# **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 27/12/2022 09:09 (SGT) Reported by Date of Accident 23/12/2022 13:20 (SGT) Exact Location of Accident Sengkang, Singapore Additional Location Information SENGKANG EAST AVE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SDD2636J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM HONG PENG NRIC No S0017167J Email Address SK110735@GMAIL.COM Mobile Phone No (Phone) +65-96392626 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1600

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 19000251897

DRIVER

Name of Driver LIM HONG PENG NRIC No S0017167J Date Of Birth 11/08/1950 Occupation Indoor

Date Of Driving Pass 24/10/1970 Driving experience 52 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96392626 Alt. Phone Number Email Address SK110735@GMAIL.COM Address **BLK 11 SENGKANG SQUARE** Address complement #07-35 Postcode 545076 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN. ATTACHMENT(S) 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 SMH7036E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

S1491469B

WEE AH TONG

Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-97126196
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

### 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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

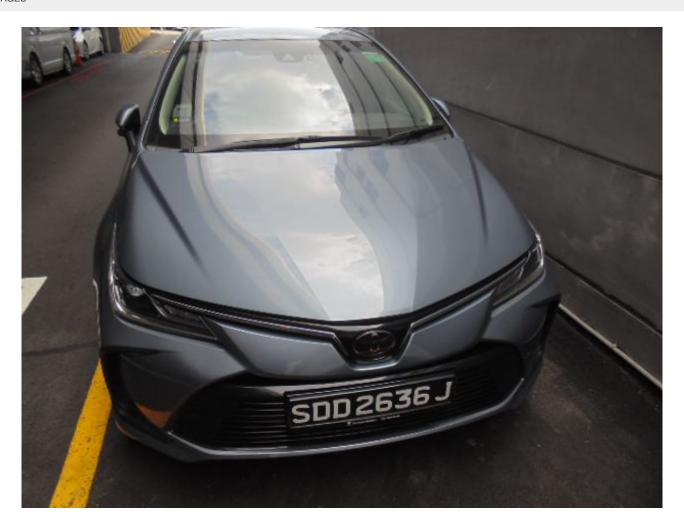
Policyholder's Signature	/ Date & Time

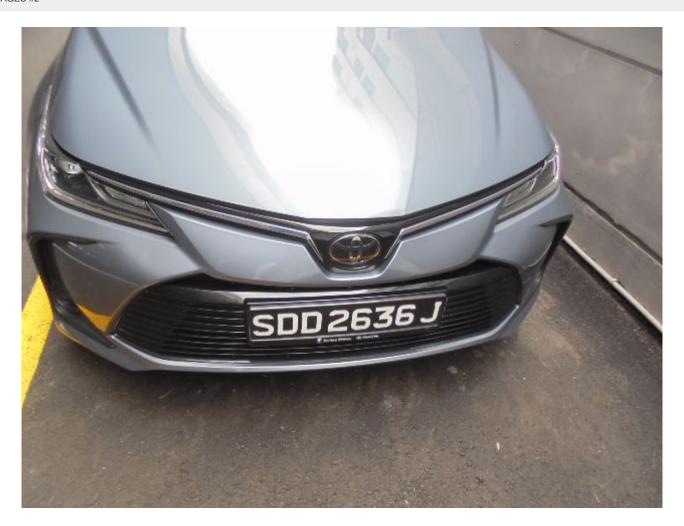
Sketch Plan

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

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

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AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way

# MOTOR ACCIDENT INTERVIEW FORM

NAME	: "	Lin Hora Pena				
VEHICLE NUMBER	:	SPD 26367				
DATE/ TIME OF ACCIDENT	:	27-17-22 @1. 20pm				
PLACE OF ACCIDENT	: -	Singlary East Ave.				
THIRD PARTY VEHICLE (IF ANY)	:	SMH 7036E				
WHERE DID YOU START YOUR JOUR	**************************************	S THE INTENDED DESTINATION BEFORE THE ACCIDENT?				
From Jalan	Ruya to	home.				
DID YOU DRINK ANY ALCOHOLIC D POLICE CONDUCT ANY BREATHE-AN	RINKS BEFORE YOU I ALYSER TEST ON YOU	DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC I? IF YES, WHAT WAS THE RESULTS?				
WHAT IS THE TYPE OF COLLISION AN		SS OF THE DAMAGES TO ALL VEHICLES INVOLVED?				
WERE YOU OR YOUR PASSENGER/S FOR INVESTIGATION?	INJURED? IF INJURED	, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE				
- JAMAY		1.00				
NAME:						

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

