

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	25/05/2019 13:33
Date Of Accident	24/05/2019 14:35
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1989S
Insured/Policyholder	
Name Of Registered Owner	SIM KIAN ANN
NRIC No	S7420486D
Email Address	KIANANN.SIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97450599
Alternative Phone No	OTHERS-97450599

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEAN 1.4 TFSI S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100483425-02
Cover Note Number	

Driver

Name of Driver	SIM KIAN ANN
NRIC No	S7420486D
Date Of Birth	23/06/1974
Occupation	INDOOR
Date Of Driving Pass	09/02/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97450599
Fax Number	
Contact Number	OTHERS-97450599
EEmail Address	KIANANN.SIM@GMAIL.COM

Address	BLK 45 MARINE CRESCENT #15-36
Postcode	440045
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	SCW8166X (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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)	0

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

TEH ROAD IS DRY. THE WAETHER IS BRIGHT AND SUNNY. I STOP BEHIND A CAR IN FRONT OF TRAFFIC LIGHT. THEN THE CAR LEXUS(SCW 8106 X) HIT MY CAR FROM THE BACK AND THE LEXUS HIT MY CAR AGAIN. THE LANE ON BOTH MY LEFT AND RIGHT IS EMPTY. I HIT MY FACE ON THE STEER WHEEL AND MY TEETH IS CHIPPED AND LIPS BLEEDING. MY PHONE ON THE SEAT FLEW DOWN AND SCREEN PROTECTOR CRACKED. MY NECK IS HURT AND MY BACK IS ALSO HURT. I WENT TO CLINIC AND THEY REFER ME TO A&E AT SGH. I WENT TO SGH A&E FOR 8 HOURS.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW8166X
Vehicle Make/Model/Colour	LEXUS GS 300
Details Of Properties	FRONT TO REAR
Vehicle Category	PRIVATE CAR
Name of Driver	CHI SHIH LEONG
NRIC/Passport Number	S1164691C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SIM KIAN ANN
Approximate Age	45
Injuries Sustain	
Injured person in which vehicle?	SJA1989S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK45 MARINE CRESCENT
Postcode	440045

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:

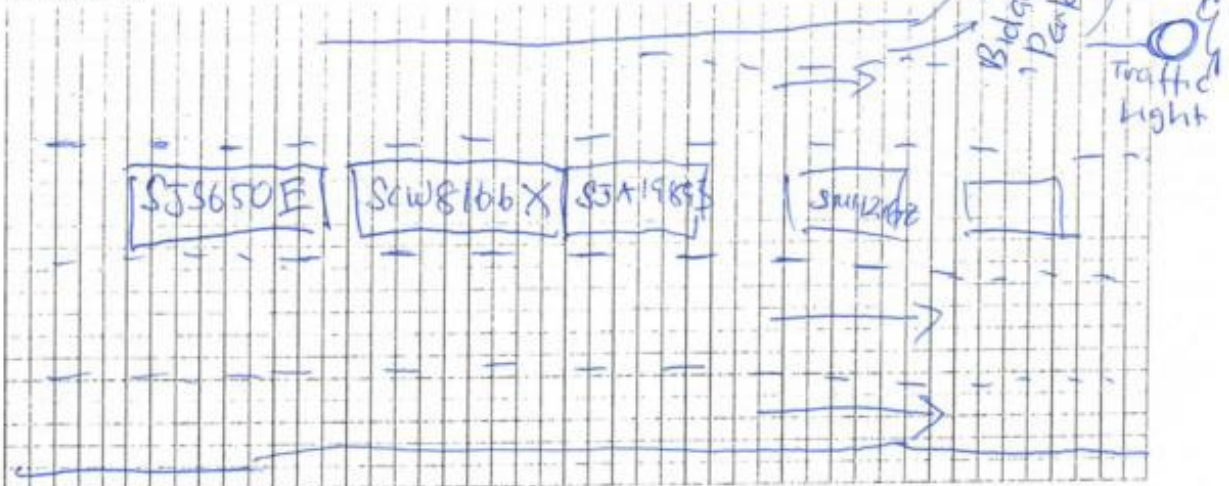
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Kedim Khan
NRIC/FIN No.: G8768996



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Then, The road is dry. The weather is bright and sunny. I stop behind a car in front of traffic light. The car Lexus SCW 8166X hit my car from the back. And the Lexus hit my car again. The lane on both my left and right is empty.

I hit my face on the steering wheel and my teeth is chipped and lips bleeding. My phone on the seat flew down and screen protector cracked.

My neck is hurt and my back is also hurt. I went to clinic and they refer me to A and E at SGH. I went to SGH A&E for 6 hours.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Kelvin Khee
NRIC/FIN No.: G87689001



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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