

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 26/02/2021 13:47 (SGT)
Date of Accident 25/02/2021 22:12 (SGT)
Exact Location of Accident Near 5 Lor Chuan, Singapore 556741
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC959M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lim Han Yong (Lin Hanyong)
NRIC No SXXXX388J
Email Address limhanyong@hotmail.com
Mobile Phone No (Phone) +65-97990396
Alternative Phone No +65-97990396

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A200
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 Allianz
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2000110361
Cover Note Number -

DRIVER

Name of Driver Lim Han Yong (Lin Hanyong)
NRIC No SXXXX388J
Date Of Birth 19/05/1978
Occupation Indoor

Date Of Driving Pass	12/11/1998
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97990396
Alt. Phone Number	+65-97990396
Email Address	limhanyong@hotmail.com
Address	8 Pulasan Road
Address complement	#02-02
Postcode	424376
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	Collision - Head to Rear
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)	1
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

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	SLT1220C
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	Thiyagarajar Pevadoss
Contact Number	(Phone) +65-99583738
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

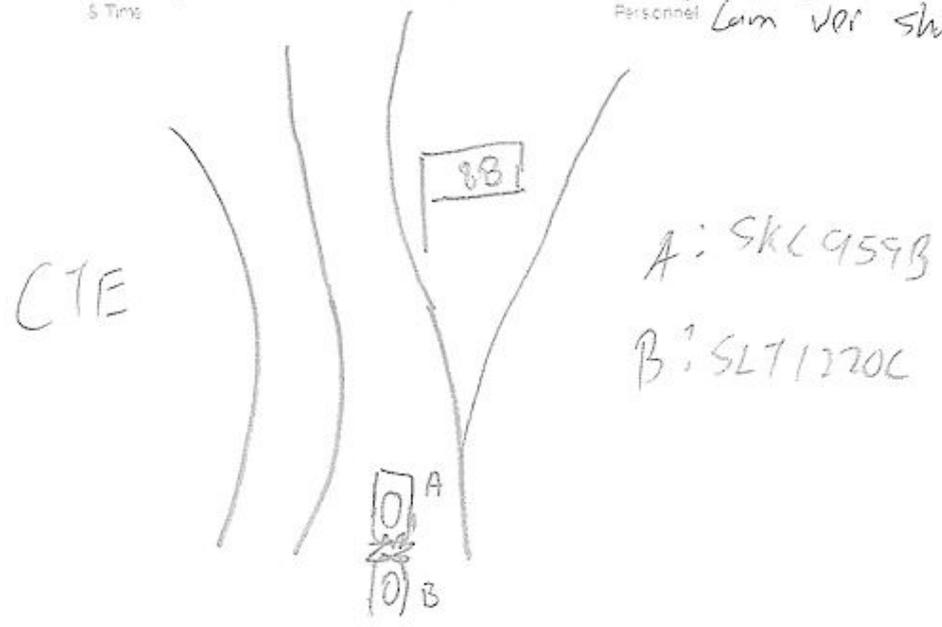
- (a) My insurer, my workshop and the General Insurance Association of Singapore ('GIA') may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other additional information provided by me or possessed by my insurer, collectively the 'Personal Information', and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident, all insurers who have insured vehicle(s) involved in the accident and the collective referred to as the 'Insurers', the Insurers who were law firms, the Director, 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 insurers (who have insured vehicle(s) involved in this accident and the Insurers, law firms/law firms) may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms) which may be used outside of Singapore, for one or more of the above Purposes.

Lim J 26/02/21 @ 1350h
 Policyholder's Signature | Date & Time

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

Lam Vei Shu
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Driving along CTE & heading to back home near Eunos.

Approach Exit 8B on CTE & was on the lane that is exiting towards 'Changi' Air port.

Came to a gradual stop as the cars ahead were lining up to exit CTE.

All of a sudden felt a force from the rear of my car that pushed my car forward.

When I exit my car to inspect car no. SLI 1720C have crashed into the rear of my car & damage it.

We exchanged details & agreed to report this matter.

Declaration

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

 26/02/21 @1350h
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel
 Lam wei shun











