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 27/02/2023 11:20 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/02/2023 10:08 (SGT) Exact Location of Accident Near 89 Compassvale Bow, Singapore 544687 Additional Location Information **Buangkok Drive** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SMK5284C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lim Seow Boon NRIC No S1649955B Email Address sblim6464@gmail.com Mobile Phone No (Phone) +65-90264527 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sylphy 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 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900088149-02

DRIVER

Name of Driver Lim Seow Boon NRIC No S1649955B Date Of Birth 12/07/1964 Occupation Indoor



Date Of Driving Pass 30/12/1982 Driving experience 40 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90264527 Alt. Phone Number Email Address sblim6464@gmail.com Address Blk 122E Rivervale Drive, #08-476 Address complement Postcode 545122 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Refer attachment. 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 SNF6426T Vehicle Manufacturer Audi Vehicle Model Α4

Black

NA / Unknown

CACcident report SA1R232R0001

Vehicle Variant
Vehicle Colour

Vehicle Category

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

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- 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.
- 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)

Lunderstand, 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:

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 maiting 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 apents. (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes CAD 4

> SINGAPORE 408623 12 6490 9666 FAX: 6846 7483

> > porting Centre Personnel

In NRIC/ID card)

Erriver's Signature of driver is not the policyholder. Dr

CH. OSam Sketch Plan

Senglang central. A Buanglook Brive Buarakok Drive A-SMK 52840 Hougany Avenue C - SNF 6426 T

Accident report SA1R232R0001

escribe Circumstance of the Accident	
I stopped my vehicle A's	MK52840 along with
few other vehicles in front o	
light junction. When traffic li	ight turn green, most
vehicles in front drove forwar	rd. I drove my vehicle
'A' forward too. However, u	rehicle 'B' SNF6426T
in front of me didn't move.	My vehicle 'A' inch
forward and hit the back o	f vehicle 'B' lightly,
	6
	AUTOLUTION INDUSTRIAL PTE LTD 19 UBL ROAD 4
eclaration We declare the foregoing particulars are true in every respect.	SINGAPORE 408623 TEL: 6490 9566 FAX: 6846 7483
1	EL 0430 3330
2/2/2023	
Order's Signature / Date & Time Driver's Signature (if driver is not the collection	
Officyholder's Signature / Date & Time Officyholder's Signature (if driver is not the policylis Time 8 Time	(Name as it) NRICAD card)































