

## 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	21/12/2018 16:48
Date Of Accident	21/12/2018 15:00
Exact Location Of Accident	CARPARK OF K&J BUTCHERY & BISTRO, 1 ST.MARTIN'S DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB1001G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HUA LENG
NRIC No	S1356355A
Email Address	HUALENG1001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81126116
Alternative Phone No	OFFICE-81126116

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-2.0 CVT ABS D/AIRBAG 2WD 5DR S/R (A)
Exact Purpose for which vehicle was being used at time of accident	PARK IN A PARKING LOT
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	2100500152-01
Cover Note Number	

### Driver

Name of Driver	TAN GUEK LEE
NRIC No	S1502972B
Date Of Birth	08/09/1961
Occupation	INDOOR
Date Of Driving Pass	04/04/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81002066
Fax Number	
Contact Number	
Email Address	HUALENG1001@GMAIL.COM

Address	BLK 27 HILVIEW AVENUE #03-09
Postcode	669559
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: : LIM XUAN AMANDA 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

1. MY CAR ( SBB1001G ) WAS PARKED AT SAID BUTCHERY'S CAR PARK 2. A TRANCAB TAXI ( SHC5682M ) AFTER ALIGHTING CUSTOMER - MADE A 3 POINT TURN- KNOCKED & BREAK THE BUTCHERY'S BUILDING GLASS - REVERSED BACK TO BESIDE MY CAR -SCRATCHED AND DENT THE FRONT RIGHT BUMPER RHF FENDER .WHILE MOVING OUT FROM THE PARKING LOT.

#### 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

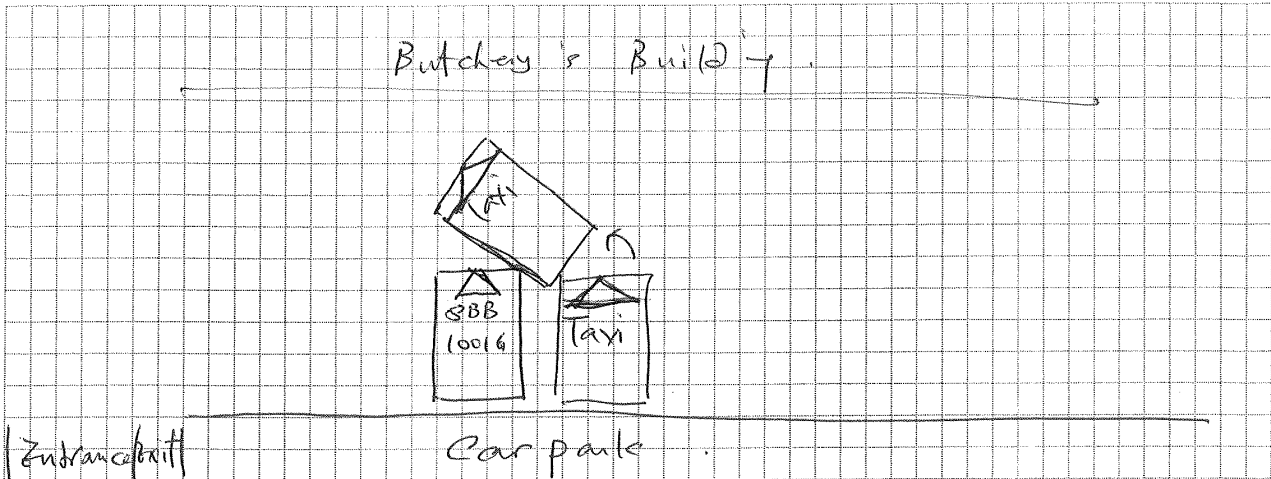
Vehicle Registration Number	SHC5682M
Vehicle Make/Model/Colour	RENAULT /RED
Details Of Properties	REAR
Vehicle Category	TAXI
Name of Driver	CHUA SIAH PHUAN
NRIC/Passport Number	S0248737C
Contact Number	96951311
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 21.12.2018 3.00 pm	
Accident Location: Carpark of KDJ Butcher & Biscuits (1, St. Martin's Drive SPC 257988)	
Vehicle Number: SBB1001G	Make/Model: Nissan (Cashgari 2.0)
Policy Holder Name: LIM HUA LENG	
NRIC/ROC: S1356355A	Mobile: 81126116
Email: HUALENG1001@GMAIL.COM	
Insurance Company: AIG	
Policy Number: 2100500152-01	Policy Period: 2100500152-01
Policy Coverage: Comprehensive (✓)	Third Party ( ) ; Third Party Fire & Theft ( )
State Action Taken: Claim Own Policy ( ) Claim Third Party (✓) Reporting Only ( )	
Driver Name: TAN Guok Jee	
NRIC: S1502972B	Mobile:
Date Of Birth: 08/09/1961	Driving Pass Date: 4/12/1986
Gender: Male ( ) Female (✓)	Occupation: Indoor ( ) Outdoor ( )
Address: 57, Hillview Heights #03-09 SC 669559	
Is driver an employee of the insured's company: Yes ( ) No (✓)	
If No, Relationship of the driver with the insured:	
Owner ( ) Spouse (✓) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Hirer ( )	
Weather Conditions: Clear (✓) Raining ( ) Others ( )	
Road Surface: Dry (✓) Wet ( ) Others ( )	
Was any foreign vehicle involved in this accident? Yes ( ) No ( )	
Was anybody injured in the Accident? Yes ( ) No (✓)	
Was there any video captured by Car Camera? Yes ( ) No ( )	
Number of Passenger (Including Driver): 2	
1) LIM XUAN AMANDA 2) ✓ 3) 4)	
Was the accident reported to the police? Yes ( ) No ( ) "attach Police Report, if any"	
3 <sup>rd</sup> Party Name: Chua Siah Phuan	
Vehicle Number: SHC 5682M	Make & Model: Renault
NRIC: S0248737C	Mobile No: 96951311
Witness Details (if any):	
NAME:	NRIC: Mobile No:
Other remark: if any	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

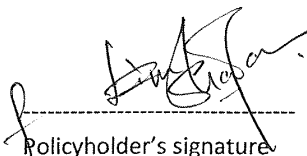
1. My car (SBB 10016) was parked at said Butchery's car park).

2. A Transcab Taxi (SHC 5682M) after dropping customer → made a 3 point turn → knocked & broke the Butchery's building glass → reversed back to beside my car → scratched and dent the front right bumper & RHF fender while moving out from the parking lot.

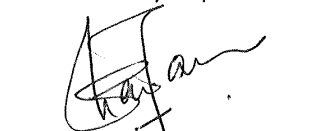
<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a <b>FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE</b> within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
		- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature  
Date & Time



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



Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.


SKETCH PLAN

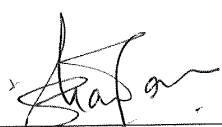
IMPORTANT NOTICE

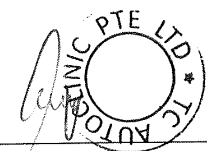
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo







Accident Photo



# Accident Photo



Done

Photo



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