

## 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	23/12/2019 11:03
Date Of Accident	21/12/2019 18:35
Exact Location Of Accident	ORCHARD ROAD TURNING INTO BUYONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4559R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM THYE
NRIC No	S7414341E
Email Address	KIMTHYE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96376638
Alternative Phone No	Office-96376638

### 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	LIM KIM THYE
NRIC No	S7414341E
Date Of Birth	16/05/1974
Occupation	INDOOR
Date Of Driving Pass	31/07/1999
Driving Experience	20 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96376638
Fax Number	
Contact Number	OFFICE-96376638
E-Mail Address	KIMTHYE@HOTMAIL.COM
Address	BLK 339B SEMBAWANG CLOSE #09-15
Postcode	752339
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	
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: : LIM KEE KOON Gender: : Female
Passenger 2	Name: : LIM HEOK NING CHOE Gender: : Female
Passenger 3	Name: : LIM HEOK XUAN CADEN Gender: : Male

#### 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

KINDLY REFER TO THE ATTACHED 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	SLM6565L
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)	

## Sketch Plan

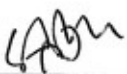
### SKETCH PLAN

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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:

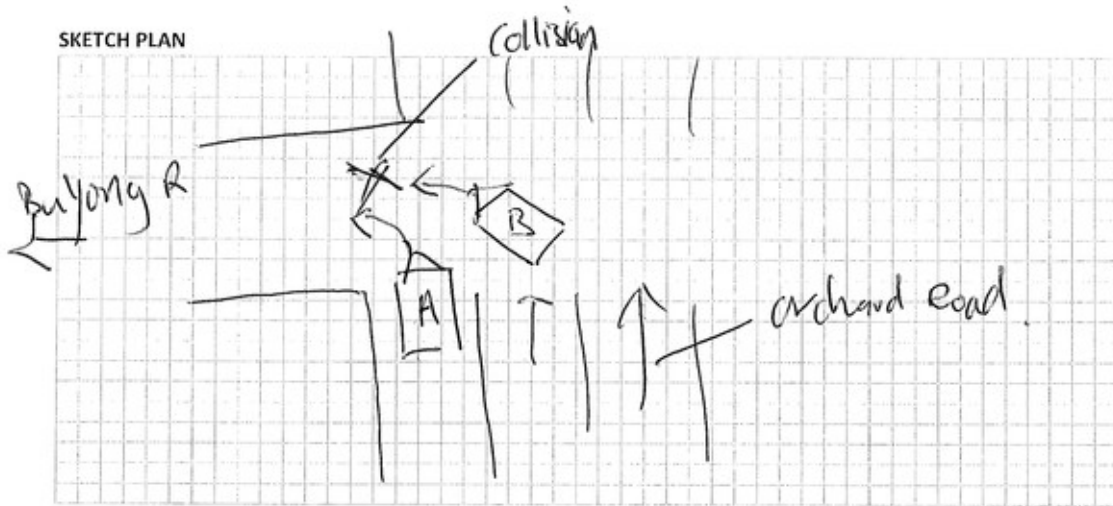
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

x   
Policyholder's Signature  
Date & Time: 23/12/2019  
9:20 am

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

ACCIDENT DATE:

CONTACT NUMBER:

ACCIDENT TIME:

EMAIL:

LOCATION:

Please refer to the attachment.

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: 23/12/2019  
9:20 am.

GRAPHIC SKETCH PLAN FORM 83

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

### Accident Report

Accident Date/Time: 21<sup>st</sup> December 2019 /6:35 p.m.

Location: At the junction where vehicles both turned left from Orchard Road into Buyong Road.



Vehicle 1: SMP 4559 R (Mazda 3 Astina)

Driver 1: Lim Kim Thye

Contact no.: 9637 6638

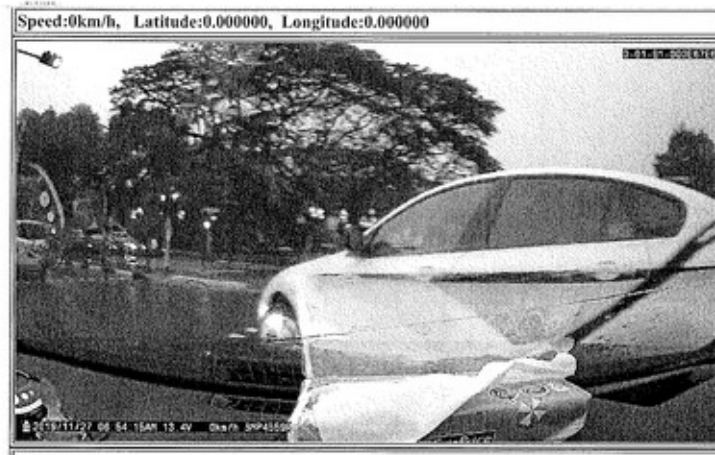
Vehicle 2: SLM6565L (BMW X6)

Driver 2: Janet Low Swee Mui

Contact number: 85010025

### Account of the accident

Both vehicles were travelling on Orchard Road and were turning left into the Buyong Road. Vehicle 1 was travelling on leftmost lane and vehicle 2 was turning from lane 2. As the visibility of vehicle 2 was affected by the heavy rain at that time, it swerved leftwards onto the course of vehicle 1 which was also turning left. Vehicle 1 was not able to brake in time and both vehicles collided. The left side (back) of vehicle 2 collided with right side of vehicle 1.



4/5/21

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Both vehicles stopped at the back of Concorde Hotel and both drivers exchanged contact. Initial external inspection of vehicle 1 shown damage to the right bumper, part of the right radiation support, cracked right headlight, dented right hood, dented right header and nose panel, and right front tire suffered abrasion tear.



There was damage to the left side of the vehicle 2 back doors and rear side. Paint was also scratched.



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4/10/17

Vehicle 2 driver suggested to Driver 1 to have the vehicles repaired at her known workshop after consulting her husband.

On Sunday (22/12/2019), she informed Driver 1 to send his vehicle to his workshop as advised by his insurer.

As the right side of vehicle 1 was damaged and cannot be driven for safety reasons, it was towed from driver 1's residence to the workshop for more detailed inspection. Driver 1 filed his report at 27A Tanjong Penjuru Singapore 609042, Mazda Service Centre on 23/12/2019.

③

SAO



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo

