

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 20/02/2021 12:47 (SGT)
Date of Accident 19/02/2021 13:40 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information THOMSON ROAD TOWARDS THOMSON ROAD PIE VIADUCT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8562B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALICE LIM
NRIC No SXXXX795A
Email Address 64ALICELIM@GMAIL.COM
Mobile Phone No (Phone) +65-81985697
Alternative Phone No (Office) +65-81985697

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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AGI
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10482722R00
Cover Note Number P10482722R00

DRIVER

Name of Driver YAP WENG CHOY
NRIC No SXXXX152Z
Date Of Birth 20/07/1964
Occupation Indoor

Date Of Driving Pass	03/01/2000
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97512501
Alt. Phone Number	-
Email Address	64ALICELIM@GMAIL.COM
Address	BLK 248 KIM KEAT LINK #05-61
Address complement	-
Postcode	310248
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	ALICE LIM
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

REFER TO SKETCH PLAN

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	SMW3503X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG LIANG THONG
NRIC No	SXXXX675D

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGX9449X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TAN HEA HONG
NRIC No SXXXX481E
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

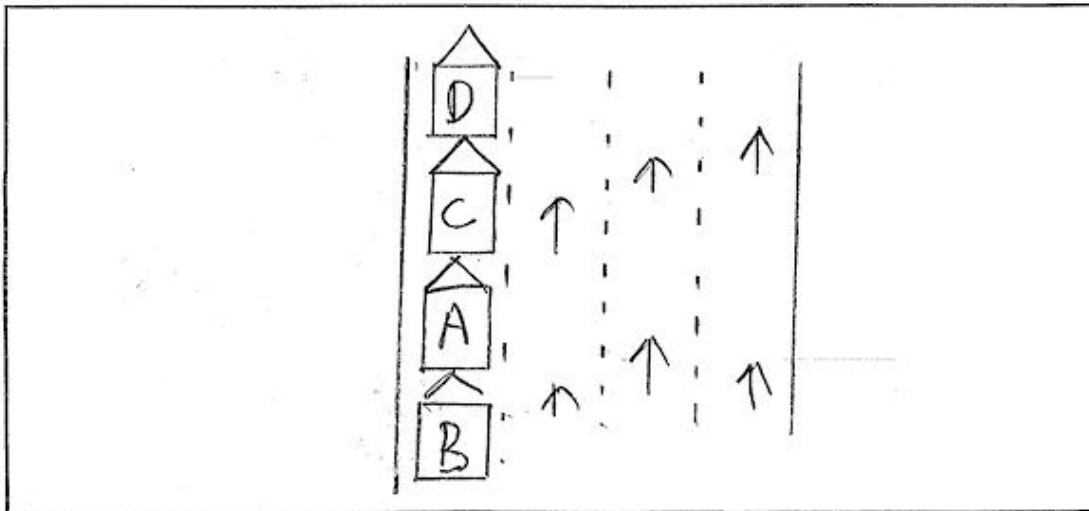
Vehicle Registration Number SLP4216S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver ONG POH MENG
NRIC No SXXXX032E
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

Sketch Plan



9:49am
 [Signature] 20/2/2021
 Policyholder's Signature / Date & Time

[Signature] 20/2/21 9:49am
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
 20/02/2021
 Witnessed by Reporting Centre Personnel
 AN LIAISON MOTOR COMPANY

Date of accident: 19/2/21 Time: 1.40pm Location: Thomson Road
My Vehicle A: SMG 8582 B Vehicle B: SMW 2503 X Vehicle C: SGX 9449 X

SKETCH PLAN
Describe Circumstances of the Accident.

I was driving along Thomson Road towards Thomson Road and the vehicle in front jam brake and my vehicle A also jam brake but cannot stop in time and hit vehicle C in front while vehicle B which is behind me also cannot stop in time and therefore hit me from behind. The time of the accident is 1.40 pm on 19.2.2021.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

We declare the foregoing particulars are true in every respect.

[Signature] 20/2/21
Policyholder's Signature / Date & Time

[Signature] 20/2/21
Driver's Signature (if driver is not the policyholder) / Date & Time

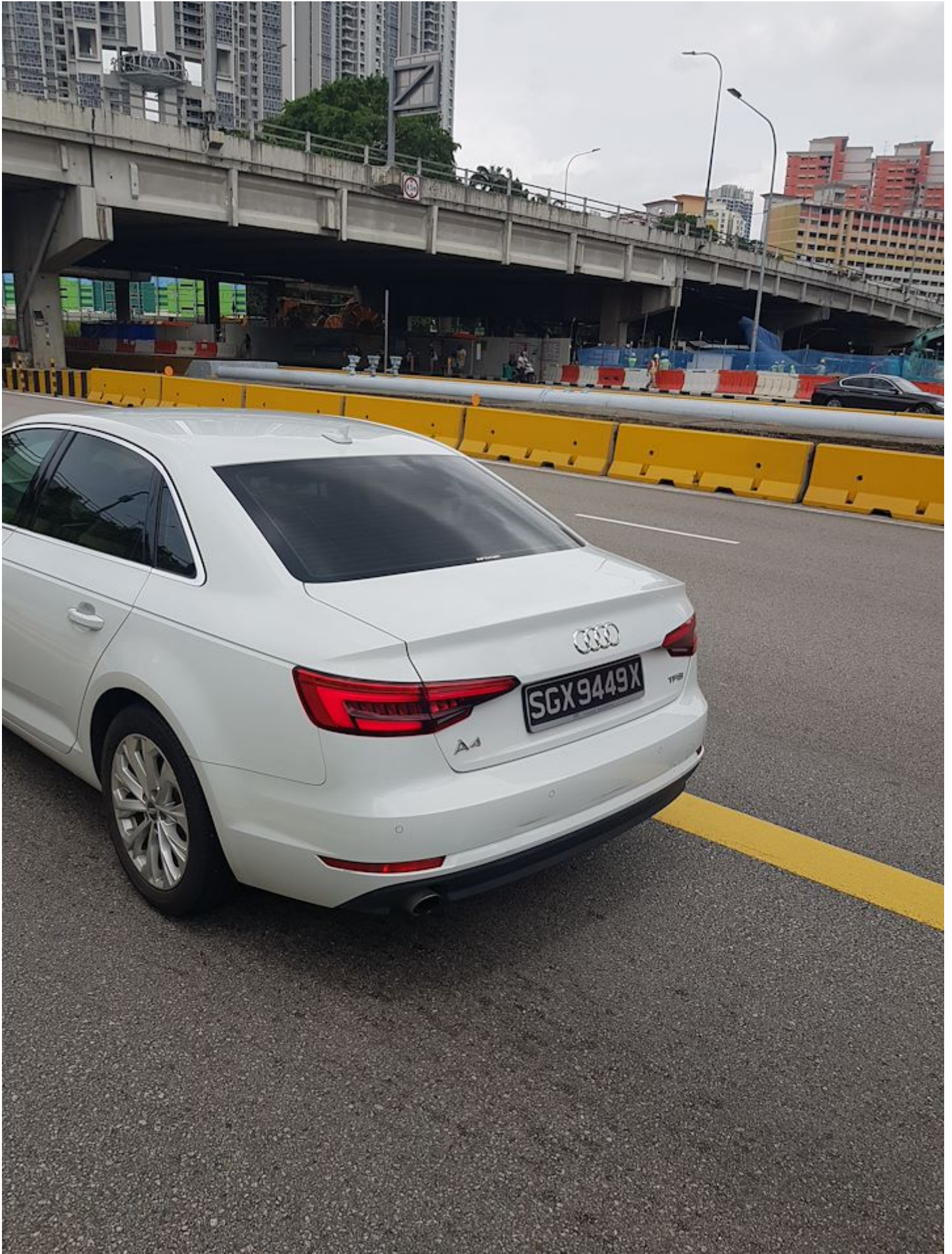
[Signature]
Witnessed by Reporting Centre Personnel
20/02/2021
AH LIM MOTOR COMPANY



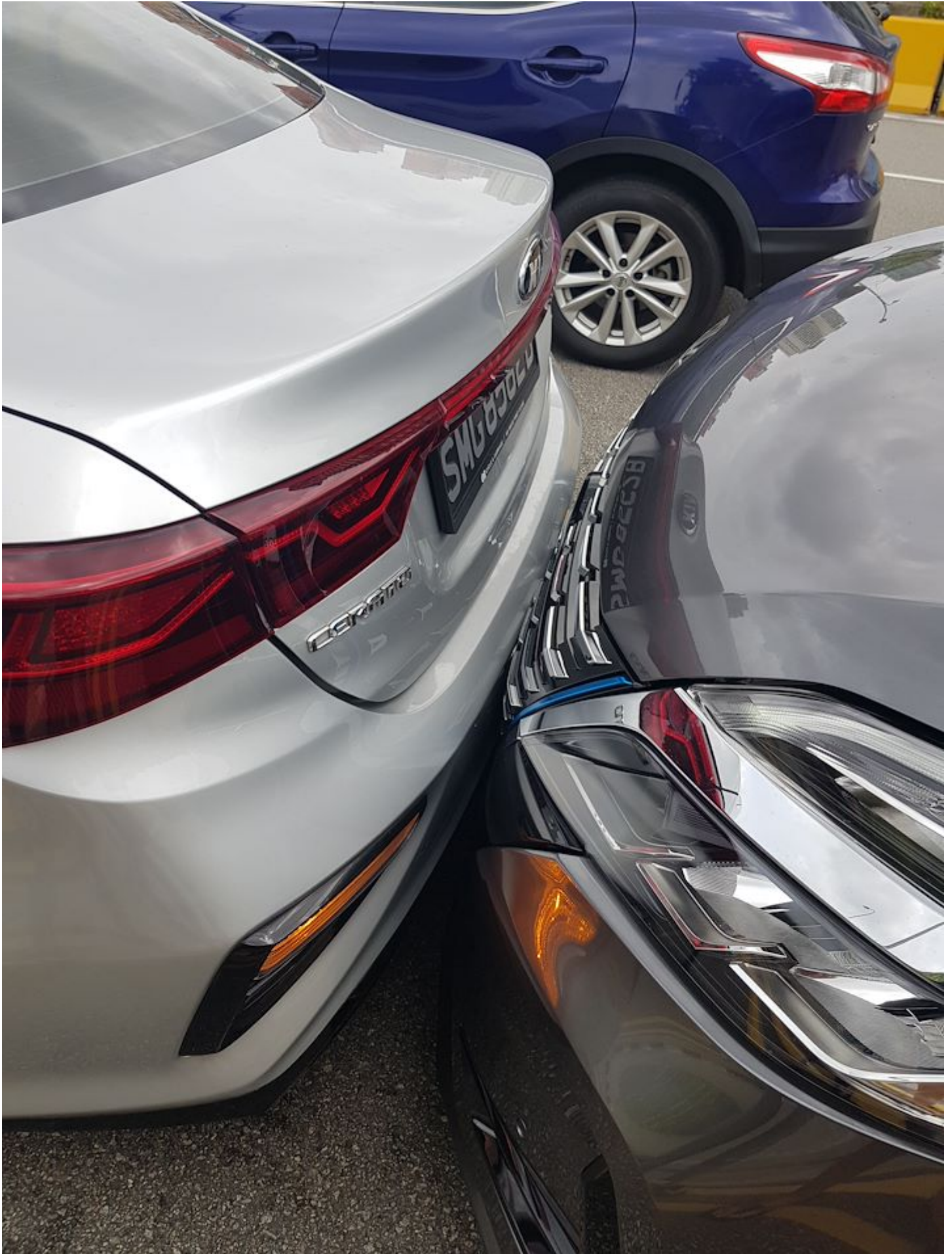














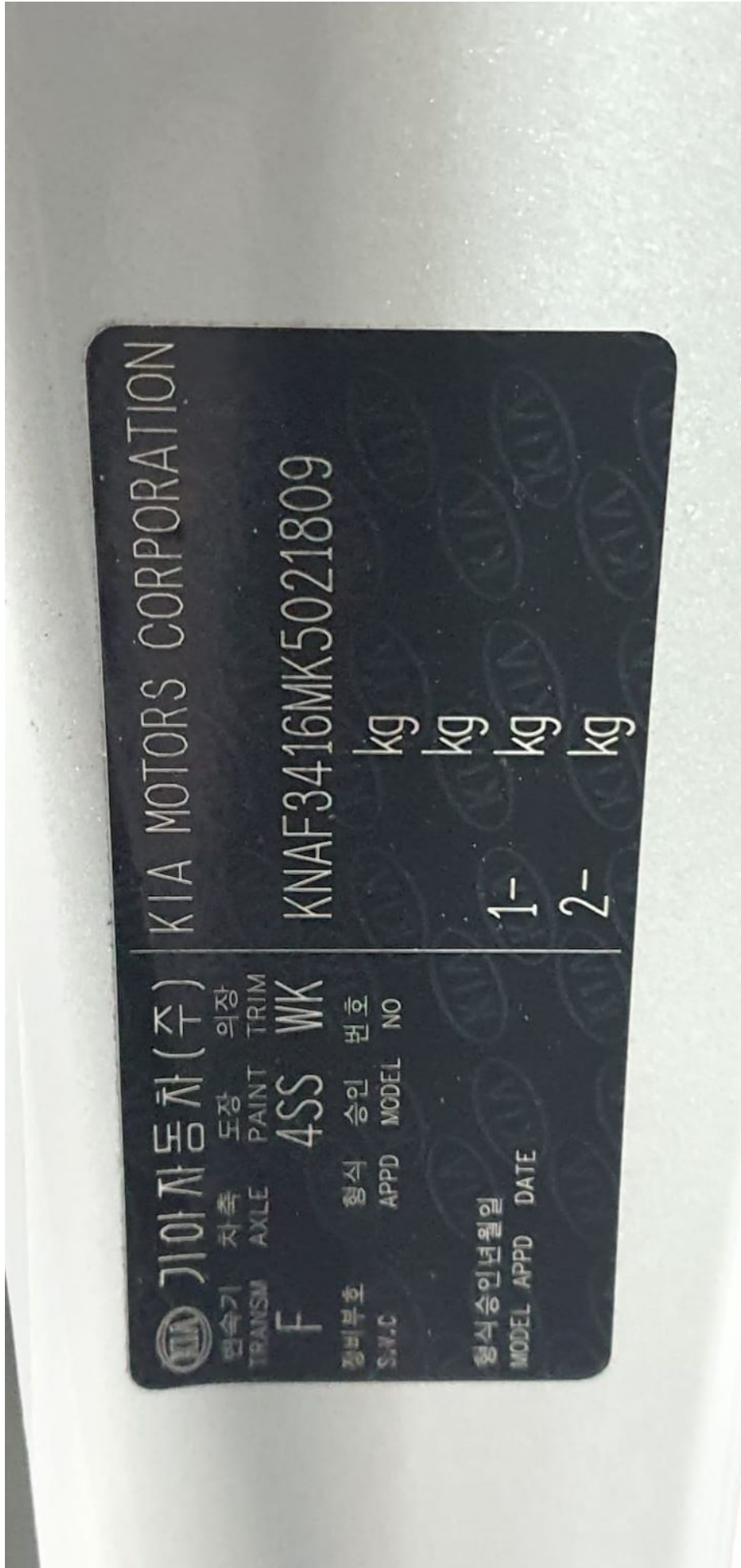












KIA MOTORS CORPORATION

KNAF3416MK5021809

기아자동차 (주)

의장 TRIM

도장 PAINT

4SS WK



전속기 TRANSM

차축 AXLE

F

정비부호 S.V.C

형식 승인 번호 APPD MODEL NO

형식승인년월일 MODEL APPD DATE

kg

kg

kg

kg

1-

2-





