

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 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	31/12/2022 12:27 (SGT)
Reported by	Both
Date of Accident	30/12/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRPORT TERMINAL 1 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN8018A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE HWA
NRIC No	SXXXX062I
Email Address	JSVAVLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-92988018
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
Variant	LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LIM CHEE HWA
NRIC No	SXXXX062I
Date Of Birth	15/10/1983
Occupation	Indoor

Date Of Driving Pass	23/03/1992
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92988018
Alt. Phone Number	-
Email Address	JS AVLIM@GMAIL.COM
Address	220 DEPOT ROAD
Address complement	#05-78
Postcode	109704
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 - Major/Minor Rd
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)	5
Has the driver been approached by unknown person(s) 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	-

PASSENGER 1

Name	LEE LAY HUAY
Gender	Female

PASSENGER 2

Name	LIM SI EN, VICTORIA
Gender	Female

PASSENGER 3

Name	JOEL LIM
Gender	Male

PASSENGER 4

Name	MICHELLE NG
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

REFER TO THE SKETCH PLAN

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV4083B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver LOR KIAN MING, DAVID
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




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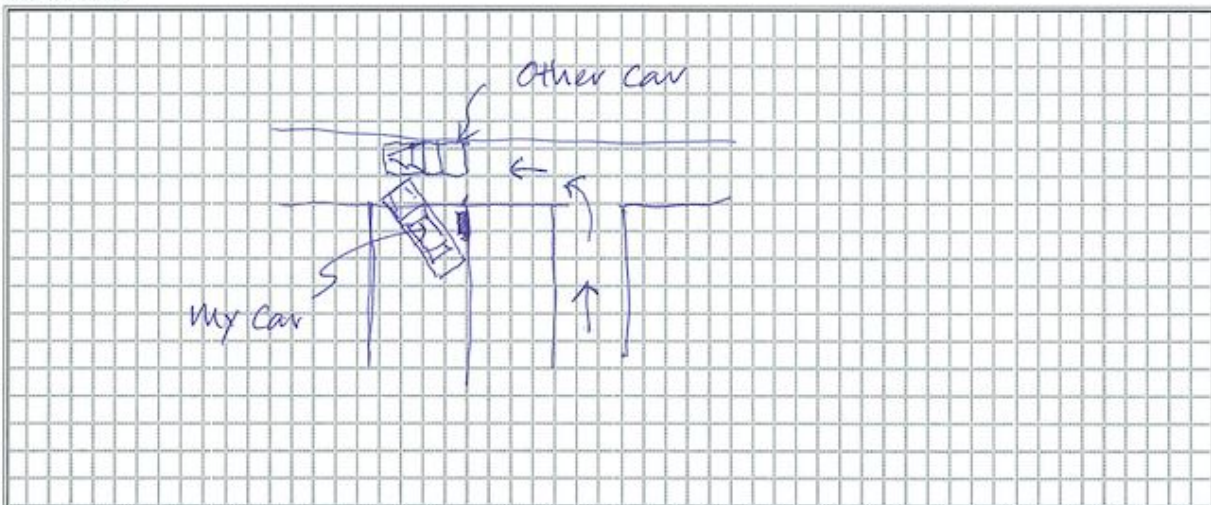
8. Consent under the Personal Data Protection Act (PDPA)

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 31/12/22 11:52am	 Driver's Signature (if driver is not the policyholder) / Date & Time 31/12/22 11:52am	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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Sketch Plan



Describe Circumstance of the Accident	
VEHICLE NO: <u>SBNG018A</u>	ACCIDENT DATE & TIME: <u>30/12/22, 1.00am.</u>
CONTACT NUMBER: <u>92988018</u>	E-MAIL: <u>jsavlin@gmail.com</u>
LOCATION: <u>Changi Airport Terminal 1 Carpark</u>	
<p>I was leaving my carpark when the vehicle hit me from the side. Other vehicle was turning left at high speed and hit my right side of the front bumper.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input checked="" type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM CD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature] 31/12/22
 Policyholder's Signature / Date & Time
11.52am

[Signature] 31/12/22 11.52am
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)





