

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 23/02/2022 16:09 (SGT)
Date of Accident 26/01/2022 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information HOLLAND ROAD TOWARDS CLEMENTI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDW818P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM AI CHOO @AGNES LIM
NRIC No S0163867Z
Email Address AGNESLAC77@GMAIL.COM
Mobile Phone No (Phone) +65-96666586
Alternative Phone No +65-96666586

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C200
Variant C 200 KOMPRESSOR
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 Private car
Transmission Auto
CC 1796

INSURANCE COMPANY

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

DRIVER

Name of Driver SUBHI BIN AHMAD
NRIC No S1747801Z

| | |
|--|-------------------------------|
| Date Of Birth | 19/07/1966 |
| Occupation | Outdoor |
| Date Of Driving Pass | 10/02/1989 |
| Driving experience | 32 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96666586 |
| Alt. Phone Number | - |
| Email Address | SUBHIAHMAD2413@GMAIL.COM |
| Address | BLK 516 JURONG WEST STREET 52 |
| Address complement | #04-69 |
| Postcode | 640516 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Paid Driver |
| 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 | JEREMY TAN |
| Gender | Male |

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

REFER TO SKETCH PLAN

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 | SKZ6108S |
| 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

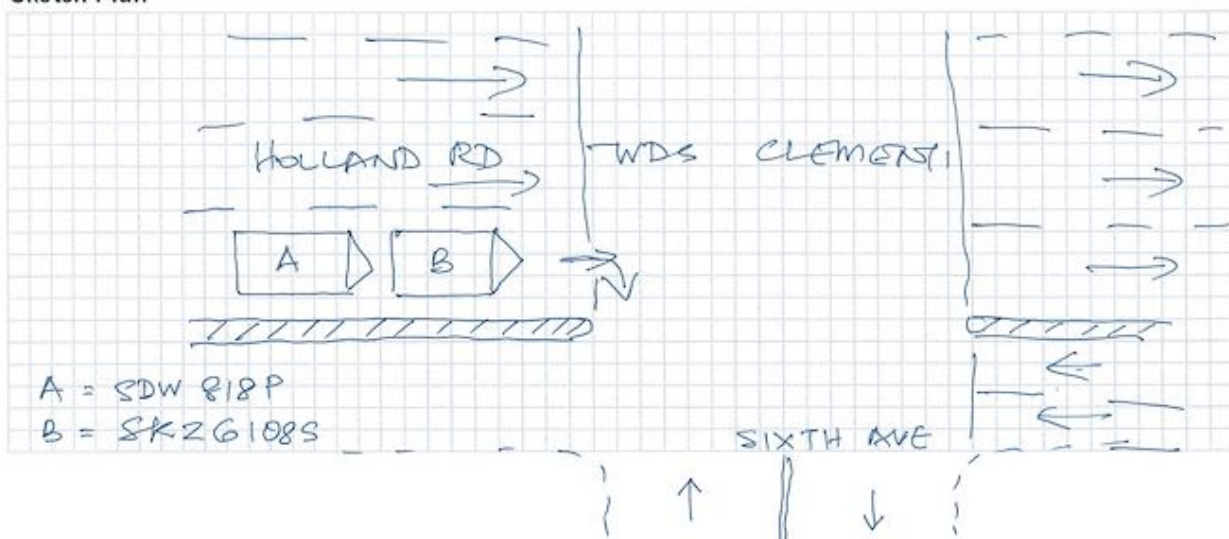
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or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

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: SDW 818P ACCIDENT DATE & TIME: 26/01/2022 @ 1530 hrs
 CONTACT NUMBER: 92285065 E-MAIL ADDRESS: subhiyahmad2413@gmail.com
 LOCATION: Holland Rd towards Clementi before junction to Sixth Ave.

On 26/01/2022 at about 1530hrs, I was driving my employer's car SDW 818P, a silver Mercedes C200 at the above mentioned location. My employer was seated at the rear left passenger's seat, one more in the back to my employer's beside at Sixth Ave.

I was on the extreme right lane which turn into Sixth Ave. There was a Nissan X-Trail dark grey also on queue in front of me. The registration number was SKZ 61088.

Suddenly, my right foot slipped off the brake pedal and the Mercedes rolled forward and bumped into the rear bumper of the Nissan X-Trail SKZ 61088. I put the Mercedes on parking mode and got out of the car to check for any damages. The other driver, who looked like a male Caucasian also came out from his Nissan X-Trail. I noticed there was no visible damage to the rear bumper of the Nissan X-Trail. My employer's car front grille had moved into the front lower bonnet. However, no other damages. We both exchanged our contact numbers and thereafter left on our way.

On the same day at about 1542 hrs, I received messages from the other driver and he stated that he had taken pictures of scratches on the rear bumper of his car SKZ 61088. He added he would let me know what would be his course of action.

No one was injured. Traffic condition was moderate and road surface dry.

On 28/02/2022 at about 2107 hrs, my employer's mother had ~~texted~~ texted me stating about receiving claims letter from the other party insurance for the above accident.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:
☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

No.:

Date:

23/2/2022

LKK Auto Consultants Pte Ltd.

Att: Mr. Chew. (Chew)

Re: Subhi Bin Ahmed.
i/c No. S XXXX 8012

Please note Subhi is our family driver & has authorization to drive my car SDW 818P.

Thank you for your attention.

Mrs. Tan 
Tel. 96666-586.

Lim H. Choo. Agnes

P/s. Your Co. letter was received
on 22/2/2022
Letter d/d. 17/2/2022.

P/s. Please note Subhi has
been working for the family
since 12/2/2016.
He is an experienced &
good driver.















