

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	11/06/2019 15:13
Date Of Accident	09/06/2019 10:55
Exact Location Of Accident	SLIP ROAD AT TAMPINES AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5653X
Insured/Policyholder	
Name Of Registered Owner	LIM KNG YAU (LIN GUANGYAO)
NRIC No	S7311609J
Email Address	VICTORLIM@ATGWATCH.COM.SG
Mobile Phone No	(LOCAL) +65-96426011
Alternative Phone No	HOME-68362260

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
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	ACT
Fleet Policy	NO
Policy Number	1700041626-01
Cover Note Number	

Driver

Name of Driver	LIM KNG YAU (LIN GUANGYAO)
NRIC No	S7311609J
Date Of Birth	02/04/1973
Occupation	INDOOR
Date Of Driving Pass	16/06/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96426011
Fax Number	
Contact Number	HOME-68362260
Email Address	VICTORLIM@ATGWATCH.COM.SG

Address	72 FLORA DRIVE #08-23 SINGAPORE
Postcode	506884
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2
Passenger 1	NAME: : KELLY YAP GENDER: : FEMALE

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

ON THE DAY OF 09/06/2019, 10.55AM, I WAS TRAVELLING ALONG TAMPINES ROAD HEADING TOWARD TAMPINES SAFRA. AS (CAR A), I WAS TURNING INTO THE CROSS JUNCTION TOWARD AVE 1 SLIP ROAD, THE CAR IN FRONT OF ME JAM HIS BRAKE THUS I WAS FORCE TO EMERGENCY BRAKE BUT IT STILL COLLIDE ON HIS CAR REAR BUMPER. NOBODY WAS INJURED DURING THIS ORDEAL, AS BOTH OF US JUST EXCHANGE OUR PARTICULAR AND TAKEN FEW PICTURE.

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	SKJ8621J
Vehicle Make/Model/Colour	TOYOTA/PRIUS/GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH KANG HWEE GLADYS
NRIC/Passport Number	S7609068H
Contact Number	93219192
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. 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:
- (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: 11/06/19
2:30 PM

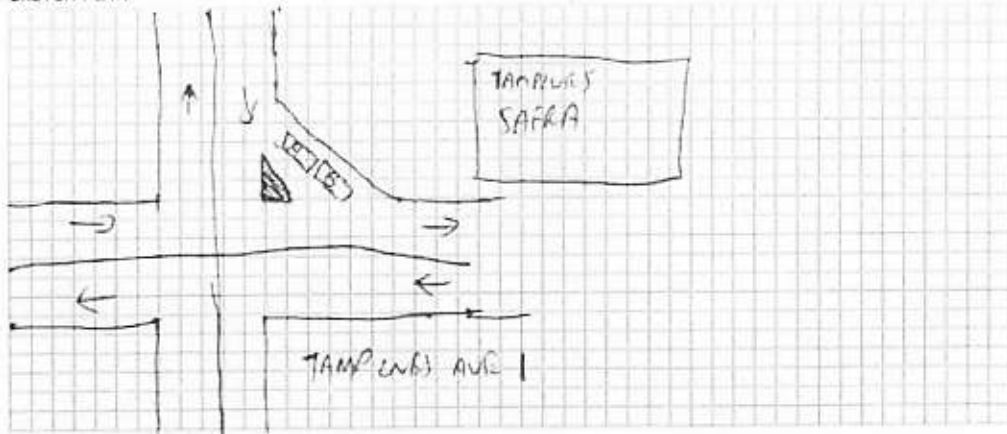
Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/06/19
2:30 PM

Reporting Centre Personnel's Signature
Name: May Goh
NRIC/TIN No: G 658 7792 k

GIA Form 1 (Rev. 10/18)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DAT OF 09/06/2019 TIME @ 10.55AM I WAS TRAVELLING ALONG TAMPINES ROAD HEADEND TOWARDS TAMPINE SAFRA. AS (CER) I WAS TURNING INTO THE CROSS JUNCTION TOWARDS AVE 1 SLD ROAD, THE CAR INFRONT OF ME JAMP HIS BRAKE THUS I WAS FORCED TO EMERGENCY BRAKE BUT IT STILL COLLIDE ON HIS CAR REAR BUMPER. NOBODY WAS INJURED DURING THIS CRASH, AS BOTH OF US JUST EXCHANGED OUR PARTICULAR & TAKEN FEW PICTURE.

DECLARATION

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

Policyholder's Signature
Date & Time: 11/06/19
2:45 PM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/06/19
2:47 PM

Reporting Centre Personnel's Signature
Name: Terry Goh
NRIC/FIN No: G856 7792k