#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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	14/01/2019 09:14		
Date Of Accident	11/01/2019 13:45		
Exact Location Of Accident	JUNC OF UPP CHANGI RD E & SOMAPAH RD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLD1291G		
Insured/Policyholder			
Name Of Registered Owner	LIM CHUA TECK		
NRIC No	S1543450C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-98779431		
Alternative Phone No	OFFICE-98779431		
Vehicle Particulars			
Manufacturer	MITSUBISHI		
Model	ATTRAGE 1.2 CVT		
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	2100469124-02		
Cover Note Number	-		
Driver			
Name of Driver	LIM CHUA TECK		
NRIC No	S1543450C		
Date Of Birth	26/08/1962		
Occupation	OUTDOOR		
Date Of Driving Pass	11/12/1982		
Driving Experience	36 YEARS AND 1 MONTH		
Gender	MALE		
NATIONAL I	(1.00.41.) + 05.00.770.404		

(LOCAL) +65-98779431

OFFICE-98779431

**NOEMAIL** 

Address BLK 277B COMPASSVALE LINK #10-272

Postcode 542277

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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** 

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBA5691T

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Name of Driver TAN ZI JING LOUIS

NRIC/Passport Number S8803036B

**Contact Number** 

Vehicle Category

Address

Postcode

. 5515545

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

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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 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:
  - 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:
  - 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 Sketch Plan**

TCH PLAN		
Somapah Rd.		A - 510 1521 6
		A = SLO 1291 G
1 0	6	B = GEA 56917.
	A	
	B	
		el volte
	Veger	Chang: Rd E
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
Please	Refer to	statement
		1
		/
	/	
DECLARATION		1 1
/We declare the foregoing partic	ulars are true in every respect.	
alen.		horr
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Aute of Filling.	Date & Time:	NRIC/FIN No.:

### **Accident Sketch Plan**

I WAS TRAVELLING ALONG UPPER CHANGI RD E WHILE APPROACHING JUNC WITH SOMAPAH RD, TRAFFIC LIGHT FROM GREEN CHANGE TO EMBER, AS SUCH I SLOW DOWN MY VEH AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBA5691T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

## **DRIVING DOC**



























