

# 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 .....	03/09/2021 12:23 (SGT)
Date of Accident .....	02/09/2021 19:51 (SGT)
Exact Location of Accident .....	Near 263 Tampines Street 21, Block 263, Singapore 520263
Additional Location Information .....	BLK 263 TAMPINES ST 21 (ZEBRA COSSING)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU8013X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM CHIEW LAN
NRIC No .....	S1543387F
Email Address .....	JENNYLIM@LASERSIN.COM.SG
Mobile Phone No .....	(Phone) +65-97524232
Alternative Phone No .....	(Office) +65-67466111

### 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 .....	999

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070126274-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM CHIEW LAN
NRIC No .....	S1543387F

Date Of Birth .....	23/06/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	01/06/1991
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97524232
Alt. Phone Number .....	(Office) +65-67466111
Email Address .....	JENNYLIM@LASERSIN.COM.SG
Address .....	BLK 414 TAMPINES STREET 41
Address complement .....	#10-309
Postcode .....	520414
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 vehicle or property damaged? .....	Yes
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

ACCIDENT HAPPEN AT THE ZEBRA CROSSING NEAR BLK 263 TAMPINES ST 21 AT 1951. I AM ON THE WAY BACK HOME FROM OFFICE, PASS BY TAMPINES ST 21 ZEBRA CROSSING THE CAR INFRONT OF ME STOP HER CAR. I CAN'T STOP ON TIME, MY CAR BANG ON THE CAR INFRONT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMU1695Z
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 ..... -  
No. Of Passenger (Including Driver) ..... -

# SKETCH PLAN

## IMPORTANT NOTICE

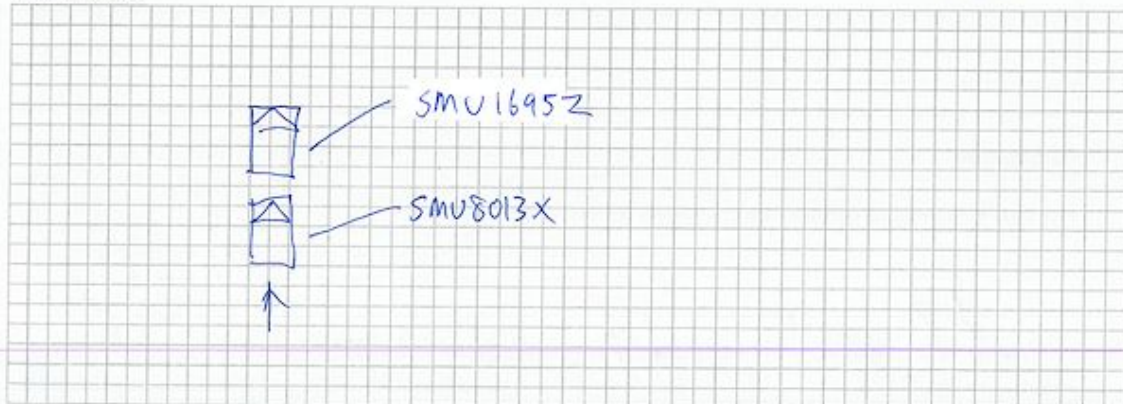
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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

Accident happens at the zebra crossing near B1K-63 Tampines ST21 at 19.51. ~~What~~ I am on the way back home from office, pass by Tampines ST21 zebra crossing, the car in front of me stop her car & I cannot stop in time, my car bang on the car in front.

**Declaration**

We declare the foregoing particulars are true in every respect.

dh 3/9/21 11:30am  
Policyholder's Signature / Date & Time

dh 3/9/21 11:30am  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre  
Personnel Tony Fong



















































