

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 10/05/2021 13:28 (SGT)
Date of Accident 08/05/2021 14:25 (SGT)
Exact Location of Accident 10 Bayfront Ave, Singapore 018956
Additional Location Information MBS CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA420L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM GEK EE
NRIC No S1401201Z
Email Address gelilian@gmail.com
Mobile Phone No (Phone) +65-81000016
Alternative Phone No +65-81000016

VEHICLE PARTICULARS

Manufacturer BMW
Model X1
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 1499

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070073281-01
Cover Note Number -

DRIVER

Name of Driver LIM GEK EE
NRIC No S1401201Z

Date Of Birth	05/09/1960
Occupation	Indoor
Date Of Driving Pass	30/10/1979
Driving experience	41 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81000016
Alt. Phone Number	+65-81000016
Email Address	gelilian@gmail.com
Address	18 RIVERINA CRESCENT
Address complement	-
Postcode	518252
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JEREMY LOW
Gender	Male

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

WHEN I SLOWLY REVERSE MY VEHICLE AND LOOKING FOR PARKING LOT. SUDDENLY, VEHICLE B HIT MY VEHICLE FROM MY REAR.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM6644E
Vehicle Manufacturer	-
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	VEHICLE B
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

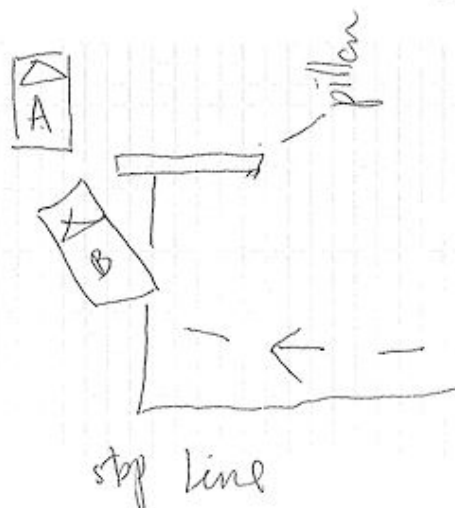
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

when I slowly reverse my veh & looking for parking lot.
suddenly veh B ~~from~~ hit my veh front from my rear.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















24-HOUR AIG AUTO HOTLINE: +65 6338 6200
IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service for non-accident related
- Medical Expense Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company name and policy number of the other driver(s) and vehicle(s).
- Contact details (name, address and contact number) of witnesses and/or to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised reporters within 24 hours of the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run cases:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Contact details (name, address and contact number) of witnesses and/or to take photographs of the scene of the accident.
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LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please report the accident to us with your accident vehicle via our reporting centres or authorised reporters within 24 hours or by the next working day of the accident.
2. Please contact the rental car company (please refer to the rental car company listed below, hereinafter known as the "Rental Car Company") after AIG's authorised surveyor has surveyed and authorised the own damage repair of your accident vehicle.
3. Your rental car will be made available within 5 working hours of you contacting the Rental Car Company.
4. At the time of collection of the rental car, the original insurance policy and schedule issued by AIG and a copy of the accident report from the Authorised Workshop must be produced.
5. The rental period will be the sponsor of (i) the repair period certified by AIG's authorised surveyor or (ii) the period your accident vehicle is actually under repair (and not for any period during which your accident vehicle is not under repair due to the unavailability of spare parts).
6. Rental cars are strictly for the social and domestic use of the policyholder who is the registered owner of the accident vehicle only, and not for the policyholder's business or other purposes and the rental car must only be used in Singapore.
7. Any extension of the rental period beyond the period specified in paragraph 5 above will be chargeable by the Rental Car Company on a per day basis and the cost of this additional rental will be borne by you.
8. Upgrade of the rental car is available upon request and availability, and subject to additional charges by the Rental Car Company which will be borne by you.

Rental Car Company: BAW Rent A Car Pte. Ltd.
Activation Hotline: 67387777
120 Lower Delta Road #02-15 Cendex Centre Singapore 169608
Operation Hours: Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

*The Rental Car Company's Terms & Conditions apply (in full). Insurance policy security, limited liability for the Rental Car, Collision Damage Waiver, etc.

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 93), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 93).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.