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 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.

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 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 11/01/2021 18:12 (SGT) Date of Accident 09/01/2021 17:05 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information SLIP RD INTO SERANGOON AVE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1025X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LIM YAN HWEE TRADING PTE LTD Company Reg No 2XXXXX144R Email Address edmond0652@gmail.com Mobile Phone No (Phone) +65-63820158 Alternative Phone No +65-63820158

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant 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?

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2070178302 Cover Note Number

DRIVER

Name of Driver YANG KOR KEE NRIC No SXXXX133C Date Of Birth 22/05/1962 Occupation Outdoor

Date Of Driving Pass 17/01/1980 Driving experience 41 YEARS Gender Male Mobile Number (Phone) +65-97812155 Alt. Phone Number Email Address edmond0652@gmail.com Address **BLK 130 KIM TIAN ROAD** Address complement #04-149 Postcode 160130 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Weather Conditions **AFT RAINING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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 PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	EJ8889M -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address Address Complement	YANG KOR KEE - -
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	GBJ1025X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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 :
 - 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:
 - 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

complying with requirements under any regulations, laws or court orders.

Policyholder's Senature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting dentre Personnel's Signature Name:

NRIC/FIN No.:

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A: GBJ1035X
B: FJ8889M

A: GBJ1035X
B: FJ8889M

A: GBJ1035X
B: FJ88899M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	As I was approaching who the slip road
-from	Upper levolugion took into Severigion Hue 1.
1	stopped my vehicle to give way to the pedestrian
Suddle	enly after stopping for about 20 seconds.
	I felt a mage impact from the year of
MY	COIV -
	I then arighted my vehicle and the person
Who	bang my vehicle came and apologies to me
	I felt extreamly ancomfortable at my
0	fcx cives.

DECLARATION

I/We editability regoing particulars are true in every resp

Policyhologi a denature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



























