

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 Submission 18/12/2020 09:46 (SGT)
Date of Accident 07/12/2020 12:20 (SGT)
Exact Location of Accident Collyer Quay, Singapore
Additional Location Information COLLYER QUAY TOWARDS FINLAYSON GREEN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EP98A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KONG LIANG
NRIC No S1292588C
Email Address KLLIM98@SINGNET.COM.SG
Mobile Phone No (Phone) +65-81217551
Alternative Phone No +65-81217551

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver LIM KONG LIANG
NRIC No S1292588C
Date Of Birth 13/03/1958
Occupation Indoor

Date Of Driving Pass	17/08/1977
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81217551
Alt. Phone Number	+65-81217551
Email Address	KLLIM98@SINGNET.COM.SG
Address	APT BLK 767 CHOA CHU KANG STREET 54
Address complement	#12-43
Postcode	680767
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE SOK MUAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6985H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

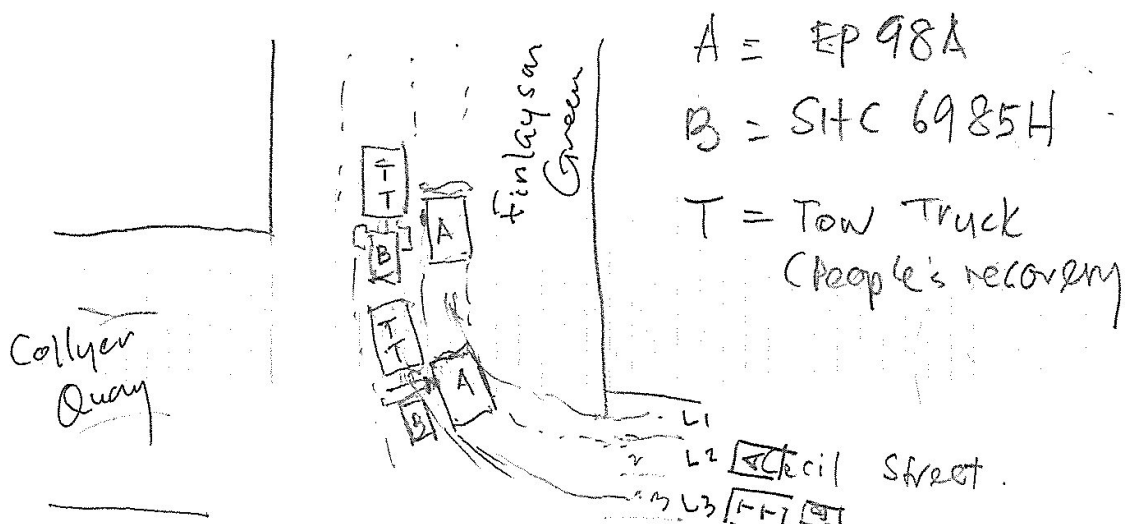
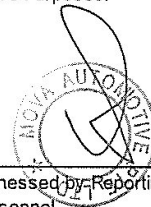
AD 18/12/2020

Policyholder's Signature / Date & Time
0930am

Sketch Plan

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

Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident


LICENSE PLATE: EP98A	ACCIDENT DATE & TIME: 7/12/2020 12.20 pm
CONTACT NUMBER: 81217551	E-MAIL ADDRESS: kilim98@singnet.com.sg
LOCATION: Collyer Quay towards Finlayson Green.	
<p>On 7/12/2020 at around 12.20 noon was on the travelling along Collyer Quay, towards Finlayson Green. At the junction of Collyer Quay & Finlayson Green. Tow truck was at L3 & I was at Lane 2 waiting for traffic light to turn green. I filter to left for tow truck that I intend to keep left to move towards Collyer Quay. Tow truck speed up to turn right towards Finlayson Green, while slowing down for truck to turn, my front left wheel rim touch against the tow truck right back frame that secure the taxi front right wheel.</p> <p>The impact causes my front bumper drop off, there wasn't any damage to the tow truck.</p> <p>We (tow truck's driver & myself) confirm there was no damage to the tow truck. We agreed not to claim each other.</p> <p>As taxi was stationary & secure to the tow truck there was no damage to the taxi.</p> <p>My left side mirror touches the driver side door my side mirror did not drop off & there was not damage and still can operate. As the taxi door (metal) got no dent on the taxi door. There was slight mark on the door less than 1 inch mark & can be easier easy remove.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.


 18/12/2020
 Policyholder's Signature / Date & Time
 0930am

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


 Witnessed by Reporting Centre Personnel





























