MTE119158123 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 30/11/2019 15:11 SUBMITTED BY: Ronald Yap

### 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 witholding 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

**ACCIDENT STATEMENT** 

Date Of Report 30/11/2019 15:11 **Date Of Accident** 29/11/2019 18:25

**Exact Location Of Accident** SLIP ROAD FROM KPE TO PIE

Country/State of Loss **SINGAPORE** 

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SLH8399M

Insured/Policyholder

MR LIM JINGYANG Name Of Registered Owner

NRIC No S8529602G **Email Address NOEMAIL** 

Mobile Phone No (LOCAL) +65-98169395

Alternative Phone No Office-98169395

**Vehicle Particulars** 

Manufacturer MAZDA Model 3-1.5 (A)

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?

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** 

NO Fleet Policy

Policy Number

Cover Note Number

**Driver** 

Name of Driver MR LIM JINGYANG

NRIC No S8529602G Date Of Birth 09/10/1985 Occupation **INDOOR** 20/12/2005 **Date Of Driving Pass** 

**Driving Experience** 13 YEARS AND 11 MONTHS

**MALE** Gender

Mobile Number (LOCAL) +65-98169395

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 476C UPPER SERANGOON VIEW

#06-532

Postcode 533476

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? NO

Number of vehicles (including own vehicle) involved

in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 Name: : TEO WAN GEK

Gender: : Female

Passenger 2 Name: : LIM YI JIA

Gender: : Female

Passenger 3 Name: : GONZALES LAYCEL MALARASTA

Gender: : Female

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number EU702M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number YN6038H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **GOODS VEHICLE** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT LICE	ENSE PLATE NO: SLH 3379M
ACCIDENT DATE: 29/1/2019	CO	NTACT NUMBER: 98169395
ACCIDENT TIME: ~ (.20-	. 25 pm EM	ALL: shiliplimiy Osnail.com
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accident retricted and Tuned back i	ato the line on the stop read after I was	clear of them. I came to a complete stop
behind a car as waited in line	n the slip road. A few seconds later, my	car was hit from behind, and another car, I observed that there have but car very YN6038H had also appeared to have
impact was helt a new seconds	after the first. Upon algebras from my	car I obrand that that been in car
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NOTE: PLEASE NOTE THAT YOUR INSURE	R MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUE	BMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN PO
	PLEASE CHECK YOUR POLICY FOR MORE II	NFORMATION
PLEASE STATE: ( ) CLAIM OWN		
DECLARATION	CLAIM THRU PARTY	( )REPORTING ONLY
I/We declare the foregoing particulars	are true in every respect.	
	1880 CO (1801 3 184 185 185 185 185 185 185 185 185 185 185	
Miti 30/11/2019		( bes)
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:
GIARMC SketchPlanForm V3		2

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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:
  - 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:

Béporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

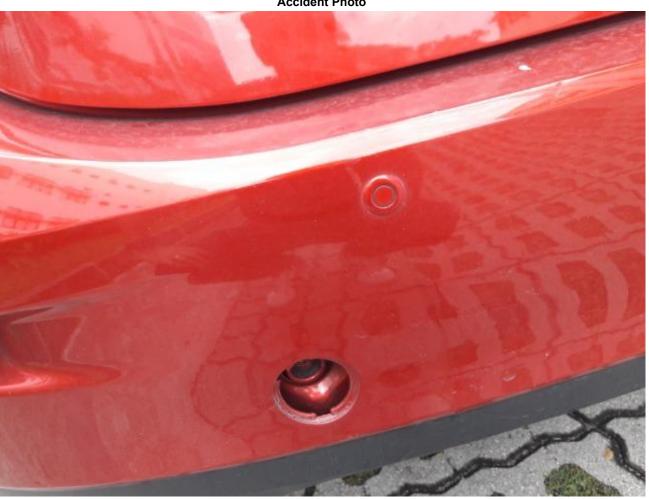
E-FILE 12/5/2019



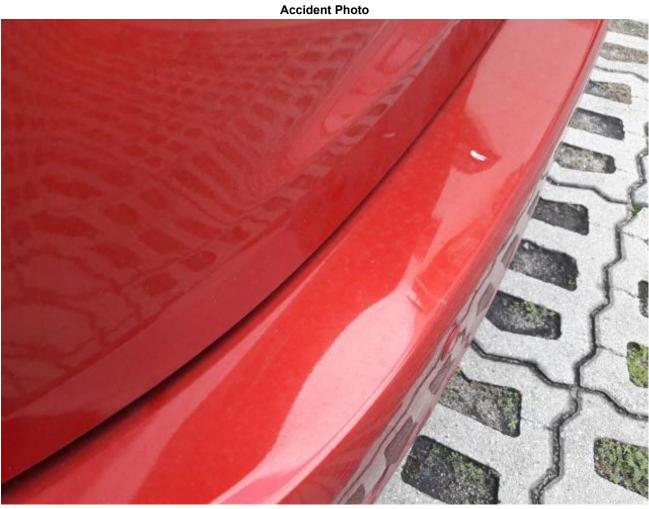
E-FILE 12/5/2019



# **Accident Photo**







E-FILE 12/5/2019



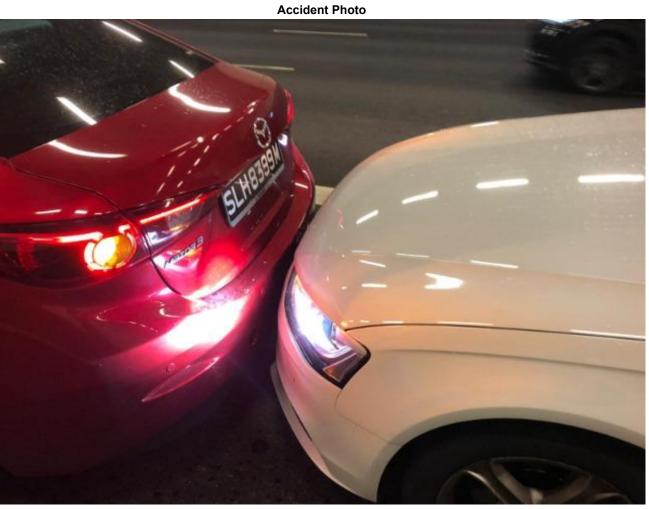












# **Accident Photo**

