

#### 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.

  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 13/02/2023 10:14 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/02/2023 14:20 (SGT) Exact Location of Accident Punggol Flyover, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLT1056K

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM TECK WEE PATRICK NRIC No. S7536678G Email Address limteckwee.patrick@yahoo.com Mobile Phone No (Phone) +65-98778421 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer Audi A3 SEDAN 1.0 TFSI S TRONIC (LED) 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 your vehicle? Yes

Vehicle Category Private car Transmission Auto 999

### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1700066973

### DRIVER

Name of Driver LIM TECK WEE PATRICK NRIC No S7536678G Date Of Birth 09/12/1975 Occupation Indoor

Date Of Driving Pass	11/04/1997
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98778421
Alt. Phone Number	-
Email Address Address	limteckwee.patrick@yahoo.com
Address complement	BLK 334 UBI AVENUE 1 04-799
Postcode	400334
Is the driver the policyholder?	400334 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 - Change/cross lane
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	
REFER TO ATTACHED	
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE	E PTE LTD 67415336
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	SKE108S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver

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

## 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.

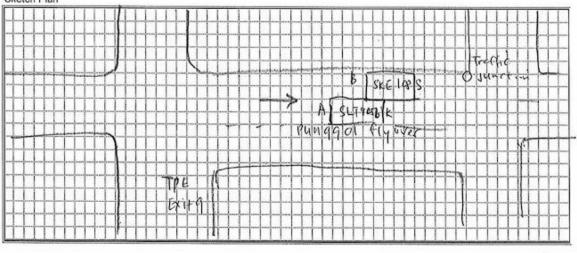
Mor 13/1/23 9-41an

Policyholder's Signature / Date & Time

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

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

# Sketch Plan



1

Petrick Lin. 575366766)	
I was driving on TPE and taking the Exit 9 towards punggel at	
around 2.20 pm on 12 Feb 2023. Is I came to a stop at the Kinggor	
Flydrar traffic juniction. My car was on the second carriage way or the flyorar. (ILTLOSER)	
3	_
I tred to filter to left-most lane to since straight haras Punggel. When I filtered left, I have looked "to impress that the	as
was no car. But I widn't see angoing car (silver IN ske 1085	)
and ran into the right hand side of ske 1085, damaging the front and rear closes.	
1.00	
my car int 1056 k custained danage to the left front bumper ar	اء
headlight. No one was injured during the accircent.	_
Total discount of the second	_
The other driver is also unhart. Durar of ske 1085 is	_
Li Yiding (water) 58773283E) and I agree to submit claims	_
for the accident.	_
	_
	_
Declaration	
We declare the foregoing particulars are true in every respect.	
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the clain must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.	1

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

Policyholder's Signature / Date & Time

9.45am

2

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









