

## 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	27/11/2020 11:21
Date Of Accident	26/11/2020 18:50
Exact Location Of Accident	HOUANG AVE 3 B4 CHAO YING KONG TEMPLE-HOUANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2116B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KAI ZHONG
NRIC No	SXXXX267C
Email Address	KAIZHONG@OUTLLOK.COM
Mobile Phone No	(LOCAL) +65-81571792
Alternative Phone No	OFFICE-65706870
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING FOR DINNER
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800096523
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM KAI ZHONG
NRIC No	SXXXX267C
Date Of Birth	16/10/1985
Occupation	INDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81571792
Fax Number	
Contact Number	OFFICE-65706870
EMail Address	KAIZHONG@OUTLLOK.COM

Address BLK 271B PUNGGOL WALK #09-517  
 Postcode 822271  
 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? 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  
 Number of Passengers (Including Driver) 2  
 Passenger 1 NAME: : OH BEE HONG  
 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**

REFER TO ATTACHMENT

**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 SJF2421E  
 Vehicle Make/Model/Colour TOYOTA AXIO  
 Details Of Properties FRONT OF VEHICLE  
 Vehicle Category PRIVATE CAR  
 Name of Driver ELIJAH ELLIOTT PHUA YONG REN  
 NRIC/Passport Number  
 Contact Number 96571913  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage COLLISION  
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

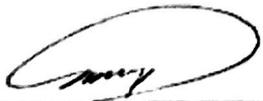
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

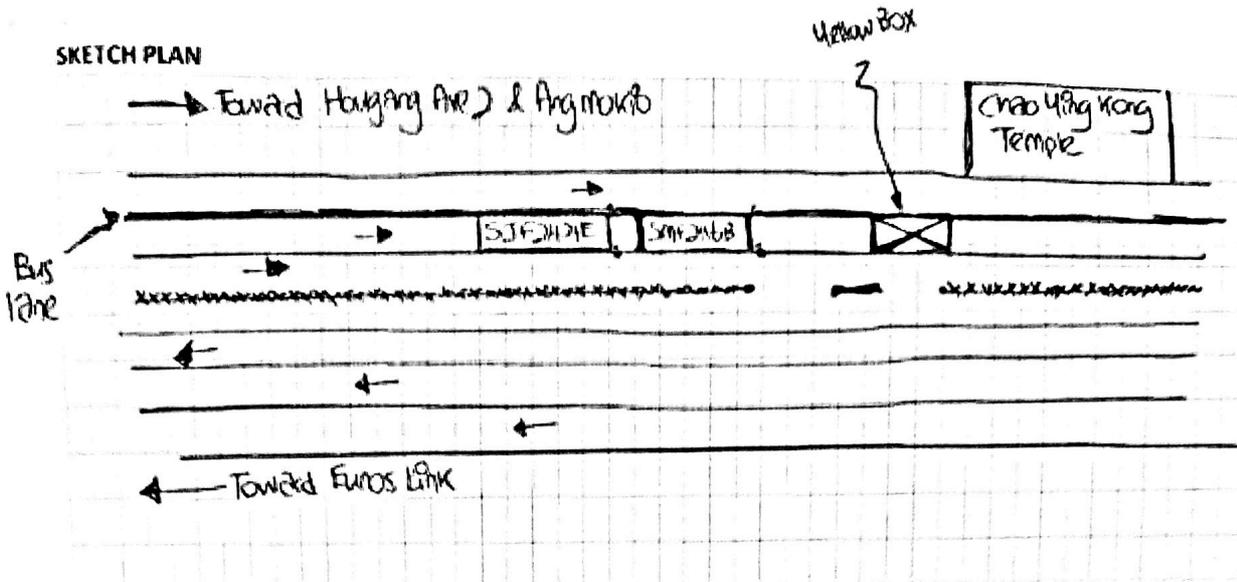
  
 Policyholder's Signature  
 Date & Time: 27<sup>th</sup> NOV '20  
 0935

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 27<sup>th</sup> NOV '20  
 0935

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

Sketch Plan #2

SKETCH PLAN



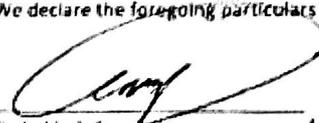
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 November 2020 around 6.50 pm, I was in my vehicle SIF 2116B together with my friend who was my passenger. My vehicle was stationary at the center lane of a 3 lane road along Hougang Avenue 3 before the Chao Ying Kong Temple and the U-turn junction as there was a jam from traffic light junction in front.

When I was about to move off, the vehicle SIF 2121F collided onto the rear of my vehicle. Soon after we got out from our car and exchanged particulars. The driver of SIF 2121F also told me that he could not brake his vehicle in time and as a result he collided onto the rear of my vehicle.

DECLARATION

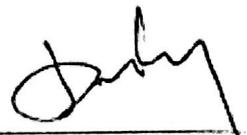
I/We declare the foregoing particulars are true in every respect.

  
 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.: