

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	25/01/2023 14:17 (SGT)
Reported by	Owner
Date of Accident	20/01/2023 17:50 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore 627606
Additional Location Information	PIONEER ROAD NORTH BEFORE CROSS JUNCTION TURNING RIGHT TOWARDS BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3940S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BKW RENT A CAR PTE LTD
Company Reg No	2XXXXX276D
Email Address	KENNETH.TAN@BKW.SG
Mobile Phone No	(Phone) +65-97898888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1220005942

DRIVER

Name of Driver	LIM POH LEONG
NRIC No	SXXXX612B
Date Of Birth	10/02/1963

Occupation	Outdoor
Date Of Driving Pass	17/03/1990
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97898888
Alt. Phone Number	-
Email Address	KENNETH.TAN@BKW.SG
Address	652C JURONG WEST STREET 61 #10-408
Address complement	-
Postcode	643652
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

MOTORCYCLE CUT INTO LANE AND HIT VEHICLE FRONT LHS.
PLEASE REFER TO SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE FORMAT DIFFERENT.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK5381K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Section 1: General

Section 2: General

Section 3: General

Section 4: General

Section 5: General

Section 6: General

Section 7: General

Section 8: General

Section 9: General

Section 10: General

Section 11: General

Section 12: General

Section 13: General

Section 14: General

Section 15: General

Section 16: General

Section 17: General

Section 18: General

Section 19: General

Section 20: General

Section 21: General

Section 22: General

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.
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 Traffic Police Department for investigation.**
6. 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.
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)

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

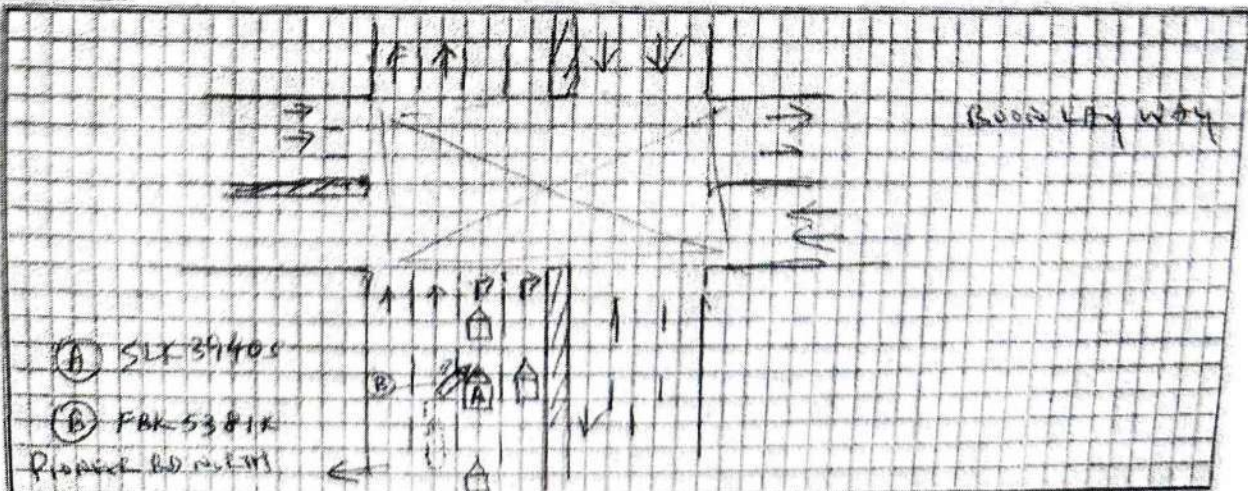
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

U. CHIN HEE
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

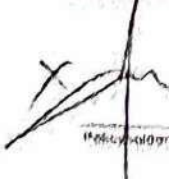




Describe Circumstance of the Accident

I AM TRAVELLING ALONG PIONEER RD NORTH TOWARD
 CROSS JUNCTION OF ROAD WAY WAY. I AM AT THE 2ND LANE
 AND STATIONARY noted TRAFFIC LIGHT IS RED. WHEN IT
 TURN GREEN, I START TO MOVE FORWARD, Suddenly there
 is the motorcycle (PRK 5301K) CUT INTO MY LANE
 FROM THE LEFT SIDE AND HIT ONTO MY FRONT LEFT
 BUMPER ^{OF MY CAR (SK 39400)} WE EXCHANGED PARTICULAR AND THERE IS
 NO INJURIES.

Declaration

I/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

Lim Chai Hoo

Witnessed by Reporting Officer / Insurer
 (Name as in M42/12 card)