

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

  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 Date of Accident Exact Location of Accident	21/04/2021 15:09 (SGT) 20/04/2021 20:09 (SGT) Crawford St, Singapore
Additional Location Information	CRAWFORD, RIGHT TURN JUNCTION TO NORTH BRIDGE ROAD.
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

SBV6363Z

-		
INSURED/POLICYHOLDER		

Is company? Name Of Registered Owner NRIC No Email Address	No LIM SWEE HUA S7705772B DAVID.SH.LIM@GMAIL.COM
Email Address	DAVID.SH.LIM@GMAIL.COM
Mobile Phone No	(Phone) +65-96629823

Alternative Phone No +65-96629823

## VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Model	Audi Q3
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
Transmission	Auto
CC	1395

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage	AIG Asia Pacific Insurance Pte. Ltd.
Fleet Policy	Comprehensive No
Policy Number	2070172323
Cover Note Number	-

**DRIVER** 

Name of Driver LIM SWEE HUA

NRIC No S7705772B Date Of Birth 27/02/1977 Occupation Indoor Date Of Driving Pass 08/12/1995 Driving experience 25 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96629823 Alt. Phone Number +65-96629823 Email Address DAVID.SH.LIM@GMAIL.COM Address 31 PUNGGOL FIELD Address complement #05-06 Postcode 8288816 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **ZHOU JIAMIN** Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT TAXI SHD3211Y SUDDENLY BRAKE AND STOP ON THE RIGHT MO LANE AEVEN THOUGH THE TRAFFIC LIGHT WERE SHOWING GREEN IN HIS FAVOUR.

MY AUDI PRE SEUSE WARNING AUDIBLE CAME TO ON WARN AND I REACTED SWERVING LEFT TO AVOID COLLISION BUT THE TAXI MORE FORWARD TO HIT ME FROM THE REAR RESULTING IN A SIDE SWIPE TO MY CAR RIGHT REAR WHEEL AREA

ACCIDENT HAPPEN ALONG CRAWFORD ST AT THE RIGHT TURN JUNCTION TO NORTH BRIDGE ROAD. WHERE THE TAXI ON A 2 LANE ROAD, GOING STRAIGHT, BUT TAXI SUDDENLY BRAKE & STOP ON THE RIGHTMOST LANE WHEN THE TRAFFIC LIGHTS SHOWING GREEN. IF THE TAXI WISH TO STOP, IT SHOULD STOP ALONG THE LEFT SIDE OF THE ROAD.

ATTACHWENT(9)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes



ATTACHMENT(C)

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SHD3211Y Hyundai
Vehicle Variant	_
Vehicle Colour	Blue
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

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Cherre

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

Witnessed by Reporting Centre Personnel Tony Foors

Sketch Plan

Waffic light is showing green all along but taxi Suddenly brace and stop at right most lane.

Describe Circumstances of the Accident	
Taxi SHD 3211 Y Guddenly braice and Stop on the night in	1057
Taxi SHD 3211 Y Suddenly walce and stop on the night in lane even though the traffic lights were showing green in	hi
favour.	
My And; Dre-sence warning andible come on to warn and	1
reacted swerring left to avoid collision but the tax move	0
forward to hit me from the year resulting in a side &	Wide
My Andi Pre-sense warning audible came on to warn and reacted swerring left to avoid collision but the taxi more forward to hit me from the rear resulting in a side of to my car right rear wheel area.	
Accident happen along Crawford St at the right-turn junction to	
North Bridge Road, where the taxi was on a 2-lane road	-
going straight, but tax: Endolenly brake and step on true	0
going straight, but tax: suddenly brake and stop on true right most lane with the traffic lights showing gree	u.
If the taxi wish to stop, it should stop along the left side	ent
the road.	- 6
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	15-50
are the same of th	

### 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 Toy Form