

MMIE18068669 / Motor Image Enterprises Pte Ltd - Toa Payoh  
 ENTRY DATE & TIME: 26/05/2018 16:27  
 SUBMITTED BY: Lim Po Beng

## 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	26/05/2018 16:27
Date Of Accident	25/05/2018 03:55
Exact Location Of Accident	SLIPWAY OFF PIE EXIT TOWARDS SIMS AVEKPE ECP EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7048Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GREEN, JONATHAN WARREN
NRIC No	S7465554H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91553735
Alternative Phone No	Office-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	SCHOOL PICK UP OF CHILDREN
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	
Cover Note Number	

### Driver

Name of Driver	GREEN, GRACE ANN
NRIC No	S7465555F
Date Of Birth	17/10/1974
Occupation	INDOOR
Date Of Driving Pass	06/03/2008
Driving Experience	10 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91553735
Fax Number	
Contact Number	
EMail Address	G_GREENHOUSE@HOTMAIL.COM
Address	11 MKOON SENG ROAD SINGAPORE 426961
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

**General Information of the Accident**

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

**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)	3
Passenger 1	Name: : MIA GREEN Gender: : Female
Passenger 2	Name: : LILA GREEN Gender: : Female

**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**

PLEASE REFER TO ATTACHED DOCUMENTS

**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	GBB317C
Vehicle Make/Model/Colour	TOYOTA DYNA

6/1/2018

E-FILE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver XU MING

NRIC/Passport Number G21505820

Contact Number

Address

Postcode

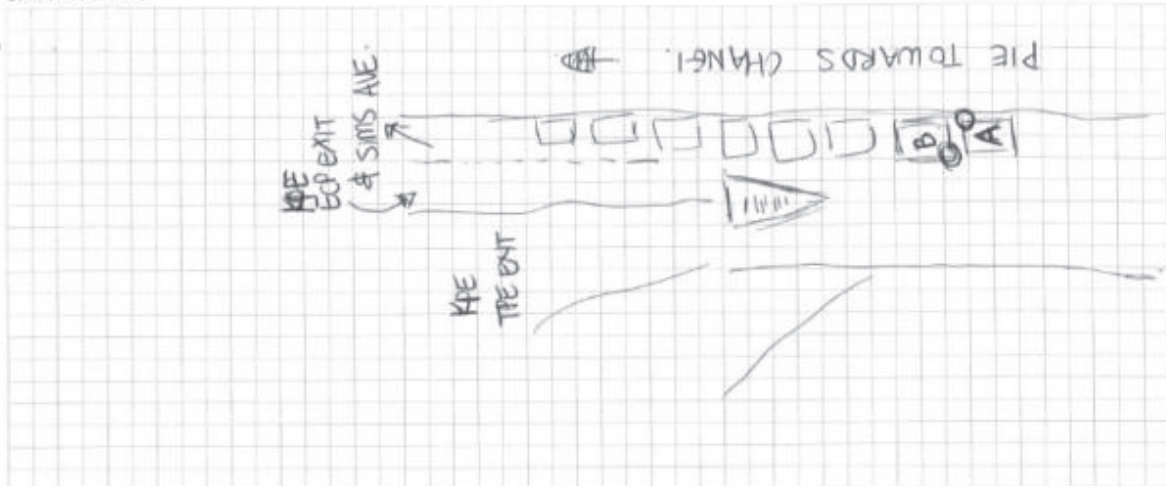
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THERE WAS A QUEUE ON THE SIMS AVENUE RIGHT HAND LANE SLIPWAY.  
 MY VEHICLE WAS BEHIND VEHICLE B AND I WAS INTENDING TO OVERTAKE  
 VEHICLE B TO EXIT FURTHER UP TOWARDS KPE (ECP EXIT).  
 I LOOKED IN MY PASSENGER LEFT FRONT MIRROR TO SEE IF THE ROAD  
 WAS CLEAR, WHICH IT WAS. AND PROCEEDED TO OVERTAKE VEHICLE B.  
 UPON DOING SO MY FRONT RIGHT FENDER HIT VEHICLE B'S BACK LEFT  
 PORTION OF HIS VAN.

VEHICLE A - SLE 7048Z

VEHICLE B - 6BB 317C

## 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:

Reporting Centre Personnel's Signature  
 Name: DANIEL  
 NRIC/FIN No.: S9001518D

## Accident Sketch Plan

SKETCH PLANIMPORTANT 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.
- (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 *Green* 25/5/18  
(If driver is not the policyholder) 6:38pm.  
Date & Time:

Reporting Centre Personnel's Signature  
Name: DANIEL  
NRIC/FIN No.: 59001518D