

## 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 Authorised 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 ability.
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 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 Report	20/11/2017 12:57
Date Of Accident	18/11/2017 10:25
Exact Location Of Accident	20 COUNTRYSIDE ROAD S (789786)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDV3223R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE LAY CHOO
NRIC No	S1587789H
Email Address	SHIRLEY@LIANYICK.COM.SG
Mobile Phone No	(LOCAL) +65-96910332
Alternative Phone No	OFFICE-84993245
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	523
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100427786
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM SU ZHEN YVONNE
NRIC No	S8821144H
Date Of Birth	16/06/1988
Occupation	INDOOR
Date Of Driving Pass	07/04/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84993245
Fax Number	
Contact Number	
EMAIL Address	UTTER.VONN@GMAIL.COM

Address	115 MARIAM WAY
Postcode	508618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7256H
Vehicle Make/Model/Colour	COMFORT DELGRO BLUE TAXI
Details Of Properties	
Name of Driver	CHUNG CHAN HONG
NRIC/Passport Number	S0578330E
Contact Number	90705857
Address	BLK 432A YISHUN AVE 1#07-523
Postcode	761432
Insurance Company Name	FIRST CAPITAL INSURANCE LTD
Nature Of Damage	LEFT RIGHT
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	CEDRIC/MATHI/GUNA
Phone Number	97961179/94723225/81660038
Email Address	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

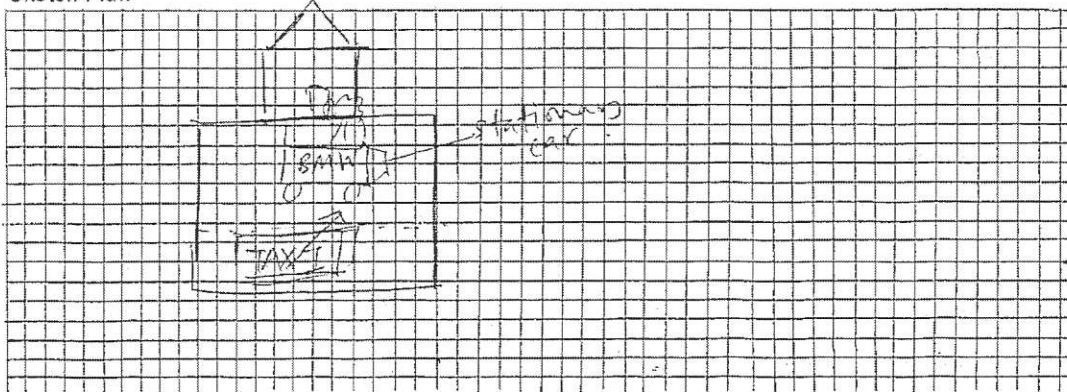
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
20 NOV 2017 11am

Driver's Signature (if driver is not the policyholder) / Date & Time  
20 NOV 2017 10am

GARY POH CHAI HOON  
Performance Motors Limited  
303 Alexandra Road  
Witnessed by Reporting Centre  
Personnel  
Singapore 159941

#### Sketch Plan



# Sketch Plan Pg. 2

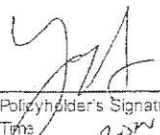
## Describe Circumstances of the Accident

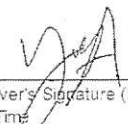
Car parked outside 20 country side Road (Private estate), on 18 NOV 2017. At approx 3.30am neighbours notified us that a taxi have banged onto the BMW car (SDV32230R). Witness names have been provided on page 1, as they heard the bang and the taxi have parked near their house as it is also damaged at the wheels and can't be driven further. Traffic police responded to the neighbour's call, Sgt Alif at 4.10am. No report taken as police advised the <sup>taxi</sup> driver is at fault, no alcohol found. Probably just sleepy and driver claim he was trying to pick up something. However, he have a police report after for claims with comfort delco to ensure claims can be expedited and smooth. Report<sup>10</sup> given on page 1 if required.

Damage : • Car sway to the left side hitting kerb.  
• Taxi hit the driver side wheel, door, mirror, came off, bumper, struts, wheels badly aligned hitting the bumper, check signal lights, door,

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
20 NOV 2017  
11am

 20 NOV 2018  
Driver's Signature (if driver is not the policyholder) / Date & Time

GARY POH CHAI HOON  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3

To whom it may concern,

I, Madam See Lay Choo, Nric No. S1587789H, Authorized,

My Daughter, Ms Lim Su Zhen, Nric No. of S8821144H,

To act on behalf of me; for all things that need to this report and for AIG authorised dealer  
Progressive automotive Pte Ltd, On the accident reporting.

Thank you for the kind attention given .

Yours Sincerely



See Lay Choo

Hp . 96910332