

## 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	03/03/2023 14:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/03/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	503 TAMPINES AVE 5 (S) 529651
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB7845G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN JIAWEI
NRIC No	SXXXX575Z
Email Address	LINBOLT@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91275571
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210110787

#### DRIVER

Name of Driver	LIN JIAWEI
NRIC No	SXXXX575Z
Date Of Birth	07/07/1983
Occupation	Outdoor

14/06/2017

14/06/2017

5 YEARS AND 9 MONTHS

Male

(Phone) +65-91275571

-

LINBOLT@HOTMAIL.COM

BLK 523C TAMPINES CENTRAL 7 #11-101

-

523523

Yes

-

No

-

-

14/06/2017

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5 YEARS AND 9 MONTHS

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#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Change/cross lane

Raining

Wet

#### 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)

2

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

SAM NING ER

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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP9385A

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NAINA MOHAMED
NRIC No	SXXXX747C
Contact Number	(Phone) +65-97644791
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.

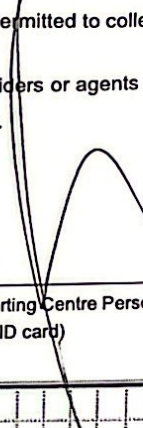
(collectively the "Purposes")

(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

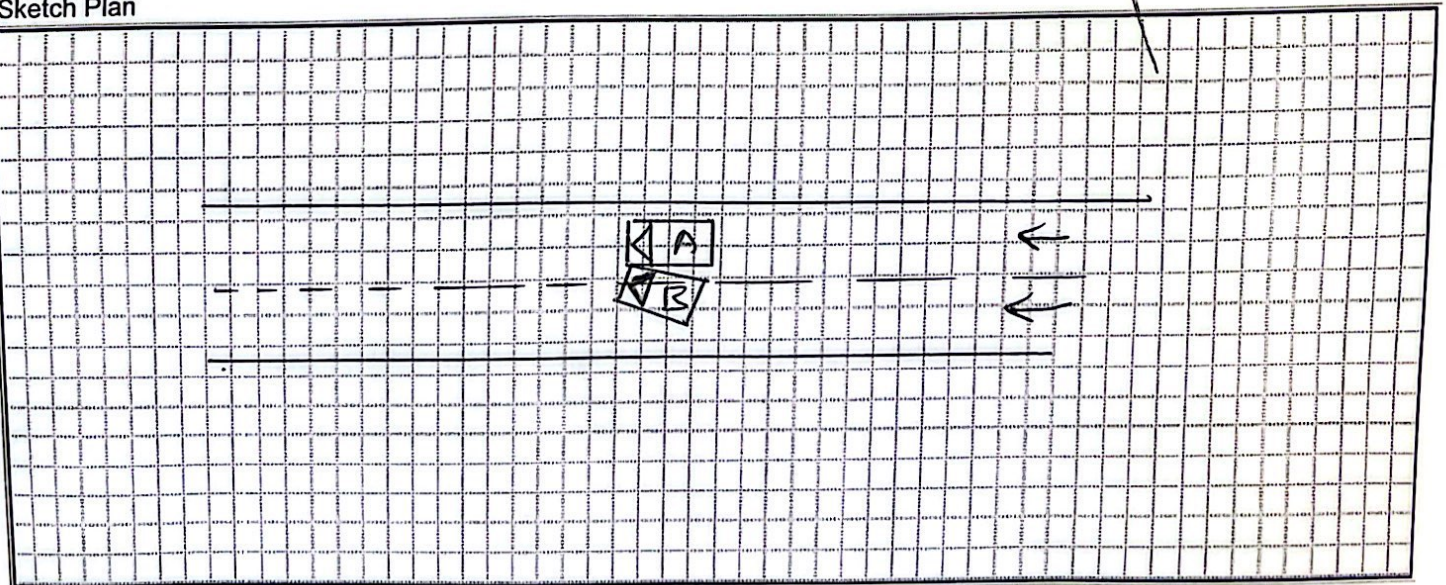
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 03/03/2023  
Policyholder's Signature / Date & Time

 03/03/2023  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

### Sketch Plan





Describe Circumstance of the Accident

I was driving a bus TAMPINGS AVE S a lorry suddenly cut into my lane and knock on my side near the passenger area.

Declaration

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

Ki 03/03/2023

Policyholder's Signature / Date & Time

Ki 03/03/2023

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

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



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : LIN JIAWEI  
VEHICLE NUMBER : SNB 7845 G  
DATE/TIME OF ACCIDENT : 03/03/2023 @ 12:30 PM  
PLACE OF ACCIDENT : NEAR TAMANES HUB  
THIRD PARTY VEHICLE (IF ANY) : YP 9385 A

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

KK Hospital  
DESTINATION - 523 C TAMPINES CENTRAL 7

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

side swipe from driver

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

LIN JIAWEI

Name: LIN JIAWEI

**I Affirmed The Above Information Is Given To My Best Knowledge.**