

**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	01/07/2020 15:10
Date Of Accident	30/06/2020 18:05
Exact Location Of Accident	SLIP RD INTO DAIRY FARM RD FROM BKE(SLE)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJQ7824K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALDEN LIM
NRIC No	SXXXX276A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81233245
Alternative Phone No	OTHERS-81233245
<b>Vehicle Particulars</b>	
Manufacturer	SUZUKI
Model	SWIFT
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900090770-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	ALDEN LIM
NRIC No	SXXXX276A
Date Of Birth	18/04/1992
Occupation	INDOOR
Date Of Driving Pass	06/03/2012
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81233245
Fax Number	
Contact Number	OTHERS-81233245
EEmail Address	NOEMAIL

Address	2 PETIR ROAD #05-15
Postcode	678265
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLS REFER TO THE ATTACHED STATEMENT.

**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	SLZ2715D
Vehicle Make/Model/Colour	
<b>Details Of Properties</b>	
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	SMH2270C
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NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ALDEN LIM
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJQ7824K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

DATE: 01/07/20

## PERSONAL INFORMATION

1. Name of the insured: [Name]  
2. Address: [Address]  
3. Telephone: [Number]  
4. Email: [Email]

5. Date of birth: [Date]  
6. Nationality: [Nationality]

7. Occupation: [Occupation]

8. I hereby declare that the information provided in this form is true and correct to the best of my knowledge and belief. I understand that the information provided in this form will be used for the purpose of the accident investigation and for the purpose of the insurance claim. I agree to provide any further information required by the 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:

(a) conducting an investigation into the accident;  
(b) determining the liability for the accident;

(c) settling the claim, including the final offer of compensation, statements, reports, records and other documents which would involve disclosure of certain personal and confidential information to the Insurers and/or their lawyers/law firms and/or other relevant government agency/authority.

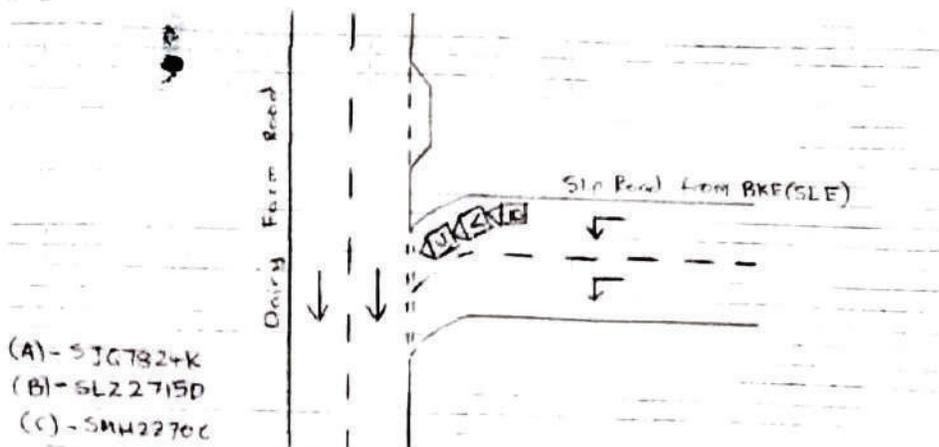
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(a) conducting an investigation into the accident;  
(b) determining the liability for the accident;  
(c) settling the claim, including the final offer of compensation, statements, reports, records and other documents which would involve disclosure of certain personal and confidential information to the Insurers and/or their lawyers/law firms and/or other relevant government agency/authority.

[Signature]

[Signature] 01/07/20

Individual Statement.



On the 30/06/2020 @ about 1805HRS, along slip road into Dairy Farm Road from BKE(SLE). I was travelling on the extreme right lane of the above mentioned slip road, and when my front vehicle stopped to give way to main traffic, hence I followed suit. Suddenly, I felt a great impact from the rear, and the impact pushed my vehicle (A) forward and hit into the vehicle (C) in front of me when I alighted. I realised it was vehicle (B) who collided into the rear portion of my vehicle (A). It was a chain collision of 3 vehicles, and there were damages to the front and rear portion of my vehicle.

I hereby declare that the above information is true and correct to the best of my knowledge and belief. I have not been influenced by any person in providing this information.

*[Signature]*  
 Name of the driver  
 Date

Signature of the witness  
 Name of the witness  
 Date

*[Signature]* 01/07/20  
 Name of the driver  
 Date