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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 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 17/08/2022 11:28 (SGT) Reported by Both Date of Accident 16/08/2022 20:00 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information JUNCTION AT UPPER SERANGOON ROAD & UPP PAYA **LEBAR** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SMV3950T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM HIOK HWEE, DESMOND NRIC No S8911077G Email Address DESMOND_LIM@OUTLOOK.COM Mobile Phone No (Phone) +65-97281245

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Yes Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Policy Number / Cover Note Number 2070138780

DRIVER

Name of Driver LIM HIOK HWEE, DESMOND NRIC No S8911077G Date Of Birth 31/03/1989

Occupation Date Of Driving Pass Driving experience Gender Mobile Number	Indoor 16/08/2011 11 YEARS Male (Phone) +65-97281245
Alt. Phone Number Email Address Address Address complement	- DESMOND_LIM@OUTLOOK.COM 102B BIDADARI PARK DRIVE #03-215 -
Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	342102 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT COLLISION-HEAD TO SIDE	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SJY419B

Vehicle Registration Number
Vehicle Manufacturer

-
-
-
Private car
TAN WEI LOONG WILSON
(Phone) +65-93889551
-
-
-
NTUC Income Insurance Co-operative Ltd
-
-
-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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.
- 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

At 12/8/2022

1.38 DW

& Time

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date

Witnessee by Reporting Centre

Sketch Plan

A: SMV 3950T

B: SJY419B

POOD: UPPER SPRANHOON POAD

9-35am

	cumstances of the Accident
At avou	ure Upper Perangon Road Junction, I was weeking a right turn towa
1 000	
upper	Paya Lebar Road. While I was turing, I believe It was green to a
	e car in faul of me also was maring. However, when I hit the
other	party's vehicle, it was stready red. I hit the front down's do
Affar	which, both parties got down and managed it peacefully to tak
the ne	ressary photos and exchange contact & NRIC. We draw to how
Z I I I I	Il area and carpork to then settle the next steps appropriate

Declaration

IWe 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













































































