

# 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 .....	04/02/2022 17:05 (SGT)
Date of Accident .....	29/01/2022 17:45 (SGT)
Exact Location of Accident .....	Pioneer Rd North, Singapore
Additional Location Information .....	BLK 967 JURONG WEST ST 91 MULTI- STOREY CAR PARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF8327A

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM YAT CHOO
NRIC No .....	S0907462G
Email Address .....	BOONLEONGANG48@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81828327
Alternative Phone No .....	+65-81828327

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2755

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210026018
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ANG BOON LEONG
NRIC No .....	S6915771H

Date Of Birth .....	08/05/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	24/08/1990
Driving experience .....	31 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81828327
Alt. Phone Number .....	-
Email Address .....	BOONLEONGANG48@GMAIL.COM
Address .....	BLK 197D BOON LAY DRIVE
Address complement .....	#08-123
Postcode .....	644197
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YE MING QIANG
Gender .....	Female

#### PASSENGER 2

Name .....	ANG WAN JHEN
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

I INTEND TO REVERSE MY LORRY, I TURNED TO MY HAZEL LIGHT AND I HORN A FEW TIMES. THERE WASN'T ANY ONCOMING VEHICLE THEN I START TO REVERSE, SUDDENLY THERE IS A CAR EXIT FROM PARKING LOT AND HIT ONTO MY BACK.

#### 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 .....	SKG8500D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private hire
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**

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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.

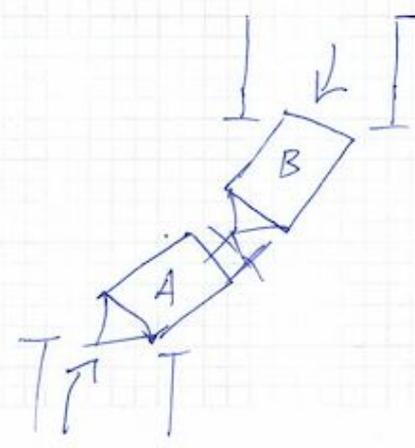
\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel *Chang Chee Sing 170W*

**Sketch Plan**



A = GBF 8327A  
B = SK9 8500D

Describe Circumstances of the Accident

I intend to reverse my lorry, I turned on my hazard light and I horn a few time, there wasn't any oncoming vehicle then I start to reverse, suddenly there is a car exit from parking lot and hit onto my back.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel Chang Chae Sing  
170W

Driver's Signature (If driver is not the policyholder) / Date & Time  
4/2/2022 @ 16:29.















**TOYOTA MOTOR CORPORATION**  
**JAPAN**  
 MODEL KDY231R-  
 ENGINE 1KD-FETV  
 FRAME No. JTF-AT35Y30K207523  
 COLOR 199  
 TRIM EA13  
 PLANT P11  
 OPTION 2982  
 TRANS./AXLE R451 A06B  
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