

# 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 .....	03/02/2021 12:32 (SGT)
Date of Accident .....	02/02/2021 12:40 (SGT)
Exact Location of Accident .....	Near 114 Lavender St, Singapore 338729
Additional Location Information .....	INFRONT OF CAVAN ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKX5508M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM SIEW HWA
NRIC No .....	SXXXX875B
Email Address .....	SIEWHONG156@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91397695
Alternative Phone No .....	+65-91158554

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1395

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2100443165-04
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM SIEW HONG
NRIC No .....	SXXXX986C

Date Of Birth .....	24/10/1967
Occupation .....	Indoor
Date Of Driving Pass .....	30/04/1993
Driving experience .....	27 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91397695
Alt. Phone Number .....	-
Email Address .....	SIEWHONG156@GMAIL.COM
Address .....	80 JELLICOE ROAD
Address complement .....	#11-02
Postcode .....	208766
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
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

ON 2/2/21 AT 1240 HR, AS I WAS DRIVING ALONG LAVENDER STREET, FEW BLOCKS OF ROAD SAFETY BARRIERS FROM NEARBY ROAD CONSTRUCTION SITE FLEW AND HIT ALONG THE LEFT HAND SIDE OF MY CAR.

#### ATTACHMENT(S)

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

# SKETCH PLAN

## IMPORTANT NOTICE

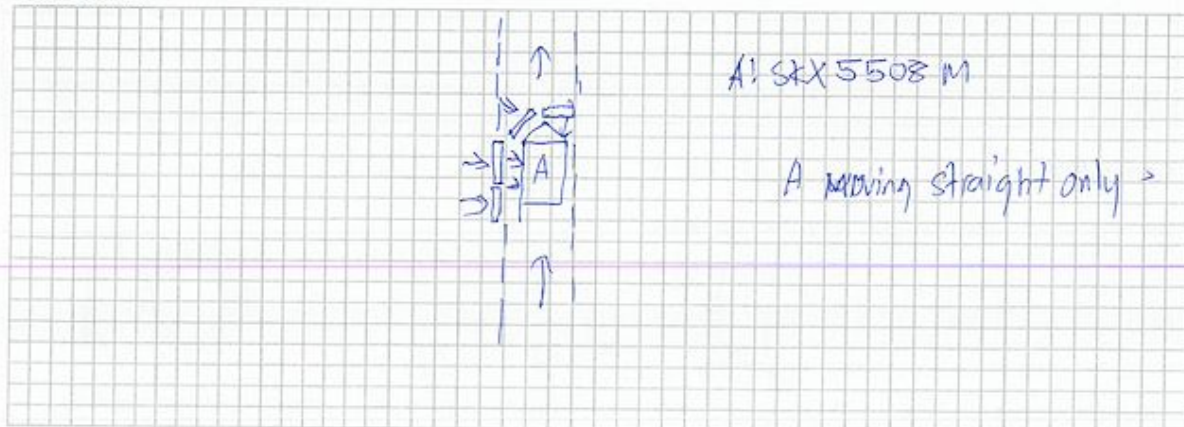
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

On 2/2/21 at 1240hr, as I was driving along  
 Lavender street few blocks of road safety barriers from  
 nearby road construction site  
 A flew and hit along the left hand side of my car.  
 I have left.

**Declaration**

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

Witnessed by Reporting Centre  
 Personnel

























































































































































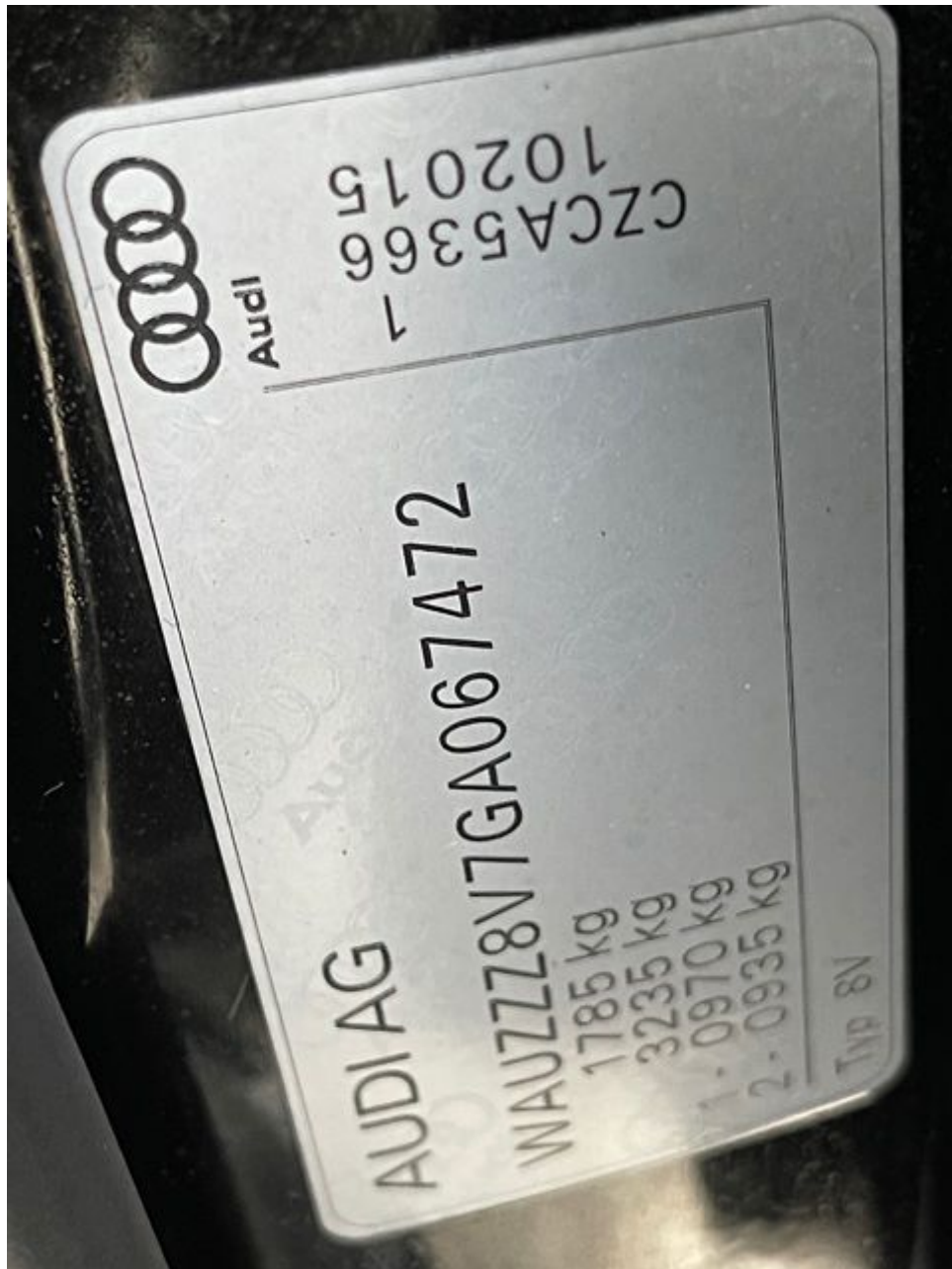


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

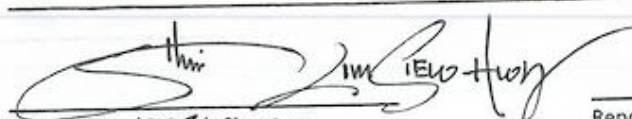
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SP0R21230001 Vehicle Registration No: SKX55UBM  
Name (as shown in NRIC) : LIM SIEW HWA NRIC/FIN/Passport No : SXXXX 875B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 80 Telok Road #11-02 Singapore (208766)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91397695 / 91158554  
Email Address : siewhong156@gmail.com / siewhwa5@gmail.com  
Date of Accident : 2/2/2021 Time of Accident : 12:40 pm  
Place of Accident : Unit 114 Landmark St. Singapore 338729  
Insurance Company : AIG

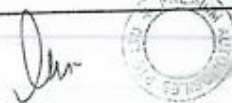
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Revert to own policy class - Recovery Letter.



Policyholder / Driver's Signature  
Date: 25/3/2021



Reporting Centre Personnel's Signature  
Name: Lim Koe Siang  
NRIC/FIN No. : SXXXX 569M  
Date: 24/3/2021