

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 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	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
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR LIM JINGYANG
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
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### 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	MR LIM JINGYANG
NRIC No	S8529602G
Date Of Birth	09/10/1985
Occupation	INDOOR
Date Of Driving Pass	20/12/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE

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	3
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)	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?	NO
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?	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	EU702M
Vehicle Make/Model/Colour	

## Details Of Properties

Vehicle Category	PRIVATE CAR
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Name of Driver	
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NRIC/Passport Number	
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Contact Number	
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Address	
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Postcode	
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Insurance Company Name	
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Nature Of Damage	
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No. Of Passenger (Including Driver)	
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## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN6038H
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Vehicle Make/Model/Colour	
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## Details Of Properties

Vehicle Category	GOODS VEHICLE
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Name of Driver	
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NRIC/Passport Number	
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Contact Number	
----------------	--

Address	
---------	--

Postcode	
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Insurance Company Name	
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Nature Of Damage	
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No. Of Passenger (Including Driver)	
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**Sketch Plan**

SKETCH PLAN

SLIP ROAD TO PIE

A SLH8399M

B EU702M

C YN6038H

KPE

Two OTHER ACCIDENT VEHICLES

LICENSE PLATE NO: SLH 8399M

ACCIDENT DATE: 29/1/2019	CONTACT NUMBER: 98169395
ACCIDENT TIME: ~ 6.20pm-6.25pm	EMAIL: philiplimjy@gmail.com
LOCATION: I was travelling on the KPE <del>west</del> towards the City. When taking the slip road leading to the PIE, I noticed that there were two vehicles involved in an accident on the slip road. I <del>to</del> moved right to give some space for the accident vehicles and turned back into the line on the slip road after I was clear of them. I came to a complete stop behind a car as I waited in line on the slip road. A few seconds later, my car was hit from behind, <del>and</del> <sup>and</sup> another impact was felt a few seconds after the first. Upon alighting from my car, I observed that <del>that</del> <del>been</del> hit car EU702M <del>appears</del> was almost bumper-to-bumper with me, and that lorry YN603814 had also appeared to have hit EU702M as well. the rear of	
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 <input checked="" type="checkbox"/> CLAIM THIRD PARTY    ( ) REPORTING ONLY

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:  
NRIC/FIN No.:

2


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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.

 30/11/2019  
 Policyholder's Signature  
 Date & Time:

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**



**Accident Photo**

