MTC320080195 / Tan Chong Motor Sales Pte Ltd - Bukit Timah ENTRY DATE & TIME: 15/09/2020 17:00 SUBMITTED BY: Muhammad Zuhri Bin Ismail

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	15/09/2020 17:00
Date Of Accident	15/09/2020 14:30
Exact Location Of Accident	DUNEARN RD AT JUNCTION OF VANDA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA1511B
Insured/Policyholder	
Name Of Registered Owner	JESSIE LIM WEI CHIN (LIN HUIJUN)
NRIC No	S7508395E
Email Address	JESSIE-LIM@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-83180405
Alternative Phone No	Others-83180405
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (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
f No, Please state action to be taken	
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	1800044941-02
Cover Note Number	
Driver	
Name of Driver	TAN SEN HIEN
NRIC No	S1786638I

**INDOOR** 

17/03/1986

34 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85883188

Fax Number

**Contact Number** 

EMail Address JOS@TELEVONE.COM

Address 960 DUNEARN ROAD

02-24

Postcode 589486

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

NO

NO

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

#### REFER THE ATTACHED

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL PROVIDE LATER

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLE3445L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MS LILI

NRIC/Passport Number Contact Number

90092946

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHB5452R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI
Name of Driver MR YUE

NRIC/Passport Number

Contact Number 90928522

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Sketch Plan**

## **Muhammad Zuhri**

From:

Joseph Tan <jos@televone.com>

Sent:

15 September 2020 16:43

То:

Muhammad Zuhri

Subject:

Fwd: LOA

FYI

Begin forwarded message:

From: Jessie Lim <jessie-lim@outlook.com> Date: 15 September 2020 at 16:41:44 SGT To: Joseph Tan <jos@televone.com>

Subject: LOA

Hi

 $I, Jessie\ Lim\ Wei\ Chin\ of\ NRIC\ S7508395E\ ,\ hereby\ authorizes\ Tan\ Sen\ Hien\ of\ NRIC\ S1786638I\ to\ make\ an\ insurance\ reporting.$ 

Regards, Jessie Lim

#### SKETCH PLAN

### IMPORTANT NOTICE

Vehicle No: SMA 1511

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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 disciosure 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 Per

Name:

NRIC/FIN No.:

sonnel's Signature

Vanda Road SKETCH PLAN Road Dunear (A) My Vehicle No: SMA 1511 B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Road junction of Vanda Accident Location: Dunearn Road at am pm Time: 2:30 Accident Date: Sep 2020 Details Accident -- Brief At around 2:30 pm. I was afternoon. hot Sunnu junction of Vanda rivina alona Dunearn Road near the road. traffic. Heavy peak hour (school dismiss time) changing cars . middle Someone lane ht side sounded his car horn loudly. I approached quickly back near . bang Sound. the was second Details Vehicle - Other Ms Li Li (B) Veh No: SLE 3445 L Hp: 90092946 Driver Name: (C) Veh No: SHB 5452 R Hp: 9092 8522 Pax: Mr Mue Driver Name: 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 po

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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