

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 29/04/2022 19:04 (SGT)
Date of Accident 28/04/2022 15:10 (SGT)
Exact Location of Accident Ulu Pandan Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH7495A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALICIA CHUA MING LEE MRS ALICIA LLOYD
NRIC No S8422277A
Email Address SIMONLLOYD86@GMAIL.COM
Mobile Phone No (Phone) +65-98489272
Alternative Phone No +65-98489272

VEHICLE PARTICULARS

Manufacturer Honda
Model HRV 1.5 LX CVT
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210132029
Cover Note Number -

DRIVER

Name of Driver SIMON VAUGHAN LLOYD
NRIC No S8665284F

Date Of Birth	03/03/1986
Occupation	Indoor
Date Of Driving Pass	16/02/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86915611
Alt. Phone Number	-
Email Address	SIMONLLOYD86@GMAIL.COM
Address	46 FOLLAND GROVE VIEW
Address complement	-
Postcode	276203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
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

-

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	FBM4156R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 PLANIMPORTANT 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.

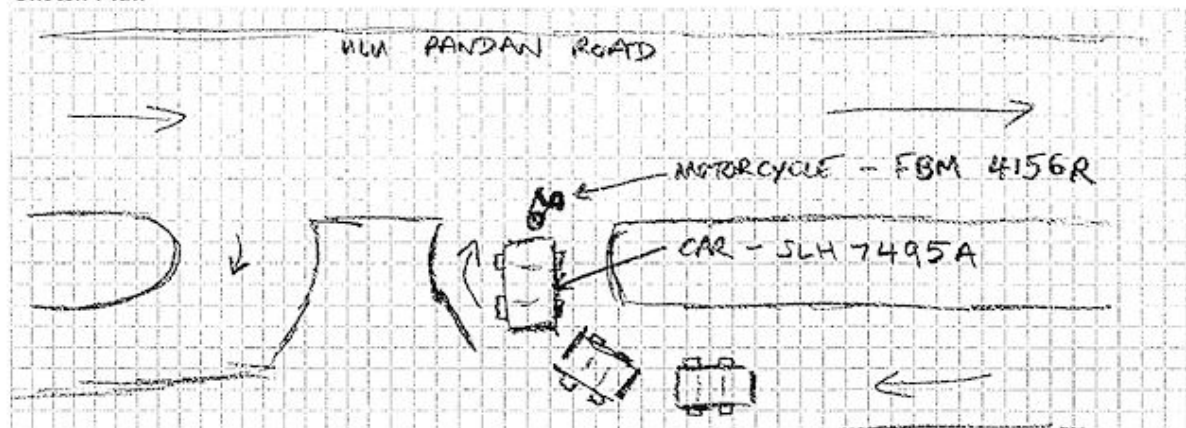
 29-4-22
13:15

Policyholder's Signature / Date & Time

 29-4-22
13:15

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


Witnessed by Reporting Centre Personnel

Sketch Plan

LICENSE PLATE: SLH749SA ACCIDENT DATE & TIME: 28 APRIL 15:10 PM
CONTACT NUMBER: 86915611 E-MAIL ADDRESS: simonlloyd86@gmail.com
LOCATION: ULU PANDAN ROAD

WHEN MAKING A U-TURN ONTO ULU PANDAN ROAD TO HEAD BACK TOWARDS SIXTH AVENUE.

AT THE U-TURN THERE WAS A MOTORCYCLE DIRECTLY IN FRONT. THERE WAS A GAP IN THE TRAFFIC AND AS I WENT TO PULL AWAY THE FRONT OF THE CAR MADE CONTACT WITH THE BACK END OF THE MOTORCYCLE.

THE RIDER WAS KNOCKED ONTO HIS SIDE AND HAS SUFFERED AN INJURY TO HIS ANKLE.

THERE IS DAMAGE TO THE FRONT END OF THE CAR ON THE BUMPER AND ON THE BONNET.

THERE WAS DAMAGE TO THE REAR OF THE MOTORCYCLE.

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

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0M224T0005 Vehicle Registration No: SLH7495A

Name (as shown in NRIC): ALICIA CHUA MING LEE NRIC/FIN/Passport No: SXXXX277A

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98489272

Email Address: SIMONLLOYD86@GMAIL.COM

Date of Accident: 28/04/2022 Time of Accident: 15:10

Place of Accident: Ulu Pandan Rd, Singapore

Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

*amend owner name from ALICIA CHUA MING LEE to ALICIA CHUA MING LEE MRS ALICIA LLOYD

Policyholder / Driver's Signature
Date:

Reporting Centre/Personnel's Signature
Name:
NRIC/FIN No.:
Date: