

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 22/12/2021 11:31 (SGT)
Date of Accident 21/12/2021 09:00 (SGT)
Exact Location of Accident Near 3A Jln Lima, Singapore 391003
Additional Location Information JUNCTION OF PINE CLOSE AND JALAN LIMA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK9856B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM SEOK ENG DORIS @ RASHIDAH LIM ABDULLAH
NRIC No SXXXX128H
Email Address DORISLIM62@GMAIL.COM
Mobile Phone No (Phone) +65-96817556
Alternative Phone No +65-96817556

VEHICLE PARTICULARS

Manufacturer Audi
Model Q2
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 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900093312-01
Cover Note Number -

DRIVER

Name of Driver LIM SEOK ENG DORIS @ RASHIDAH LIM ABDULLAH
NRIC No SXXXX128H

Date Of Birth	17/12/1962
Occupation	Indoor
Date Of Driving Pass	06/05/1982
Driving experience	39 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96817556
Alt. Phone Number	+65-96817556
Email Address	DORISLIM62@GMAIL.COM
Address	BLK 3 PINE CLOSE
Address complement	#17-155
Postcode	392003
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAHIDAH RASHID
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

ON THE 21ST OF DEC 2021, AT AROUND 9 AM, I WAS COMING OUT OF THE SMALL ROAD BESIDE BLK 3 PINE CLOSE. I WAS LOOKING ONLY TO THE RIGHT FOR IT TO BE CLEAR BEFORE GOING TOWARDS TO THE MAIN ROAD, OLD AIRPORT ROAD. I DIDN'T SEE IN FRONT OF ME. THERE WAS A TAXI, IT WAS RIGHT IN FRONT OF ME. IN FRONT OF THE TAXI ALSO GOT ANOTHER VEHICLE, ALSO STATIONARY. THE VEHICLE AND TAXI DIDN'T MOVE WHEN THE MAIN ROAD WAS CLEAR AN SO I HIT THE REAR OF THE TAXI, ON HIS LEFT SIDE.

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	SHD9655K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

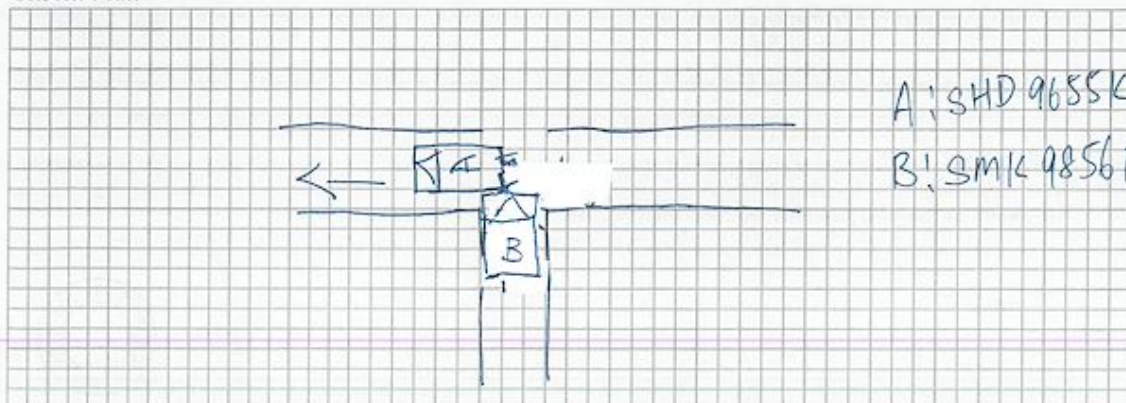
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Daniel Lim
Policyholder's Signature / Date & Time

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

2024 Kum 10:39am 22/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the 21st of December, 2021, at 9pm, I was coming out of the small road beside Blk 3 Pine Close. Was looking only to the right for it to be clear before going forward to the main road, Old Airport Road. I didn't see in front of me. There was a taxi there. It was right in front of me. In front of the taxi also got another vehicle. Also stationary. The vehicle and taxi didn't move when the main road was clear and so I hit the rear of the taxi, on his left side.

Declaration

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

David Lim

Policyholder's Signature / Date & Time

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

Wm

 10:49pm
 22/12/2021
 1044/10um.
 Witnessed by Reporting Centre Personnel













