#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/01/2019 16:43
Date Of Accident	10/01/2019 12:05
Exact Location Of Accident	P.I.E
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDZ9028C
Insured/Policyholder	
Name Of Registered Owner	LIM THIAM CHAY
NRIC No	S0221305B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96321071
Alternative Phone No	OFFICE-96321071
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	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	1800151697
Cover Note Number	

#### **Driver**

Name of Driver LIM THIAM CHAY NRIC No S0221305B Date Of Birth 28/12/1954 Occupation **INDOOR Date Of Driving Pass** 20/05/1978 **Driving Experience** 40 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96321071

Fax Number

Contact Number OFFICE-96321071

EMail Address NOEMAIL

Address 165 POH HUAT RD WEST #04-12

Postcode 546694

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

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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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

DRIVING ALONG PIE. SUDDENLY THERE IS A THREE CARS CHAIN COLLISION INFRONT OF ME. I MANAGE TO BRAKE IN TIME WITHOUT ANY CONTACT TO THE FRONT CAR. ALL OF SUDDEN, CAR B (SKU2361D) CANNOT STOP IN TIME AND COLLIDED MY REAR. NO ONE WAS INJURE AND WE EXCHANGE PARTICULAR. I HAVE IN CAR CAMERA FOOTAGE FOR FRONT AND REAR.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE AQ

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKU2361D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver CHOW TAI WEI

NRIC/Passport Number

Contact Number 98507548

Address

Postcode

Insurance Company Name LONPAC INSURANCE BHD

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- The 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.
- 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 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
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
  - (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
  - (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/faw 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

10/01/19

Name: MG4 Q

NRIC/FIN No.





Driving along P.I.E. Suddenly there is a three cars chain collision infrant ofme. I mange to brake in time without any contact to the front car. All of sudden (B) vehicle cannot stop in time and collided my rear No one was injure and me exchange particular. have in can campra footage for front and rear.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time

Driver's Signature

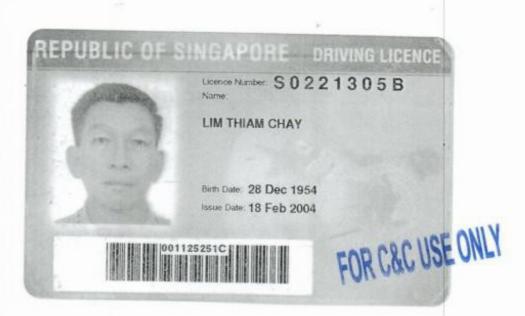
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name: Aley aby

10/01/15

NRIC/FIN No.:



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

### PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of

11 Jul 1974

Class 4

which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the

22 Nov 1977

Class 5

weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

FOR C&C USE ONLY

Licence No: S0221305B

NP 428A











