

# 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 ..... 01/06/2022 17:27 (SGT)  
Date of Accident ..... 31/05/2022 09:07 (SGT)  
Exact Location of Accident ..... Jln Jurong Kechil, Singapore  
Additional Location Information ..... ALONG JALAN JURONG KECHIL TOWARDS UPPER BUKIT  
TIMAH ROAD DIRECTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT969H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM TONG HUAY  
NRIC No ..... SXXXXX051B  
Email Address ..... tonghuay@hotmail.com  
Mobile Phone No ..... (Phone) +65-97964421  
Alternative Phone No ..... +65-97964421

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... LEVORG  
Variant ..... 2.0  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700055832-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM TONG HUAY

|  |                            |
|--|----------------------------|
| NRIC No .....  | SXXXX051B                  |
| Date Of Birth .....  | 15/03/1973                 |
| Occupation .....   | Indoor                     |
| Date Of Driving Pass .....   | 26/01/1995                 |
| Driving experience .....   | 27 YEARS AND 4 MONTHS      |
| Gender .....   | Male                       |
| Mobile Number .....  | (Phone) +65-97964421       |
| Alt. Phone Number .....  | +65-97964421               |
| Email Address .....  | tonghuay@hotmail.com       |
| Address .....  | 119 TECK WHYE LANE #09-794 |
| Address complement .....   | -                          |
| Postcode .....   | 680119                     |
| 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 - Change/cross lane |
| 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) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |        |
|--------------|--------|
| Name .....   | B      |
| Gender ..... | Female |

#### PASSENGER 2

|              |        |
|--------------|--------|
| Name .....   | B      |
| 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

PLEASE REFER ATTACHED

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBB2872C |
|-----------------------------------|----------|

|   |   |
|---|---|
| Vehicle Manufacturer .....                    | Fiat  |
| Vehicle Model .....                           | -   |
| Vehicle Variant .....                         | -   |
| Vehicle Colour .....                          | -   |
| Vehicle Category .....                        | Goods vehicle                                 |
| Name of Driver .....                          | CHUA KIM POH                                  |
| NRIC No .....                                 | -1  |
| Contact Number .....                          | (Phone) +65-88261757                          |
| Address .....                                 | -   |
| Address complement .....                      | -   |
| Postcode .....                                | -   |
| Insurance Company Name .....                  | China Taiping Insurance (Singapore) Pte. Ltd. |
| Nature Of Damage .....                        | SLIGHT DAMAGE                                 |
| Details of property damaged in accident ..... | RH FRONT DAMAGE                               |
| 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

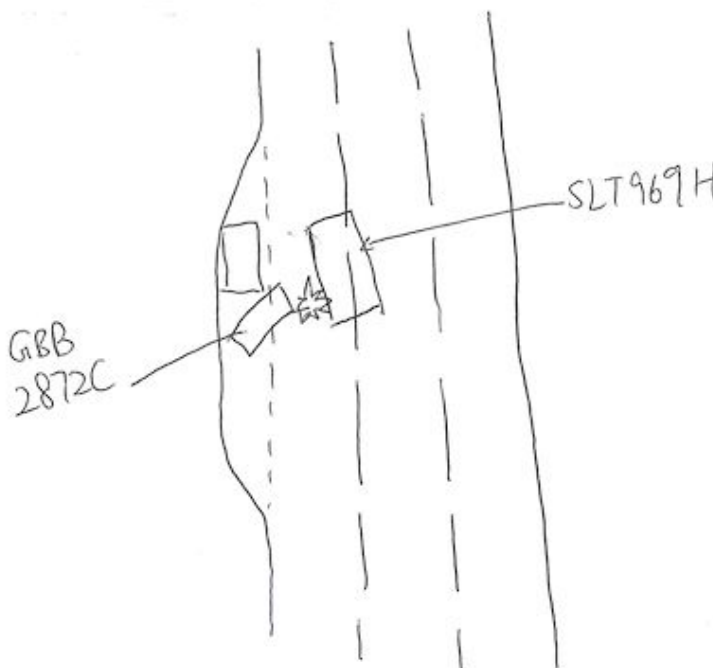


Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

I was driving along ~~upper~~ Jalan Juru Kechi towards Upper Bukit Timah Rd direction, on the middle lane. As vehicle is nearing Suites @ Bukit Timah, I lane-changed to the left lane. As my car was half way into the left lane, a collision occurred. A van that was stopping by the side car bay moved off from the parked position tried to move out to the left lane and unfortunately knock into the rear left of my vehicle as it entered the left lane.

**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























































































