

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 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	30/04/2018 16:29
Date Of Accident	27/04/2018 18:15
Exact Location Of Accident	ALONG ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB1968H
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	TAN MOE CHING JACYLIN
NRIC No	S6848213E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92735995
Alternative Phone No	Others-92735995

Vehicle Particulars

Manufacturer	mitsubishi
Model	LANCER EX-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME FROM CHANGI AIRPORT
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100439751
Cover Note Number	

Driver

Name of Driver	LIM WEE SIONG, BRANDON
NRIC No	S9390003J
Date Of Birth	16/01/1993
Occupation	INDOOR
Date Of Driving Pass	03/11/2011
Driving Experience	6 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92735995
Fax Number	
Contact Number	
E-Mail Address	BRANDONLWS4@GMAIL.COM
Address	130 THOMSON ROAD #08-04
Postcode	307682
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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 ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU2673B
Vehicle Make/Model/Colour	TOYOTA/AXIO/LIGHT GOLD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOVI
NRIC/Passport Number	S1331804B
Contact Number	90527827

Address
Postcode

Insurance Company Name

HL Assurance Pte Ltd

Nature Of Damage

DAMAGE TO CAT BOOT, REVERSE LIGHTS

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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. The 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 lodgment 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:

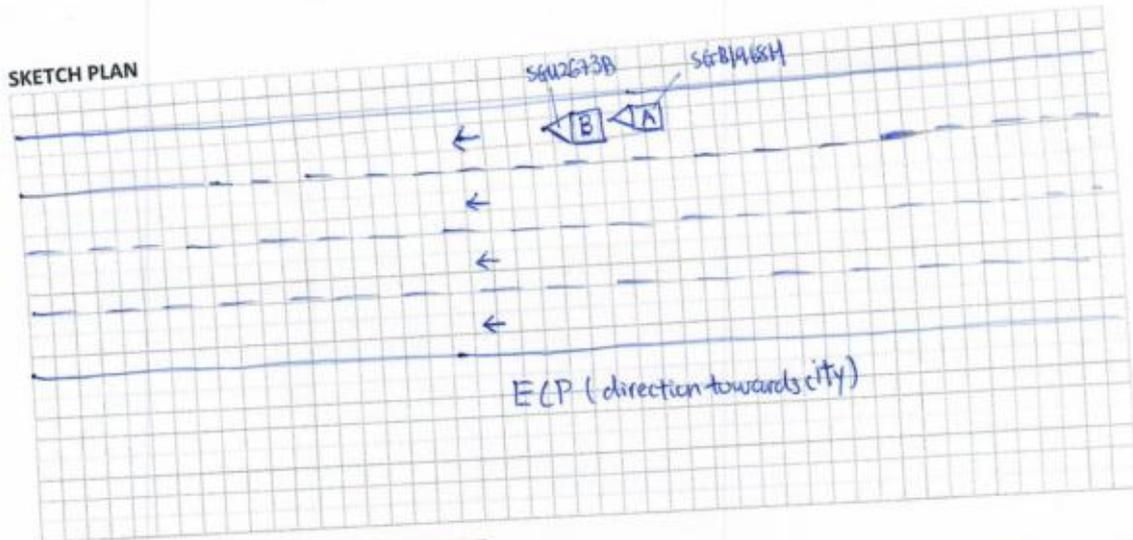
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/4/18


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Friday (27/04/18) at 1813h, along the ECP heading to the city, I was involve in an accident on the first lane (extreme rightmost lane). Along the ECP, I was driving at 50 km/h or less as there was a traffic due to the rain. The driver in front of me stopped suddenly and I was unable to stop in time, resulting into an accident.

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: 30/4/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



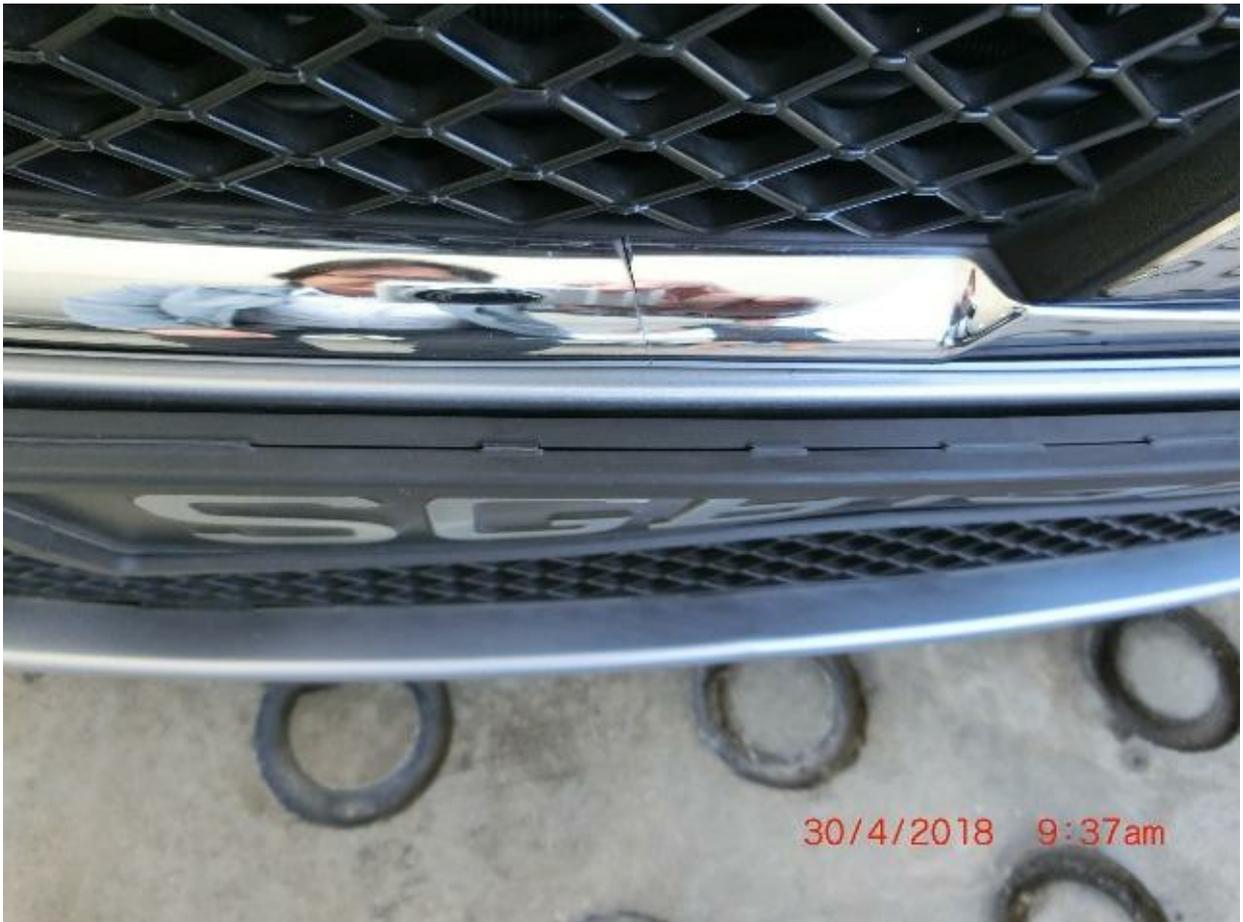
Accident Photo



Accident Photo



Accident Photo



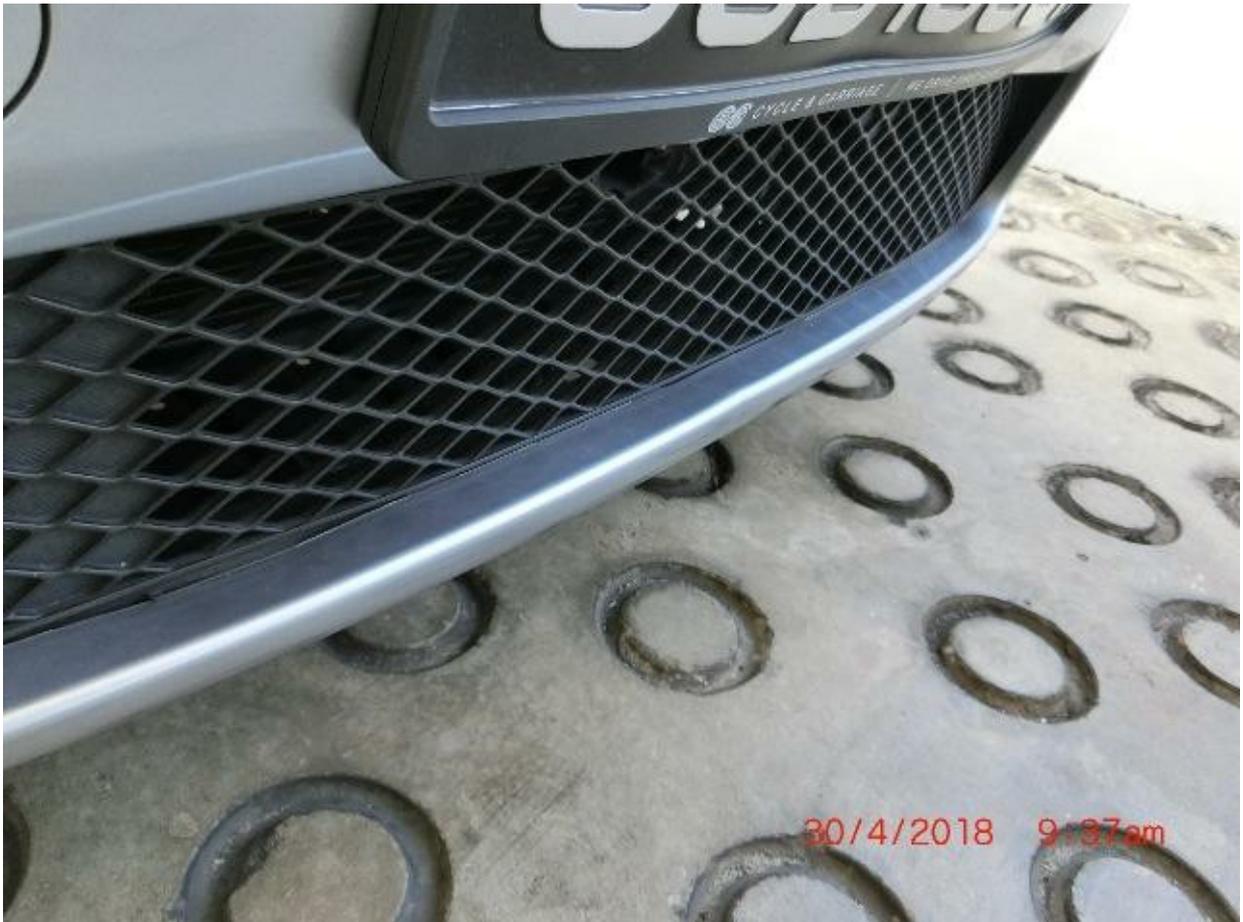
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No. S9390003J

Name
LIM WEE SIONG, SHANDON

Sex (M/F)
M

Date of Birth
10 Jun 1983

Valid From
03 Nov 2011

FOR C&C USE ONLY



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9390003J



Name
LIM WEE SIONG, SHANDON

Race
CHINESE

Date of Birth
10-01-1983

Sex
M

Identification No.
S9390003J

Country of Birth
FRANCE



WHICH I AM LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PERIOD DATE

Class 2A Motor vehicles with gross weight up to 3500kg 03 Nov 2011

Class 2B Motor vehicles, exclusive of the above, up to 3500kg with gross weight up to 3500kg

FOR C&C USE ONLY

License No. S9390003J



Identification No. S9390003J

Date of Issue
21-11-2008

Address
120 TONGKAY ROAD
#01-04
SINGAPORE 207633

