

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	08/10/2019 16:52
Date Of Accident	05/10/2019 13:55
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6686C
Insured/Policyholder	
Name Of Registered Owner	LIM MEI CHERNG
NRIC No	S7913762F
Email Address	SHANN.LIM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98469545
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	MINI
Model	MINI
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	REPORTING ONLY
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	
Cover Note Number	

Driver

Name of Driver	TEO KEONG KEONG
NRIC No	S7438742Z
Date Of Birth	25/11/1974
Occupation	INDOOR
Date Of Driving Pass	15/03/1995
Driving Experience	24 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98202449
Fax Number	
Contact Number	
EMail Address	DAVID.TEO_2000@YAHOO.COM
Address	2 JALAN MAT JAMBOL #04-08 SINGAPORE 119554
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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: : LIM MEI CHERNG 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

REFER TO SKETCH PLAN

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	SGJ3139D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG KENG KWANG

NRIC/Passport Number	
Contact Number	91177663
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:

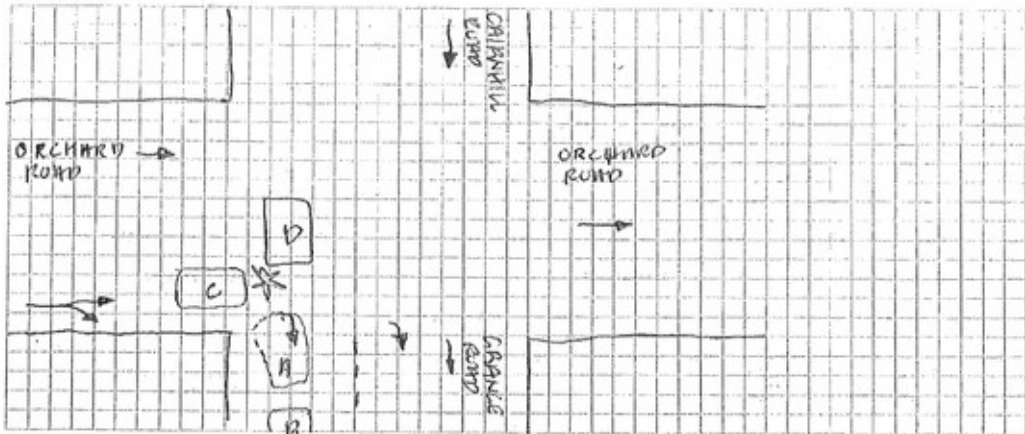
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 07/01/19


Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/01/19


Reporting Centre Personnel's Signature
Name: MUTHAMMOO SULTHAN
NRIC/FIN No.: G2861502M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLZ6686C

ACCIDENT DATE: 05 Oct '19

CONTACT NUMBER: 98202449

ACCIDENT TIME: 1355 HRS

EMAIL: dani-40-2000@yahoo.com

LOCATION: ORCHARD ROAD / GRANGE ROAD

A & B - Other vehicle

C - SLZ6686Z (my car)

D - SJ33190 (Other Accident car)

Driving along Orchard Road turning into Grange Road. As traffic light turn amber, in order not to obstruct pedestrian crossing, I decided to move forward to proceed to the next turning lane of Grange Road. While doing so, another vehicle (SJ33190) coming from Chirkhill Road came crashing straight to Grange Road thus both vehicle scraped one another. In order not to obstruct the flow of the heavy traffic. The other vehicle (SJ33190) signal to follow him and we ended up along Grange Road (near The High Commission of India) to exchange particulars. We both acknowledged that it was not necessary to report our insurances later that night. But there was a change of mind on Mon (07 Oct '19) from driver (SJ33190) thus making me to rush for reporting.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ REPORTING ONLY

DECLARATION

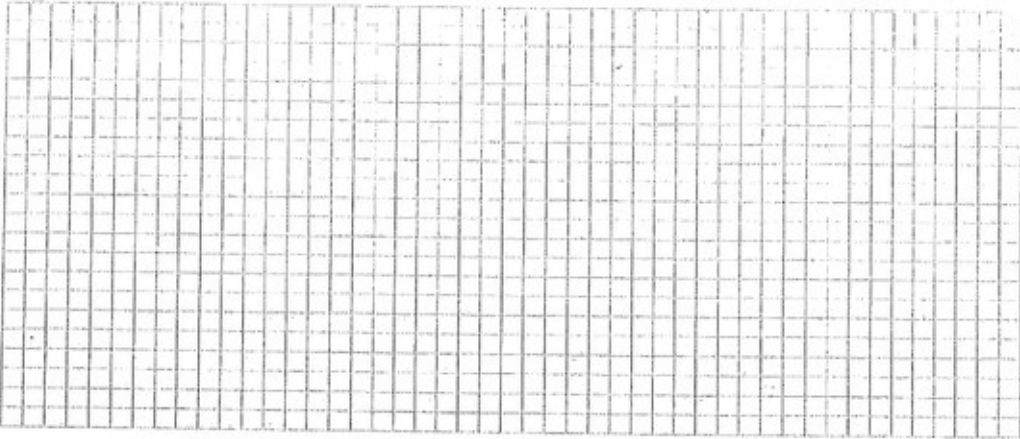
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 07 Oct '19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07 Oct '19

Reporting Centre Personnel's Signature
Name: MUTHANNAIDU JAYARAJ
NIC/FIN No.: G2861500M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SL26686C

ACCIDENT DATE: 05 Oct 19

CONTACT NUMBER: 98202449

ACCIDENT TIME: 1355 HRS

EMAIL: david.ko-2000@yahoo.com

LOCATION: CROWNED ROAD / GRANGE ROAD

I had already made repair to my own damage in Mon (07 Oct 19) morning as it is minor repair. Was surprise when driver (SGJ31320) Redbull that his work shop charges him possible \$1k to \$4k for a minor scratch on the side door. Pictures of both vehicle damage are taken with our camera.

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DECLARATION

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

Policyholder's Signature
Date & Time: 07 Oct 19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07 Oct 19

Reporting Centre Personnel's Signature
Name: RUTHANNA JALPHON
NRIC/FIN No.: 92861502M

Accident Photo



Accident Photo



Accident Photo



Accident Photo

