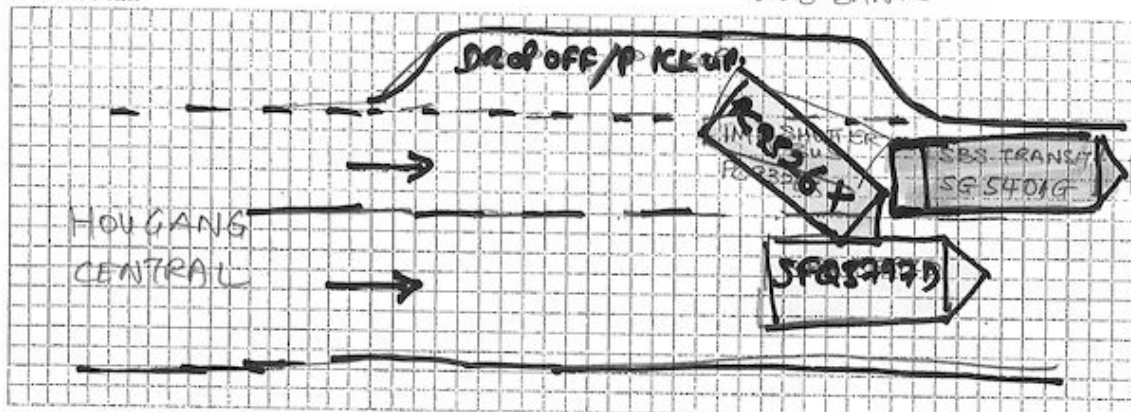
SKETCH PLAN

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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' 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.

<p><i>[Signature]</i> 14/10/2017</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i> 14/10/2017</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>TAN CHONG MOTOR SALES PTE LTD 19 LORONG 8 TOA PAYOH SINGAPORE 319255</p> <p>Witnessed by Reporting Centre Personnel UOB BANK</p>
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Sketch Plan



Describe Circumstances of the Accident

I was driving along Hougang Central toward Hougang Ave 5 on the right lane. 1MH Shuttler Bus suddenly hit on my left side front door and body of my vehicle.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 21/11/2012

Policyholder's Signature / Date & Time

[Signature] 21/11/2012

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

TAN CHONG MOTOR SALES PTE LTD
19 LORONG 8 TOA PAYOH
SINGAPORE 319255

Witnessed by Reporting Centre Personnel



















