

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 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 Report	06/10/2018 12:51
Date Of Accident	04/06/2018 14:35
Exact Location Of Accident	ALONG EUNOS AVE 5 NEAR PAYA LEBAR SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5882M
Insured/Policyholder	
Name Of Registered Owner	KHOO WOEI HAWR
NRIC No	S7349287D
Email Address	KWH273@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94508337
Alternative Phone No	Office-90614963

Vehicle Particulars

Manufacturer	KIA
Model	SOUL 1.6 AUTO ABS AIRBAGS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	LIM KEE KIM
NRIC No	S1117357H
Date Of Birth	02/03/1955
Occupation	INDOOR
Date Of Driving Pass	13/05/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90614963

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 36 MARSLING DRIVE
#19-407

Postcode

730036

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

PARENT

Vehicle Registration Number of Driver's Own
Vehicle-
-
-

Insurance Company of Driver's Own Vehicle

-
-
-**General Information of the Accident**

Type Of Accident

SIDE SWIPE

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?

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)

2

Passenger 1

Name: : LOH AI LING MICHELLE
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

REFER TO SKETCH PLAN

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

SHC8769C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

Scratch
and

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.
- (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:

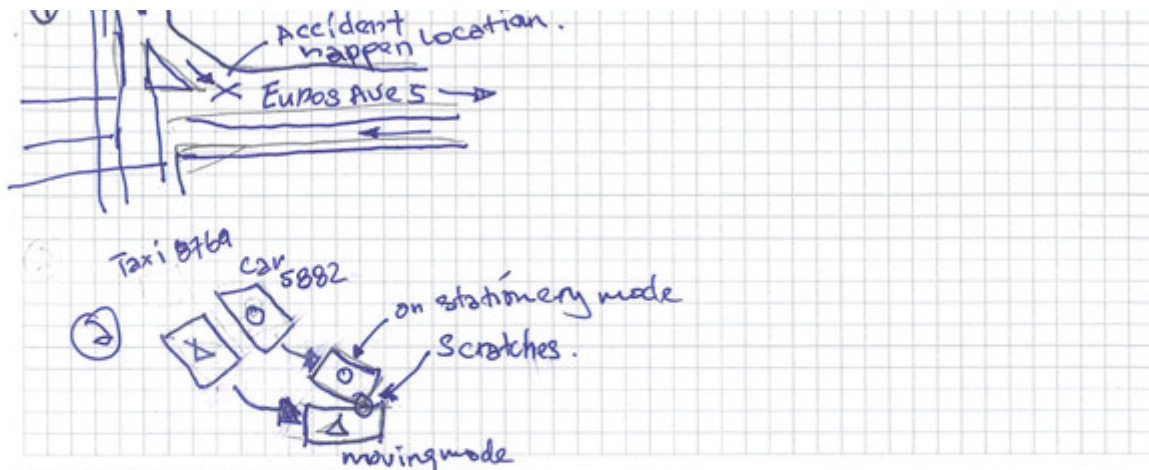
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIANAC SketchPlanForm_V03

SKETCH PLAN





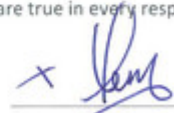
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJY5882M	ACCIDENT DATE & TIME: 04/06/18 02:35 pm
CONTACT NUMBER: 906/4963	E-MAIL ADDRESS: Kwh273@yahoo.com
LOCATION: ALONG EUNOS AVE 5 near Poya Lebar Square	
<p>No Raining, there was heavy traffic along Eunos Ave 5. We were existing from Jin Afifi, ^{heading} towards Eunos Ave 5. The comfort taxi SHC8769C came along existing from Poya Lebar from the same exist on our right and ^{scratched} scratched our car. At the period I'm the passenger sitting in front. Attached with pictures to show his position. There are no injuries involved on both parties. No contact or details exchanged with driver.</p> <p>* Car 5882 is on station stationary mode waiting for merging into straight line.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

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

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

C:\NAME SketchPlanForm_V2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1117357H



Name
LIM KEE KIM

Race
CHINESE

Date of birth
02-03-1955

Country/Place of birth
SINGAPORE

Sex
F

S1117357H

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S1117357H

Name
LIM KEE KIM

Birth Date: **02 Mar 1955**

Issue Date: **12 Jun 2004**

001237359J

5936127



NRIC No. S1117357H



Date of issue
14-05-2018

Address
**APT BLK 36 MARSILING DRIVE
#19-407
SINGAPORE 730036**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
13 May 1

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

