

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 20/10/2022 10:05 (SGT) Reported by Driver Date of Accident 19/10/2022 14:30 (SGT) Exact Location of Accident 8 Kaki Bukit Ave 4, Singapore 415875 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lamborghini

Vehicle Registration Number **SNE369U**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM GUAT CHOON NRIC No SXXXX567H Email Address WEIJIELIM96@OUTLOOK.COM Mobile Phone No (Phone) +65-96838464 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Gallardo 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 5204

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220086036

DRIVER

Name of Driver LIM WEI JIE NRIC No SXXXX677E Date Of Birth 13/08/1996 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement 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 Insurance Company of Other Vehicle Owned by Driver	14/10/2015 7 YEARS Male (Phone) +65-81219736 - WEIJIELIM96@OUTLOOK.COM BLK 940 JURONG WEST STREET 91 #09-433 - 640940 No Child No
GENERAL INI ONWATION OF THE ACCIDENT	
Type of Accident Weather Conditions	Collided into Parked Vehicle
Road Surface	Clear 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? Number of Passengers (Including Driver)	Yes 0
Has the driver been approached by unknown person(s)	O .
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID Translator's phone number	- -
Translator's email	- -
Original language used in the statement	-
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 REPORT	
ATTACHMENT(S)	
Annual desired and the second stable for other branch	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	CDC7007C
Vehicle Registration Number Vehicle Manufacturer	GBG7907C
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category Name of Driver	Commercial vehicle
Name of Driver Contact Number	-

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

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>.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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CAT H - SNE3 69V

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Declaration

We declare the foregoing particulars are true in every respect.

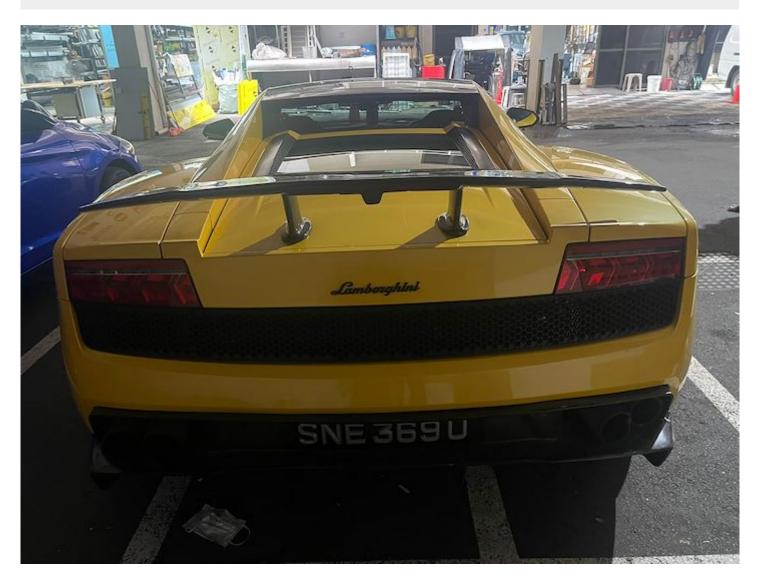
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

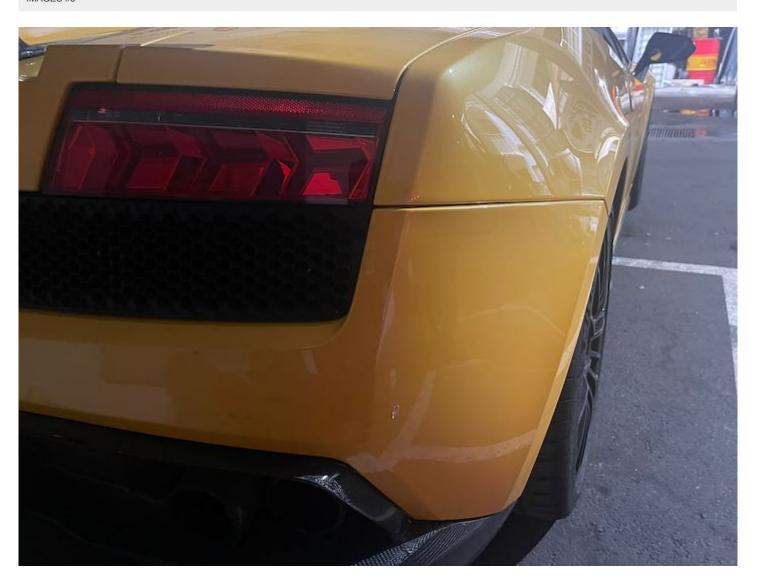
Personnel

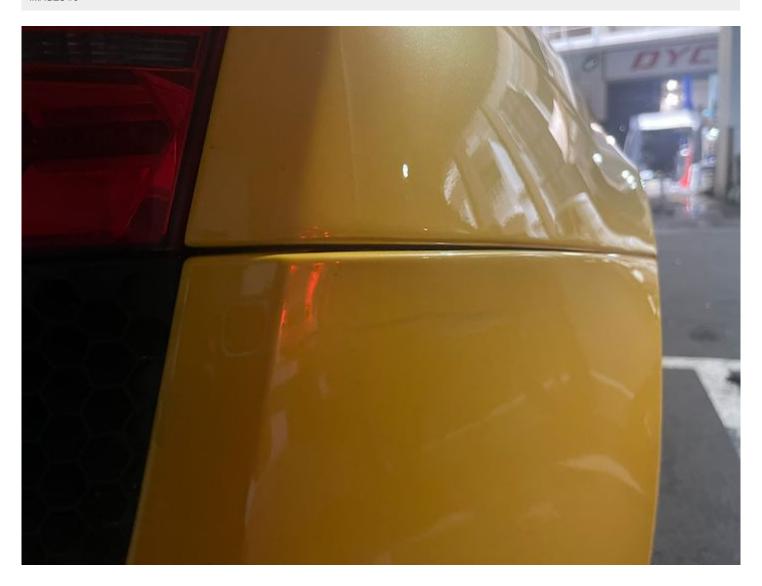


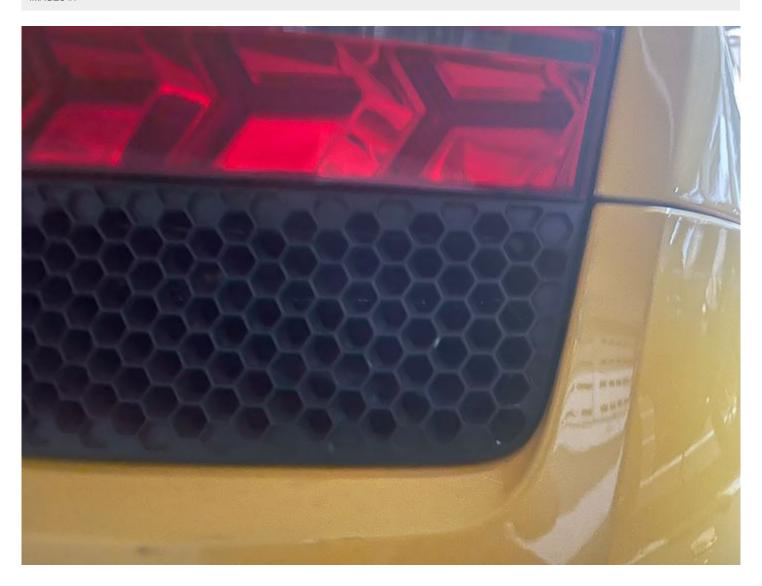




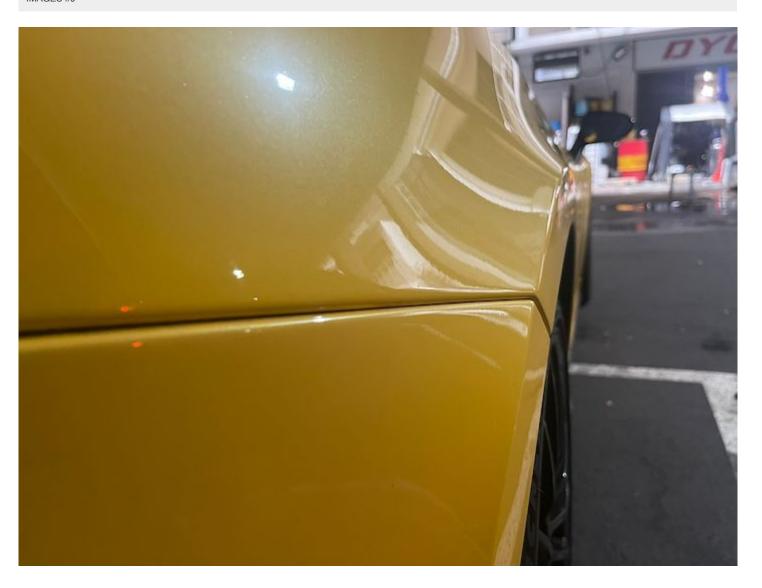








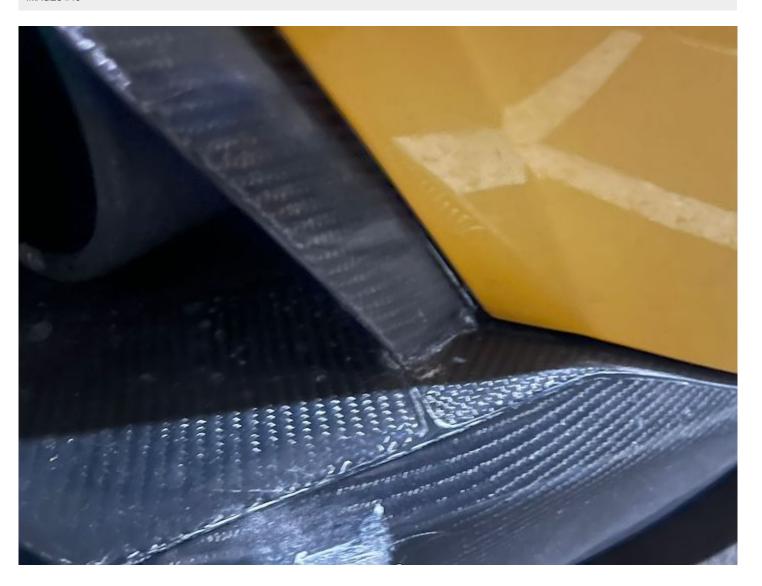




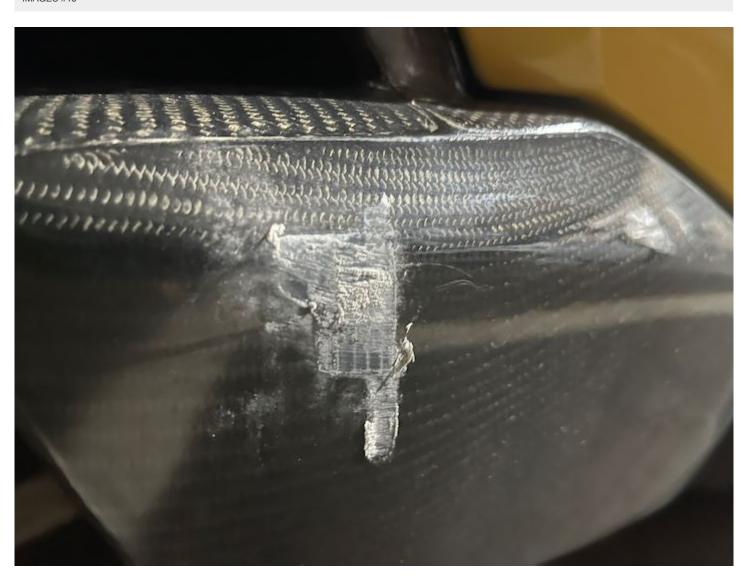


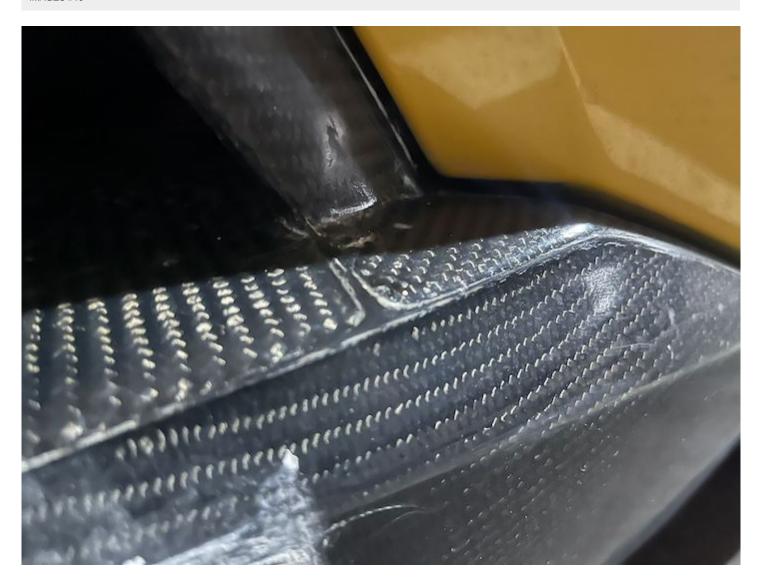


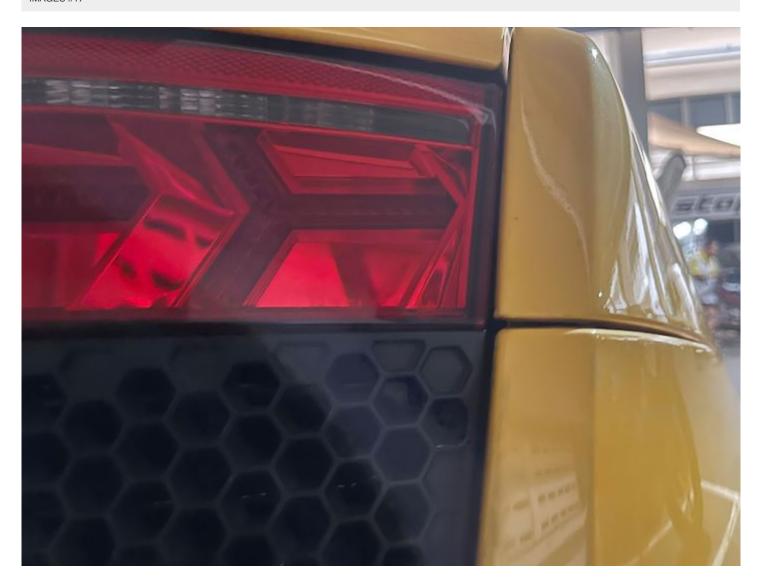




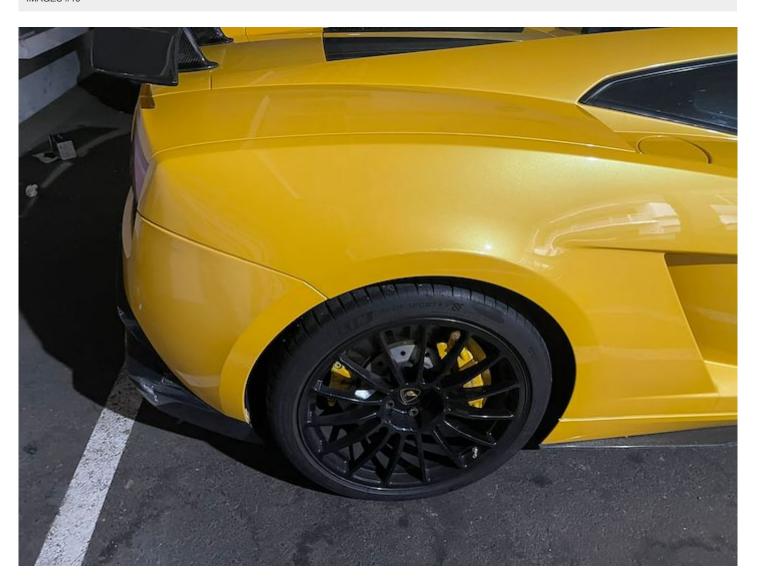


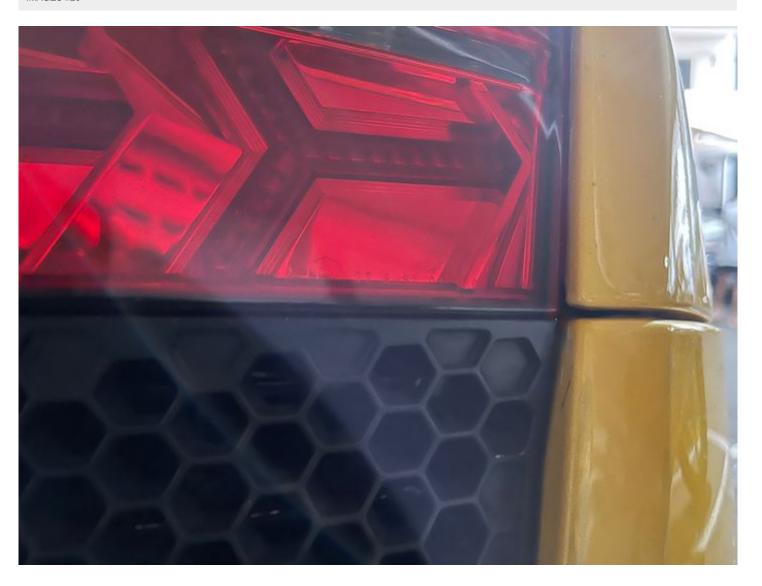






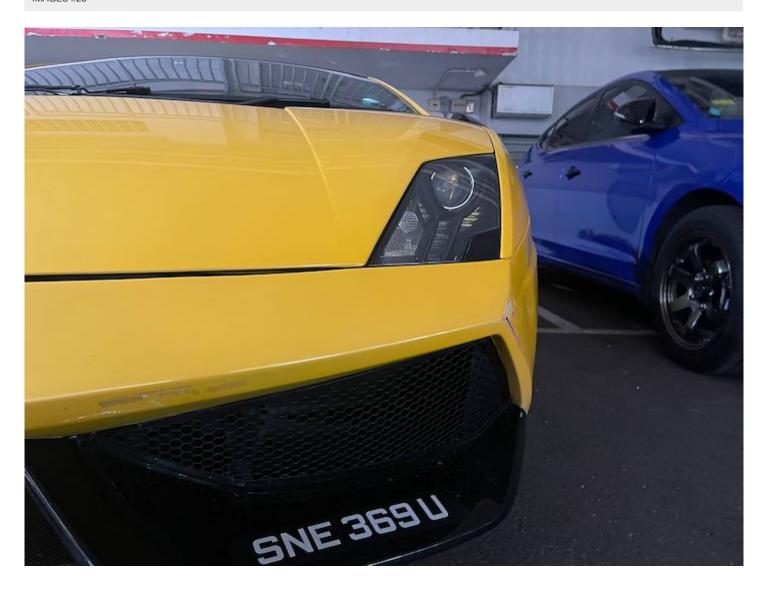














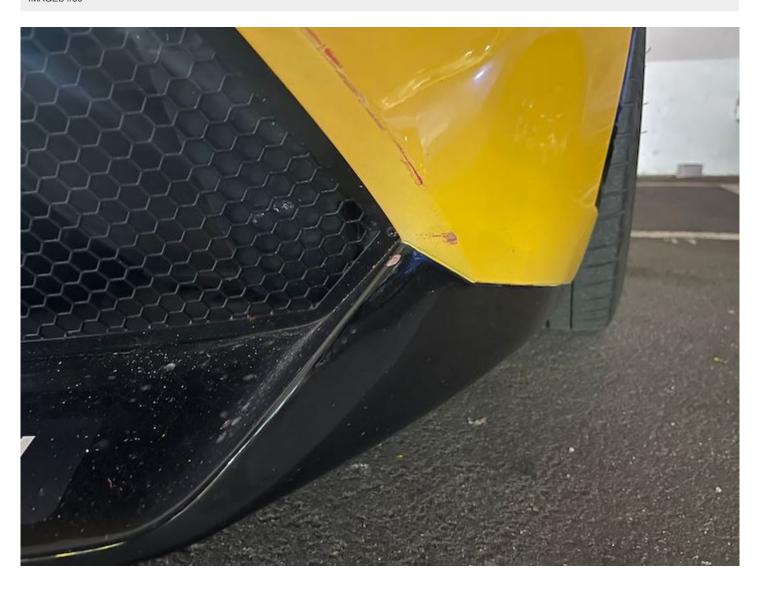


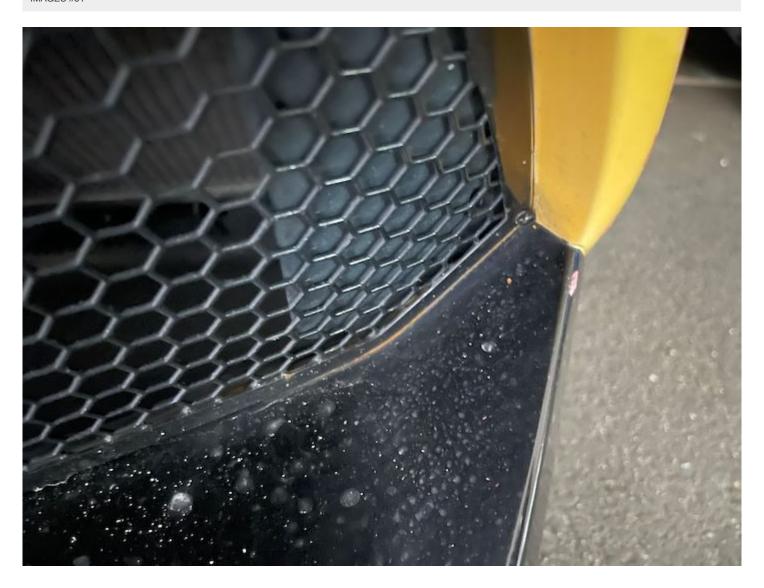




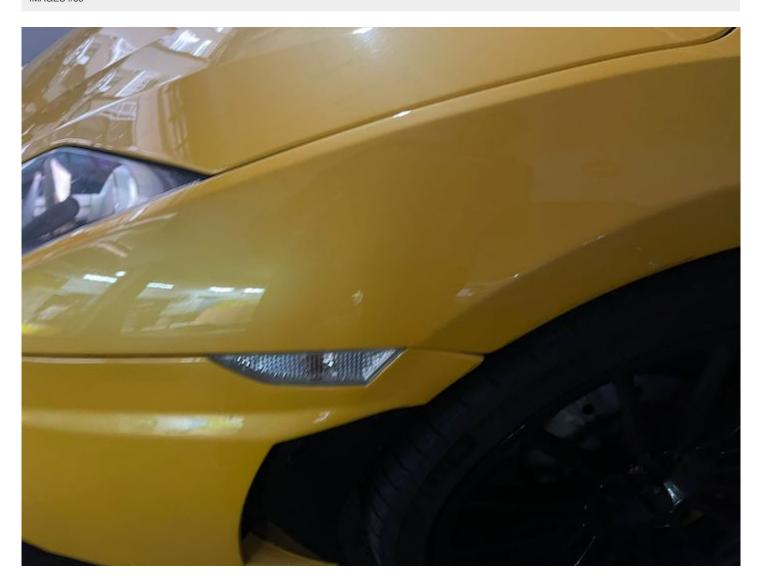


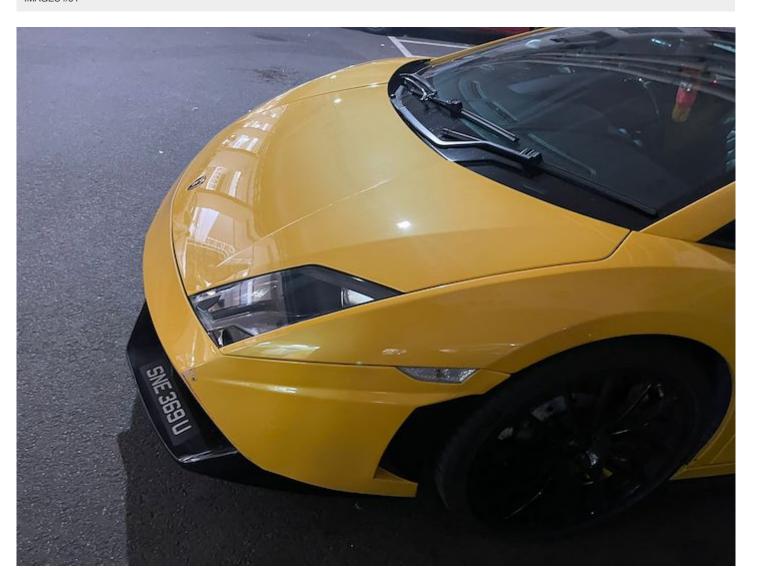


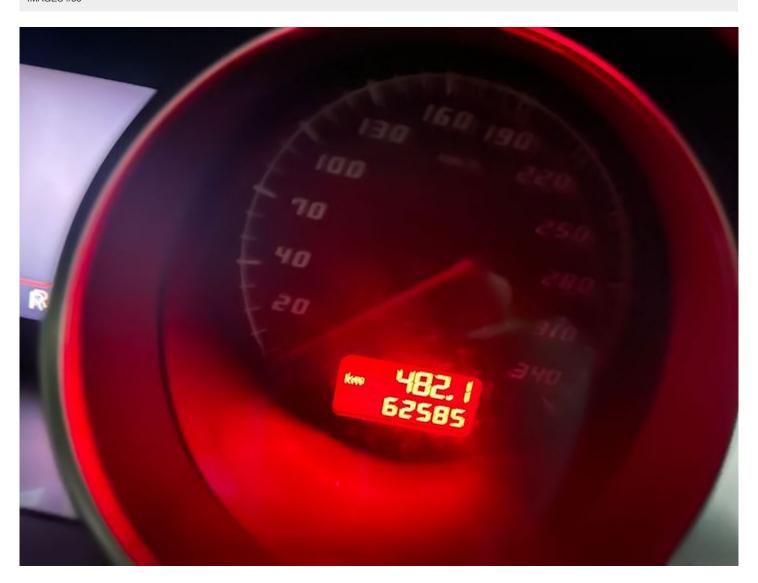




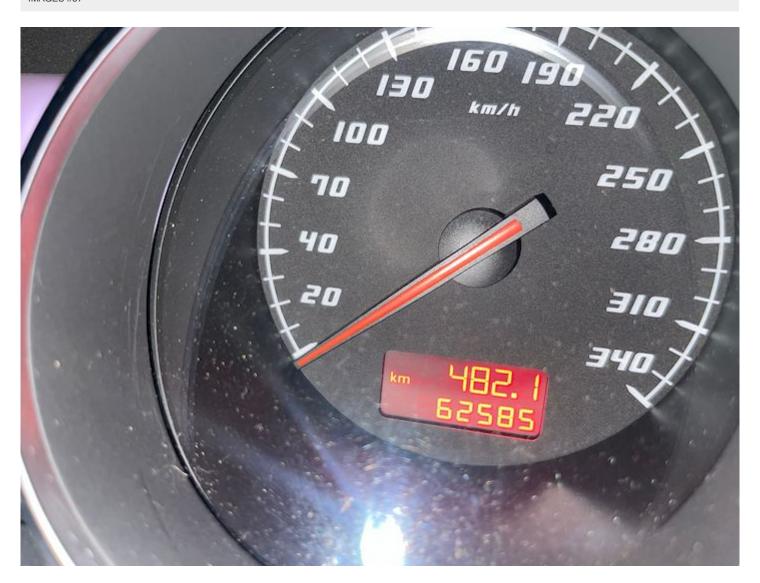














IMPORTANT NOTE: Please Submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN0922AK0002 Vehicle Registration No: Svt= 369 U Name (as shown in NRIC): Lim Wei Jie NRIC/FIN/Passport No: 59628677 E (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Block 940 Surony West steet 91 # 09-433 __Mobile No: ___81219736 Email Address: WEIJIELIM960 OUTLOOK . (OM) Date of Accident: 19/10 | 2022 ____ Time of Accident: ____ 14:20 (SGT) Place of Accident: Premier & Kak: bukit Insurance Company: ____41 G (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: carplate is SNE 369 U The Correct Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: 20 / 10 / 7072 Name: NRIC/FIN No:

Date: