

## 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	26/10/2018 14:21
Date Of Accident	25/10/2018 18:30
Exact Location Of Accident	184 MEILING STREET MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA3993D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ZHI CHEN KENNETH
NRIC No	S7107774H
Email Address	OFS20202@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97861616
Alternative Phone No	Others-97861616

<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	2100358362-04

<b>Driver</b>	
Name of Driver	LIM ZHI CHEN KENNETH
NRIC No	S7107774H
Date Of Birth	04/03/1971
Occupation	INDOOR
Date Of Driving Pass	14/05/2014
Driving Experience	4 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97861616
Fax Number	
Contact Number	OTHERS-97861616
E-Mail Address	OFS20202@YAHOO.COM
Address	150 MEILING STREET #04-59
Postcode	141150
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 - HEAD TO REAR
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)	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 ATTACHEMENT

#### 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	SJQ2829X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEI PING
NRIC/Passport Number	
Contact Number	97959763

Address  
Postcode

BLK 145 MEILING STREET

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### 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:

26 OCT 2018

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

Pearlyn Cheong

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

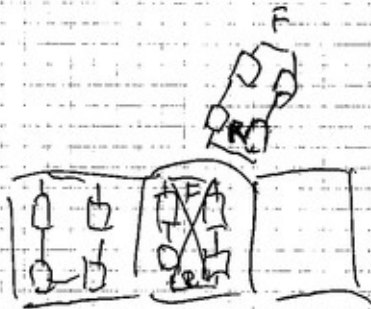


Sketch Plan #3



Sketch Plan #4

# SKETCH PLAN

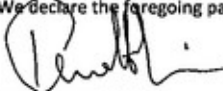


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT BUC 148A MEI LING ST MULTISTOREY CAR PARK DECK 1A. WHILE ATTEMPTING TO REVERSE PARK INTO EMPTY LOT ON RIGHT HAND SIDE OF NISSAN LATID SJQ2892X, I ~~WAS~~ REVERSED AND THEN STOPPED TO MOVE FORWARD AND ADJUST TO GET INTO THE EMPTY LOT, I MISTAKENLY THOUGHT THAT I HAD CHANGED FROM 'REVERSE' GEAR TO 'DRIVE' BUT IN FACT I WAS STILL IN 'REVERSE GEAR' AND SO COLLIDED INTO PARKED EMPTY CAR SJQ2892X. THE SPEED WAS VERY LOW AND HERCE DAMAGE TO MY OWN CAR WAS JUST SCUFF MARKS. POINT OF IMPACT WAS LEFT HAND NEAR CORNER OF MY REAR BUMPER AND FRONT CORNER OF SJQ2892X FRONT BUMPER. DAMAGE TO SJQ2892X FRONT BUMPER WAS THE 'CAVING IN' OF THE RIGHT HAND SIDE FRONT BUMPER. NO OTHER DAMAGE TO ANYTHING OF ANY OTHER PART OF EITHER CAR OR SURROUNDING AREA THAT IS ALL.

## DECLARATION

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



Policyholder's Signature

Date & Time: 26 OCT 2018



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Pearlyn Cheong

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26 OCT 2018



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

