

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	22/10/2018 15:39
Date Of Accident	20/10/2018 10:30
Exact Location Of Accident	THOMSON ROAD NEAR WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBE718M
Insured/Policyholder	
Name Of Registered Owner	YAM KWAI LAM PHILIP
NRIC No	S2553814E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97807824
Alternative Phone No	OTHERS-97807824

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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
If No, Please state action to be taken	THIRD PARTY
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	2100402410-03
Cover Note Number	

Driver

Name of Driver	YAM KWAI LAM PHILIP
NRIC No	S2553814E
Date Of Birth	31/07/1946
Occupation	INDOOR
Date Of Driving Pass	31/12/1965
Driving Experience	52 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97807824
Fax Number	
Contact Number	OTHERS-97807824
EEmail Address	NOEMAIL

Address	47 NAMLY GARDEN
Postcode	267375
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : DOLLY LEE
	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 SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKQ4199P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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- B. 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.

Jan Kwok Lam Philip

Policyholder's Signature
Date & Time:

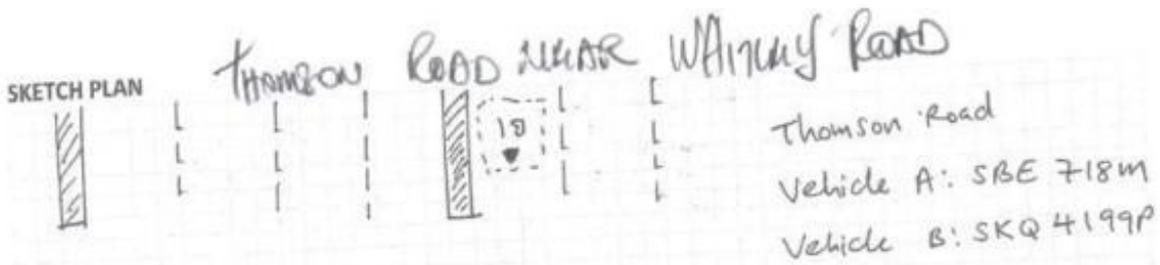
20/10/2018
11:36 AM

Yau Jia

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

22/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. *Roshan Watson*

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight.

Suddenly Vehicle B make a right turn and hit onto my vehicle right portion. Would like to state that green light is in my favour.

DECLARATION

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

Jan Kuan Lam
 Policyholder's Signature

Date & Time:

20/10/2018
 11:36 am

Yan
 Driver's Signature

(If driver is not the policyholder)

Date & Time:

20/10/2018
 Reporting Centre Personnel's Signature
 Name: *John Watson*
 NRIC/PIN No.:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2553814E



Name
YAM KWAI LAM PHILIP
任 桂 林

Race
CHINESE

Date of birth 31-07-1946 Sex M

Country of birth
MALAYSIA

S2553814E

4801388



NRIC No. S2553814E



Date of issue
13-10-2012

Address
47 NAMLY GARDEN
SINGAPORE 267375



**SINGAPORE
POLICE FORCE**

**TRAFFIC POLICE
SINGAPORE POLICE FORCE**
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Private & Confidential

YAM KWAI LAM PHILIP

47 NAMLY GARDEN
SINGAPORE 267375

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S2553814E
(3)

C001431472

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD**

20110201A

pass date 31 Dec 1965.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

