

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	22/11/2018 12:35
Date Of Accident	22/11/2018 08:20
Exact Location Of Accident	SLIP ROAD TPE TOWARDS PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8315L
Insured/Policyholder	
Name Of Registered Owner	LIM SZE LIEH, LIONEL(LIN SILIE, LIONEL)
NRIC No	S8030860D
Email Address	LIONEL.LIM.SL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98265823
Alternative Phone No	Others-98265823

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1700089428

Driver

Name of Driver	LIM SZE LIEH, LIONEL(LIN SILIE, LIONEL)
NRIC No	S8030860D
Date Of Birth	06/10/1980
Occupation	INDOOR
Date Of Driving Pass	09/03/1999
Driving Experience	19 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98265823
Fax Number	
Contact Number	OTHERS-98265823
E-Mail Address	LIONEL.LIM.SL@GMAIL.COM
Address	BLK 411B FERNVALE ROAD #23-70 SINGAPORE
Postcode	792411
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	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)	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

AS I WAS EXITING TO PASIR RIS DRIVE 8, I SLOWED DOWN TO CHECK. AS THE OTHER CAR MOVED OFF, I FOLLOW ON. WHEN THE CAR STOPPED AGAIN, I CANNOT STOP IN TIME AND ACCIDENTALLY HIT HIS CAR BACK.

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	SLE8786U
Vehicle Make/Model/Colour	MITSUBISHI LANCER EX1.6/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN BAO SEN
NRIC/Passport Number	
Contact Number	90296436

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION		
Date of Report:	22/11/18.	Time :
Date of Accident:	22/11/2018.	Time : 0820
Exact Location of Accident:	Slip road TPE towards Pasir Ris Drive 8.	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number:	SLU 8315L.	Name of Registered Owner: Lim Sze Lih, Lionel (Lin Sze, Lionel)
NRIC/Passport No./FIN:	S8030860D.	Company Reg. No.(for Company Veh):
VEHICLE PARTICULARS		
Manufacturer :	HA	Model: Carens 1.7.
Exact Purpose for which vehicle was being used at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others	
Are You Claiming Under Your Own Insurance ?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party	
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire	
INSURANCE DETAILS		
Name of Insurance:	AIG	
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	
Policy Number:	1700089428 (cover note)	
Driver when the Accident Happen		
Name of Driver:	Lim Sze Lih, Lionel (Lin Sze, Lionel)	NRIC/Passport/Fin No : S8030860D.
Date of Birth:	06/10/1980	Occupation : Sales Manager.
Date of Driving Pass:	09/03/1999.	Gender : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	9826 5823.	Home No.:
Address:	BLK 411B Fernvale Road #23-70 Singapore	Postal Code 792411
Email Address :	lionel.lim.sl@gmail.com	
Was the Driver an Employee of the Insured's Company :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured owner.	
Vehicle Registration Number of driver's Own Vehicle:		
Insurance Company :		
OTHER INFORMATION OF THE ACCIDENT		
Type of Accident :	Insured Hit 3rd Party.	
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify	
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify	
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which Police Station:		
Was notice of Intended Prosecution given :		
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)		
Vehicle Registration Number:	9E8786U	Name of Registered Owner :
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):
Name of Driver :	Chan Bao Sen.	NRIC/Passport/Fin No :
Mobile No.:	90296436.	Home No.:
Address:		Postal Code
Email Address :		
Insurance Company :		
Details of Passenger if any		
Passenger Name:		
Contact Number:		
Gender		
Details of Injured Person		
Name :	Age :	
Address		
Injured Sustained :	Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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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: 22/11/2018
12.30 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SKETCH PLAN

Passer Ris Drive 8

A - SLU 83154

B - SLE8786U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I ~~was~~ was exiting to Passer Ris Drive 8, I slowed down to check. As ~~the~~ the other car moved off, I follow on. When the car stopped again, I cannot stop in time and accidentally hit his car back.

DECLARATION

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

Policyholder's Signature
Date & Time: 22/11/2018
12:30pm

GIARMC SketchPlanForm_V3

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

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

