# 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 witholding of material facts may allow insurance companies to repudiate

A. 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 explore of this report will for fine the contract of the contract o 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? Name Of Registered Owner LIM WEE HONG RAYMOND 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

## 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

1798

#### DRIVER

Name of Driver LIM WEE HONG RAYMOND NRIC No SXXXX201J

Date Of Birth Occupation	27/07/1967 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	#04.0E
Postcode	750300 and on books of highly at the above of highly paying from the
Is the driver the policyholder?	Yes and A privating of localities and an interest and an inter
If No, Relationship of the Driver with the Insured	- The same transmission of the same position of the same positions and the same same same same same same same sam
Does Driver Own Other Vehicles?	No van siderter in alternative and semantical value variety
Vehicle Registration Number of Other Vehicle Owned by Driver	A STATE OF S
Land of the state	to basen and weeppease of this form by insurance companies a not an advisor
Insurance Company of Other Vehicle Owned by Driver	respective to a contract or the policy for the property
GENERAL INFORMATION OF THE ACCIDENT	to the constitution of production and the control of the control o
Type of Accident	Collision Head to Book
Weather Conditions	Collision - Head to Rear
Road Surface Is sarque of besievers and as probabilities and	
The comment of the control of the co	Dry (Agos) I a Retesting the Personal and (Page)
OTHER INFORMATION	and the state of t
THE RESERVE THE PROPERTY OF TH	
Was any foreign vehicle involved in the accident?	No a secondary and acceptance land acceptance of a second action as a second
Number of vehicles involved in the accident	2 ( Landers T art yearsteelee) is much yet ad hostered to en af hotients
Was anybody injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	the purpose of the property of the property of the first purity of
Was any other material or property damaged?	163
Number of Passengers (Including Driver)	2 mailing and primary amilion for new gallock soltma pathons, systematics (6)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	territory was not teast to not any territories.
Name as of ealities	COMPANY OF THE STATE OF THE PARTY OF THE STATE OF THE STA
Name Gender	CINDY YOUNG
Gender	Female stocke steb (another exclusive to stupping a sylume trained start at
DETAILS OF POLICE ACTION	The state of the s
Most his continue and dark the Co.	
Was the accident reported to the police?	No beauty break and to be force (alphabes beauty type) over inheritals As.
Was notice of intended Prosecution given?	TO TO TO TO TO TO TO THE PERSON OF THE PERSO
If yes, against whom?	ary Personal Palenthesian oray/can be discussed by one of the Interest and/or
CIRCUMSTANCES OF ACCIDENT	and the state of t
PLS REFER TO THE SKETCH PLAN BY DRIVER	The information of the property of property and all the comments of the property of the proper
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ATTACHMENT(S)	的现在分词,这种是一种,我们就是一个人,我们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
The same of same is a second of the same o	NO.
DETAILS OF OTHER	VEHICLE PROPERTY 1
August Children and Davingel	White Set Land
Mahiata Daniatontian Manakan	OLIO ADVICE A CONTRACTOR OF THE PROPERTY OF TH

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



Name of Driver NRIC No Contact Number Address	HANG LAU TEE SXXXX695G (Phone) +65-96925108	
Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	POSSO mare 15 July 2 Control of 15 And 2 Contr	Date of accidence My Valida A: S.A. SECTION 201
No. Of Passenger (Including Driver)	•	
	TRACES OF THE ACCIDENT	Waceniag Circulate
the service of the state of the service and		
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her workshop   Reporting Only	and transport transportation of the wind to you on the board	
tor you to subust ever damage chies equip.	te that your incurer have ut days timeframe lychiack with your own insurer for more int	

#### SKETCH PLAN

# DRTANT NOTICE

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the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of report being made available aforesaid.

isent under the Personal Data Protection Act (PDPA)

iderstand, acknowledge, agree and consent that:

tely 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 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)

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary and bodoes and need as the order investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- till) 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 invoive 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")

all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted and beliable in the ecident and the insurers' lawyers/law firms, may/are permitted and beliable in the ecident and 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 porty 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 freud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

ider's Signature

ma

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

Reporting Centre les

129 Stenature

NRIC/FIN No.:

My Vehicle A: SKV	Vehicle B: 5HC	ocation: KJE forwards PIE 4513A Vehicle C:
- The second sec	KJE (Towards PIE)	134 (1025-101)
	*   3   2   1   A   B	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
On the 2200 )	ione 21, at 8.07 am, I	was travelling on KJE (lene 1)
14 Arent place	1. I upplied my brakes	rengal Rol Exis 5, the vehicle
WITHOUL Duny	Callissian with the from	rear with a bang. Resulting
in my rear do	m-jed . Vehicle (SHC 451	3Al from bunger was also
Remarks: Please forwar My workshop: EdW Email address: EdW & myself: Email address: Faym	Lim Motor A Claim OD(TP) at ot da copy of my efile accident report to:  In Garage  and lim who poor it. com	
Note: Please take note to you own policy. Kindly co ECLARATION	hat your insurer have 14 days timeframe neck with your own insurer for more inf	for you to submit own damage claim under ormation.
We declare the foregoing part	iculars are true in every respect.	OF THE
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olicyholder's Signature ate & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Certife parconnel's Signature Name: NRIC/FIN No.:

Dateile of property

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