### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.

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	ACCIDENT STATEMENT		
Date Of Report	15/04/2019 10:30		
Date Of Accident	01/04/2019 00:15		
Exact Location Of Accident	JB CHECK POINT		
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLL3655K		
Insured/Policyholder			
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD		
Co Reg No	201432541Z		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-64625405		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	HARRIER-2.0 PREMIUM CVT (A)		
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 HIRE		
Insurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	YES		
Policy Number	999994370		
Cover Note Number	06 NOV 2018 TO 05 NOV 2019		
Driver			
Name of Driver	LIM SEOW HIANG (LIN SHAOXIAN)		
NRIC No	S7415569C		
Date Of Birth	25/05/1974		
Occupation	OUTDOOR		
Date Of Driving Pass	19/10/1993		
Driving Experience	25 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-94051444		
Fax Number			

**NOEMAIL** 

Address BLK 784C WOODLANDS RISE

#02-34

Postcode 733784

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER & LEASEE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

5

NAME: : PASSENGER

GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 4 NAME: : PASSENGER

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED.

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 Witness 1** 

LOW WAN TENG Name

Phone Number 81280645

**Email Address** 

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLT3339G

#### 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 ladgment 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

NRIC/FIN No.:

Name

### Sketch Plan #2

SKETCH PLAN		
	Charkpoint	
		A-SL13655K
		B-Q73339G
		Di Alexandri
	AA	
	12/A	
DESCRIBE CIRCUMSTANCES OF THE ACC	IDENT	
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into the lane.	. So he	ganged tho my
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I/We declare the coregoing particulars are true	in every respect.	DERS
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173.05	136VX	
Policyholder's Signature Driver	's Signature	Reporting Certifie Personnel's Signature
Date & Time: (If driv	ver is not the policyholder)	Name:

Date & Time:

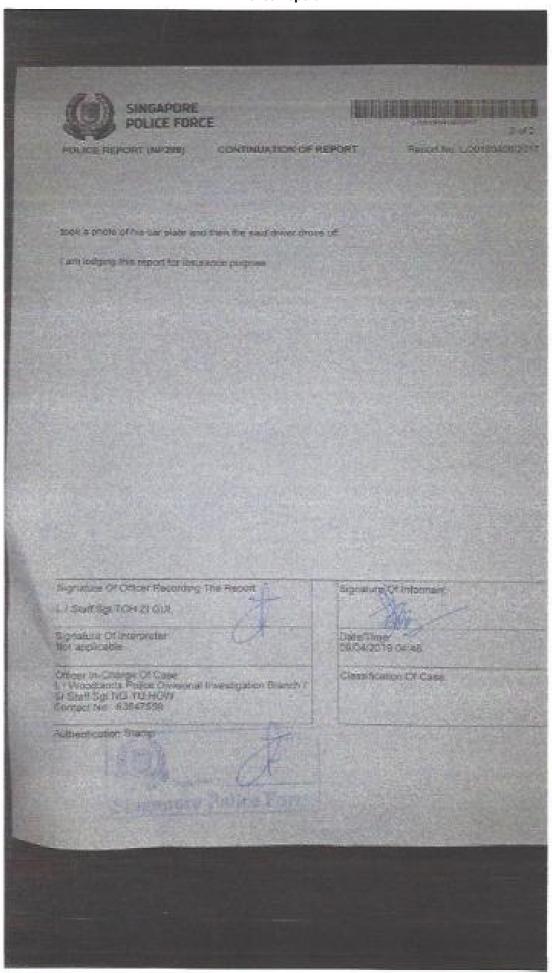
NRIC/FIN No.:

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#### **Police Report**



#### **Police Report**



### **Driving License**









