

## 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	27/12/2019 19:06
Date Of Accident	26/12/2019 21:25
Exact Location Of Accident	SIMEI AVE (TAMPINES) B/F JUNCTION OF SIMEI ST 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7788R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIM SUNG MI
NRIC No	SXXXX801E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83837788
Alternative Phone No	OTHERS-83837788

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS 63 AMG
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100476078-03
Cover Note Number	

### Driver

Name of Driver	KIM SUNG MI
NRIC No	SXXXX801E
Date Of Birth	26/05/1956
Occupation	INDOOR
Date Of Driving Pass	24/05/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83837788
Fax Number	
Contact Number	OTHERS-83837788
Email Address	NOEMAIL

Address	17A BRIGHT HILL CRESCENT
Postcode	579677
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	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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 196 BISHAN STREET 13 , <b>POSTCODE:</b> 570196 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2589999 - <b>FAX NO:</b> 63536659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO SKETCH AND POLICE NOTICE OF REPORTING

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM638M
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JIAN WEI
NRIC/Passport Number	SXXXX883A
Contact Number	83222724
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KIM SUNG MI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF7788R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Annex D

### NOTICE OF REPORTING

This is to confirm that Kim Sung Mi, S2708801E (HP: 83837788) has reported to the Police for a non-injury accident.

On 26.12.2019 at about 9.25pm, I was driving my car (SLF7788R) 2 Simei Street 3 just outside Changi General Hospital. As the vehicle in front of me stopped, I managed to stop in time as well. Suddenly, I felt a sudden impact from the rear of my vehicle. I stopped my car to make a check. The damages on my car is a huge dent on the rear right bumper and the rear right light cover is broken. The car that hit me is SMM638M, driver details (ID: S9648883S)

My vehicle details: SLF7788R

I wish to state that I felt pain on my body however I have not seen a doctor.

I wish to further state that no government properties were damaged and no cyclists or pedestrians were involved. I am lodging this report for record purposes.

Particulars of other driver:

NRIC: S9648883S

Vehicle: SMM638M

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T190007 Emily Chan

Date and Time of Report: 26/012/2016 at 2258hrs.

S/D Ref: 151

Police Post/ Unit: Bishan NPC

## Accident Sketch Plan

### SKETCH PLAN

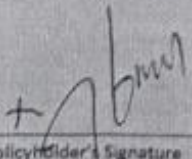
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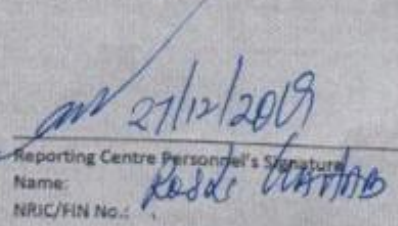
#### 8. Consent under the Personal Data Protection Act (PDPA)

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:

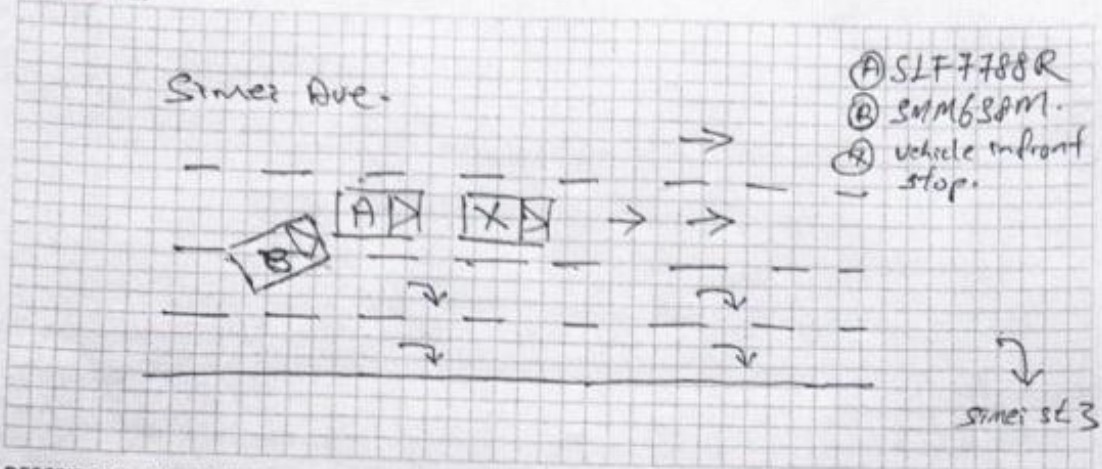
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Rosalee LATHAP  
NRIC/FIN No.:



# Accident Photo

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time I was at the said road. When the front vehicle stop, I follow suit. Suddenly veh B rear ended my vehicle at a relatively great impact. After the accident impact, I feel pain on my back and I consulted doctor and was being warded due to my back bone fractured.

## DECLARATION

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.:

Accident Photo





Accident Photo







Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo

