

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 ability.
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 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	06/07/2015 17:31
Date Of Accident	26/04/2015 11:30
Exact Location Of Accident	19 NEO PEE TECK LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5417B
Insured/Policyholder	
Name Of Registered Owner	LIM CHONG CHENG
NRIC No	S0036826A
Email Address	TIM@ALLIANCETANKER.COM
Mobile Phone No	(LOCAL) +65-97562170
Alternative Phone No	Others-97562170

Vehicle Particulars

Manufacturer	BMW
Model	730I-3.0 (A)
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	2100405490
Cover Note Number	

Driver

Name of Driver	LIM CHONG CHENG
NRIC No	S0036826A
Date Of Birth	27/02/1953
Occupation	INDOOR
Date Of Driving Pass	11/04/2011
Driving Experience	4 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97562170
Fax Number	
Contact Number	OTHERS-97562170
EEmail Address	TIM@ALLIANCETANKER.COM
Address	19 NEO PEE TECK LANE
Postcode	119050
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	UNKNOWN - TP U-TURN HIT INSURED AT HOME GATE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	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

REFER TO ATTACHMENT	
Are accident photos available for attachment?	YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1307T
Vehicle Make/Model/Colour	KIA MAGENTIS/SILVER TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

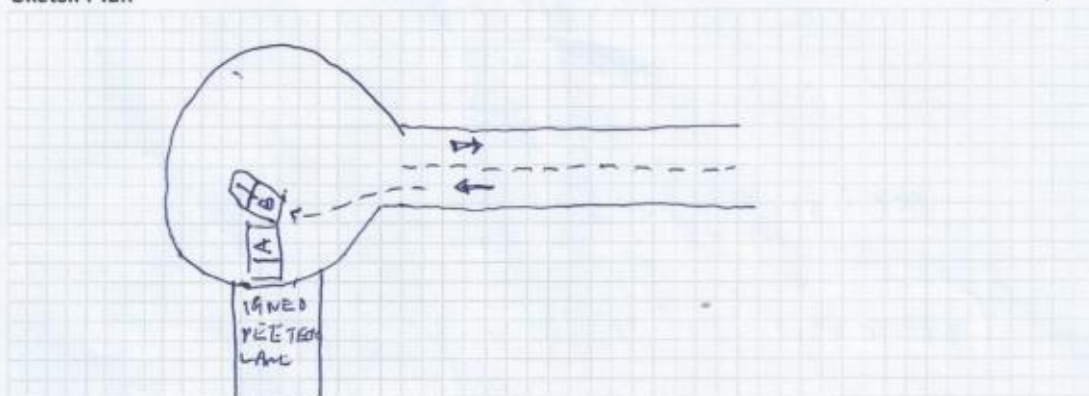
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Refer to attachment.

I/We declare the foregoing particulars are true in every respect.

6/7/15 1715

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

4 June 2015

AIG Asia Pacific Insurance Pte Ltd
AIG Building
78 Shenton Way
#07-16
Singapore 079120

Attention: Claims Department

Your Ref: 8912168448SG

Dear Sir/Mdm,

**ACCIDENT INVOLVING SKH 5417B AND 1307T ON 26 APRIL 2015 AT 19 NEO
PEE TECK LANE AT ABOUT 1130 HOURS**

As you may notice, I live at 19 Neo Pee Teck Lane which is at the cul de sac of the road. On the day in question, I have reversed the car out and have stopped the car in front of my house to close the gate.

Just when I was about to get out to lock the car, I heard a bump on the back of my car and on alighting, realized that a taxi has hit the back bumper of my car with the rear left side of his taxi.

The accident marks on his car and mine point to the fact that when he was making a U-turn back to the main road, he was probably speeding and was blind sighted and when he suddenly noticed my car, he tried to swerve but was too late which resulted in his left rear side scrapping against my bumper. It was his car that hit mine and not the other way around.

I will be heading to your panel workshop for them to file the report officially. Kindly take note.

Yours Faithfully
Lim Chong Cheng
19 Neo Pee Teck Lane
Tel: 97562170

Accident Photo



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