

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	24/09/2019 09:15
Date Of Accident	23/09/2019 18:10
Exact Location Of Accident	NUS CARPARK 2(ENGINEERING FACULTY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ997S
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Insured/Policyholder

Name Of Registered Owner	LIM KOK KEONG
NRIC No	S7734544B
Email Address	STANLEYLIMKK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98710716
Alternative Phone No	Office-98710716

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT
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	1700020867-02
Cover Note Number	

Driver

Name of Driver	LIM KOK KEONG
NRIC No	S7734544B
Date Of Birth	13/11/1977
Occupation	INDOOR
Date Of Driving Pass	06/08/1996
Driving Experience	23 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98710716
Fax Number	
Contact Number	OFFICE-98710716
EMail Address	STANLEYLIMKK@YAHOO.COM.SG
Address	BLK 449 CLEMENTI AVE 3 #04-227
Postcode	120449
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	SIDE SWIPE
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)	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

MY CAR WAS IN STATIONARY IN CAR PARK LOT. I WAS ABOUT TO DRIVE OUT AND I LOOKED LEFT THEN RIGHT TO CHECK NO INCOMING CARS. BUT THERE IS A CAUTION SIGNBOARD BLOCKING MY VIEW. SO WHEN I DROVE OUT AND MAKE A RIGHT TURN SLOWLY,THE INCOMING CAR KNOCKED ONTO MY CAR.

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	SGB3644D
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	RIGHT HAND SIDE
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA PUEY LENG
NRIC/Passport Number	S1719624C

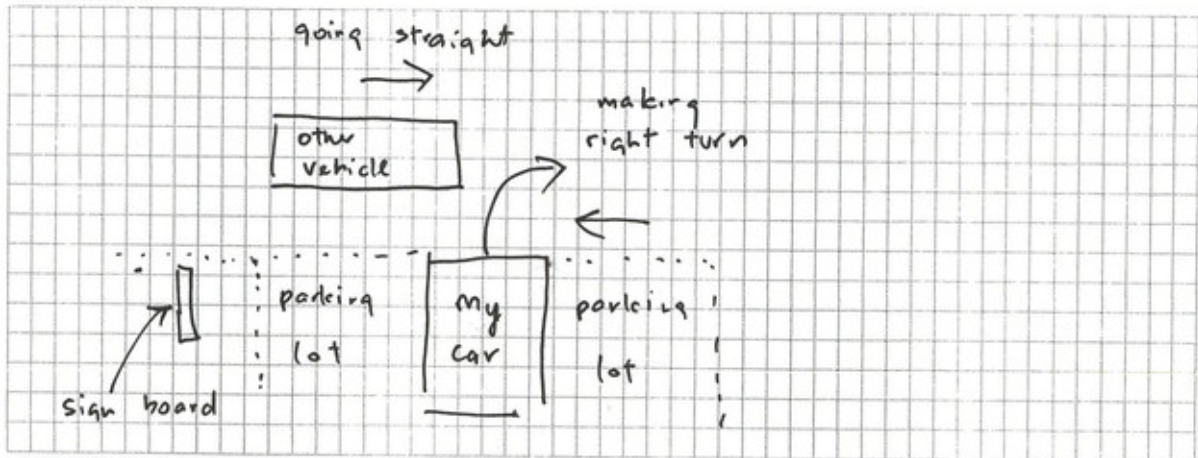
Contact Number	98268328
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 23/9/19 (6:10pm)		
Accident Location: National University of Singapore Carpark 2 (Engineering Faculty)		
Vehicle Number: SLQ9973	Make/Model: Nissan Qashqai	
Policy Holder Name: Lim Kok Keong		
NRIC/ROC: S773454B	Mobile: 98710716	
Email: stanleylimkk@yahoo.com.sg		
Insurance Company: AIG		
Policy Number: 1700020867-02	Policy Period: 28-Jun-19 to 27-Jun-20	
Policy Coverage: Comprehensive (✓)	Third Party ()	Third Party Fire & Theft ()
State Action Taken: Claim Own Policy (✓)	Claim Third Party ()	Reporting Only ()
Driver Name: Lim Kok Keong		
NRIC: S773454B	Mobile: 98710716	
Date Of Birth: 13 / 11 / 1977	Driving Pass Date: 06 / 08 / 1996	
Gender: Male (✓) Female ()	Occupation: Indoor (✓) Outdoor ()	
Address: Blk 449 Clementi Ave 3 #04-227 S(120449)		
Is driver an employee of the insured's company: Yes (✓) No ()		
If No, Relationship of the driver with the insured:		
Owner () Spouse () Friend () Relative () Children () Sibling () Hirer ()		
Weather Conditions: Clear (✓) Raining () Others ()		
Road Surface: Dry (✓) Wet () Others ()		
Was any foreign vehicle involved in this accident? Yes () No (✓)		
Was anybody injured in the Accident? Yes () No (✓)		
Was there any video captured by Car Camera? Yes (✓) No ()		
Number of Passenger (Including Driver): 1		
1)	2)	3) 4)
Was the accident reported to the police? Yes () No (✓) "attach Police Report, if any"		
3rd Party Name: CHUA PUEY LENG		
Vehicle Number: SGB3644D	Make & Model: Toyota Vios	
NRIC: S1719624C	Mobile No: 98268328	
Witness Details (if any):		
NAME:	NRIC:	Mobile No:
Other remark: if any		

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary in carpark lot. I was about to drive out and I looked left then right to check no incoming cars. But there is a caution signboard blocking my view. So I ^{when} drove out and make a right turn slowly, the incoming car knocked onto my car.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

[Signature]

24/9/19

Policyholder's signature

Date & Time 9.00am

Driver's Signature

(if driver not the policyholder)

Date & Time



Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

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:

24/9/19

09:00am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



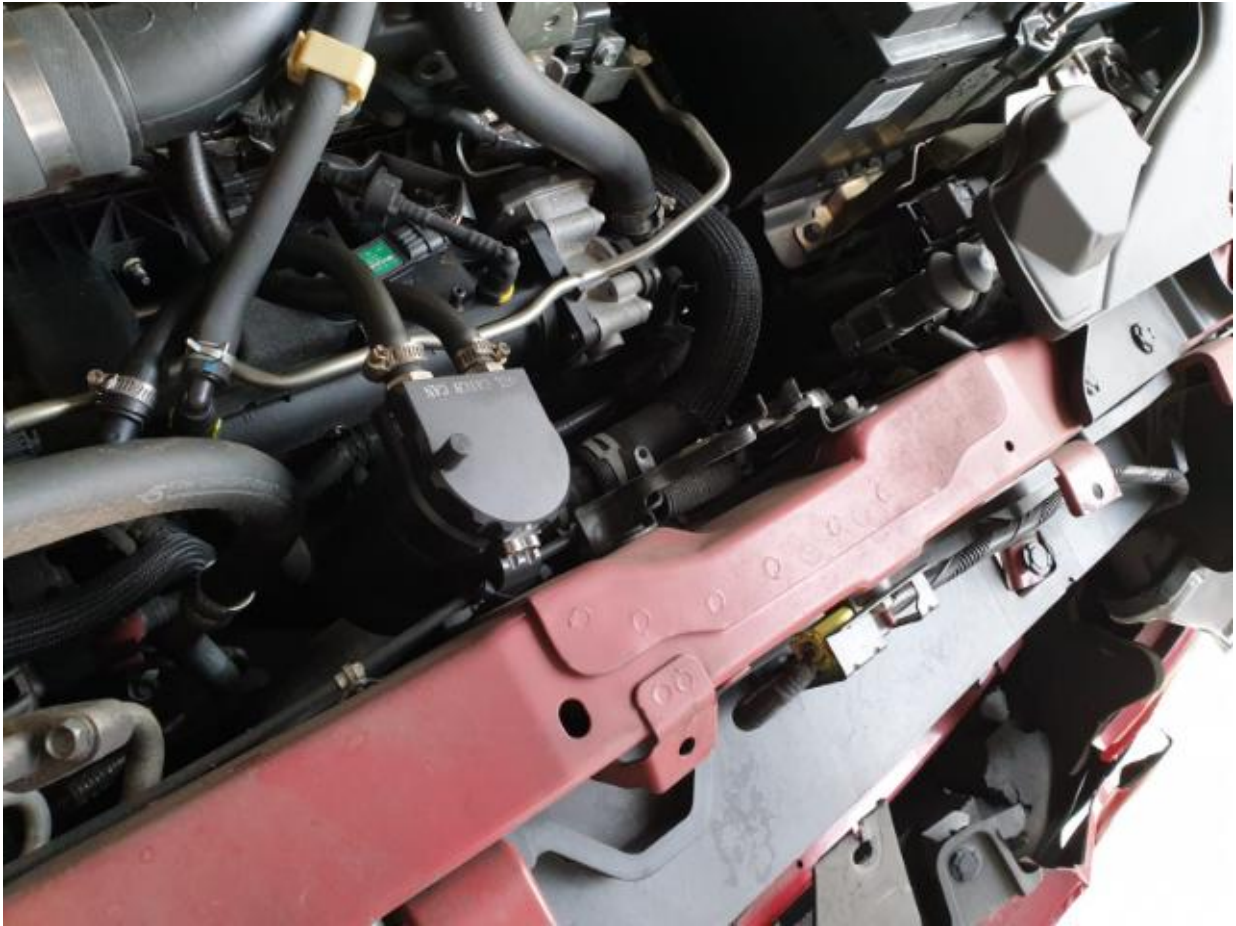
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

