

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	22/04/2019 10:57
Date Of Accident	20/04/2019 18:45
Exact Location Of Accident	NEE ANN CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3829L
Insured/Policyholder	
Name Of Registered Owner	LIM KIM HUAK
NRIC No	S1456179Z
Email Address	KIMHUAK.LIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91860819
Alternative Phone No	OTHERS-91860819

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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?	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	170006442-01
Cover Note Number	

Driver

Name of Driver	LIM KEI WOO CAROLYN
NRIC No	S9422329F
Date Of Birth	19/06/1994
Occupation	INDOOR
Date Of Driving Pass	26/05/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97767568
Fax Number	
Contact Number	
Email Address	KIMHUAK.LIM@HOTMAIL.COM

Address	BLK 239 BISHAN STREET 22 #18-200
Postcode	570239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	WET

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)	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

REFER TO ATTACHMENT.

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	SLN7262Z
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SURESH THOMAS
NRIC/Passport Number	S6869312H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

22/4/19 0900hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

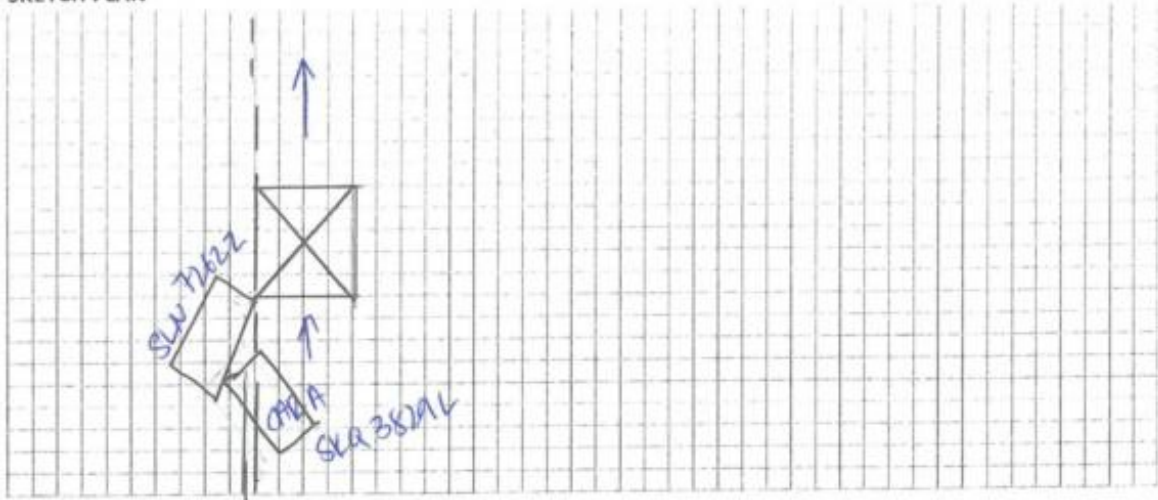
Reporting Centre Personnel's Signature

Name: S. M. S. 119

NRIC/FIN No.: S84102602

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer to attachment.

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 22/4/19 0900hrs

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


 Reporting Centre Personnel's Signature
 Name: Sgt M. Sill
 NRIC/FIN No.: S89102602

Accident Statement

Insurance Claim for Dispute between SKQ 3829 L and SLN 7262 Z

It was 10 Apr 2019, Saturday evening when I was navigating along Orchard Turn, at the vicinity of Ngee Ann City.

The traffic along the road has always been busy and I (SKQ 3829 L) had been driving at a slow speed (30-40 kmh) on the main road.

At around 5.42pm, a dark purple hatchback Honda Vezel, SLN 7262 Z, had swerved in from my left peripheral vision from an adjoining road where merges into the main road.

Although I had braked immediately when I saw him, he had not signalled and had swerved into the centre lane which I was on, instead of keeping to the utmost left lane. Both cars were not at a fast speed but I had impacted his right rear reflective light.

Both parties alighted and examined the situation. His car was dented in from his reverse light to the rear, while my car had a slight scratch on the left bonnet. I am still baffled by how the seemingly minor impact had resulted in his severe damages. Nonetheless, he had requested to proceed with insurance claims.

I have video footage of the entire incident. It will support my written statement and provide an objective recount of the event.

Your Sincerely,

Ms. Carolyn Lim Kei Woo



22 Apr 2019

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



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