

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	13/09/2021 16:56 (SGT)
Date of Accident	13/09/2021 10:20 (SGT)
Exact Location of Accident	Near Upp Changi Strn/Opp SUTD, Singapore
Additional Location Information	UPPER CHANGI ROAD EAST AT THE JUNCTION OF SIMEI ROAD / SOMAPAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8279M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADLI LIM @ ADLI BIN ADAM
NRIC No	SXXXX392J
Email Address	LIMA.LIM2@GMAIL.COM
Mobile Phone No	(Phone) +65-92325934
Alternative Phone No	+65-92325934

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1985

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900170399-02
Cover Note Number	-

DRIVER

Name of Driver	LIM ADILAH
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NRIC No	TXXXX236A
Date Of Birth	11/03/2002
Occupation	Indoor
Date Of Driving Pass	04/05/2021
Driving experience	4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96689730
Alt. Phone Number	-
Email Address	LIMA.LIM5@GMAIL.COM
Address	1043 UPPER CHANGI ROAD NORTH
Address complement	-
Postcode	507678
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Raining
Road Surface	Wet

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

1010 LEFT HOME TO DROP BROTHER OFF. 1020 DROPPED BROTHER AT UPPER CHANGI MRT DROP OFF POINT ALONG UPPER CHANGI ROAD EAST (TOWARDS EXPO). 1021 CHANGED LANE TOWARDS RIGHT TO GO TO RIGHT-MOST LANE WITH INTENTION OF U-TURN. WHITE CHEVVOLET STOPPED BEHIND YELLOW BOX, I ACCIDENTALLY HIT THE BACK (LEFT) THE VEHICLE WHILE CHANGING LANES. I JAMMED-BRAKE BUT COULD NOT STOP IN TIME. IT WAS RAINING AND THE ROAD WAS WET.

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	SLG6389K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	RUTH
Contact Number	(Phone) +65-86684885
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)**

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 13/9/2021
1400 hrs


Driver's Signature (If driver is not the policyholder) / Date
& Time 13/9/2021
1400 hrs


Witnessed by Reporting Centre
Personnel Zarey Kum

Sketch Plan



1010 hrs - left home to drop brother off at ~~STB~~
1020 hrs - dropped brother at UPPER CHANGI MRT drop off point
along UPPER CHANGI ROAD EAST (towards EXPO)
1021 hrs - changed lane towards right to go to right-most lane
* with intention of U-TURN
White chevrolet stopped behind yellow box, I
accidentally hit the back (left) of the vehicle while
changing lanes.
I jammed-brake ~~and~~ but could not stop in time.
It was raining and the road was wet.

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
13/9/2021
1400 hrs

Driver's Signature (If driver is not the policyholder) / Date & Time Adibh 13/9/2021
1400 hrs

Witnessed by Reporting Centre Personnel



































