

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 23/06/2021 13:52 (SGT)
Date of Accident 22/06/2021 08:09 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information KJE TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV6604Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM WEE HONG RAYMOND
NRIC No SXXXX201J
Email Address RAYMONDLIMWH@GMAIL.COM
Mobile Phone No (Phone) +65-96858224
Alternative Phone No +65-96858224

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10222607R01
Cover Note Number 29/09/2020 - 28/09/2021

DRIVER

Name of Driver LIM WEE HONG RAYMOND
NRIC No SXXXX201J

Date Of Birth 27/07/1967
 Occupation Indoor
 Date Of Driving Pass 16/03/1989
 Driving experience 32 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96858224
 Alt. Phone Number +65-96858224
 Email Address RAYMONDLIMWH@GMAIL.COM
 Address 300 CANBERRA RD
 Address complement #04-05
 Postcode 750300
 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 CINDY YOONG
 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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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 SHC4513A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi

HANG LAU TEE
SXXX695G
(Phone) +65-96925108

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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:

- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- investigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries by me;
- 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
- complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

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

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.

my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

The information so collected under (d) above may be shared / disclosed:

- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- for complying with requirements under any regulations, laws or court orders.

Insurer's Signature
Name:

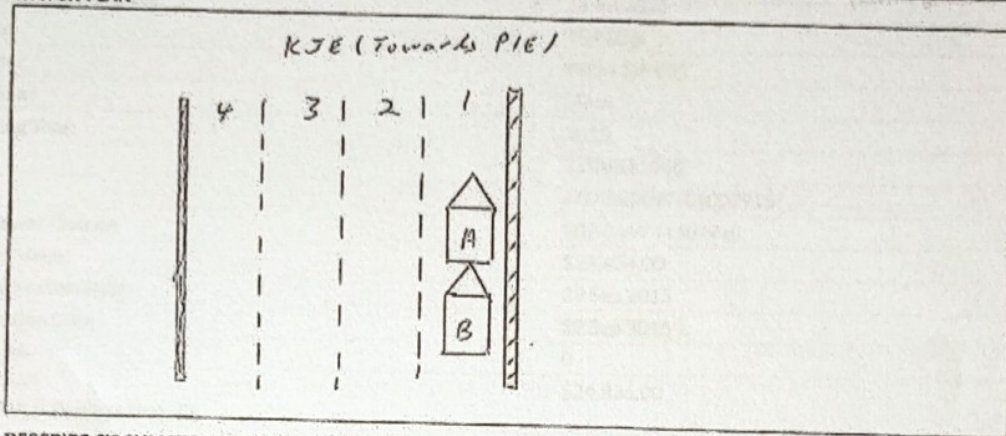
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre / Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN #2

Date of accident: 22/06/21 Time: 08:09 Location: KJE towards PIE
 My Vehicle A: SKV 6604Y Vehicle B: SHC 4513A Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22nd June 21, at 8:09am, I was travelling on KJE (lane 1) towards PIE, just after Sg. Sungai Tengah Rd Exit S, the vehicle in front braked. I applied my brakes and managed to stop without any collision with the front vehicle. The vehicle (SHC 4513A) crashed into my vehicle rear with a bang. Resulting in my rear damaged. Vehicle (SHC 4513A) front bumper was also damaged.

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

Remarks: Please forward a copy of my efile accident report to:

My workshop: Edwin Garage
 Email address: raymondlimwh@gmail.com
 & myself:
 Email address: raymondlimwh@gmail.com

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

DECLARATION

I/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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY