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 02/03/2023 14:37 (SGT) Reported by Driver Date of Accident 28/02/2023 20:26 (SGT) Exact Location of Accident Jln Eunos, Singapore Additional Location Information JALAN EUNOS TOWARDS ECP BEFORE JALAN KECHOT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLV4898S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM KAR HENG DENNIS NRIC No SXXXX083G Fmail Address DENHENG8@YAHOO.COM.SG Mobile Phone No (Phone) +65-96975588 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Α4 Variant 2.0 TFSI S-TRONIC 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 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210027627

DRIVER

Name of Driver **DERIC LIM WEI LIANG** NRIC No SXXXX249J Date Of Birth 05/08/1998 Occupation Indoor

Date Of Driving Pass Driving experience Gender	21/12/2017 5 YEARS AND 2 MONTHS Male
Mobile Number Alt. Phone Number Email Address	(Phone) +65-82823916 - DERICLIM1998@OUTLOOK.COM
Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	50 CHOA CHU KANG NORTH 7 #06-09 289527 No Child No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 3 No - Yes 2 No
Name Gender	SHERRY TAN JIA HUI Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I WAS DRIVING ON A RAINY DAY WITH A WET FLOOR, THE CABUT DUE TO THE WET FLOOR, THE CAR SKID AND KNOCKED COLLISION.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1

SJQ1698Y

Mazda

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	CHIA PEI QUI
Contact Number	(Phone) +65-97930793
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Dataila of proporty domogad in assidant	Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	SJK5078S Toyota Rush - Black Private car KHOO TING WEI, CLEMENT (Phone) +65-92262619
Details of property damaged in accident - No. Of Passenger (Including Driver) 2	Details of property damaged in accident No. Of Passenger (Including Driver)	- 2

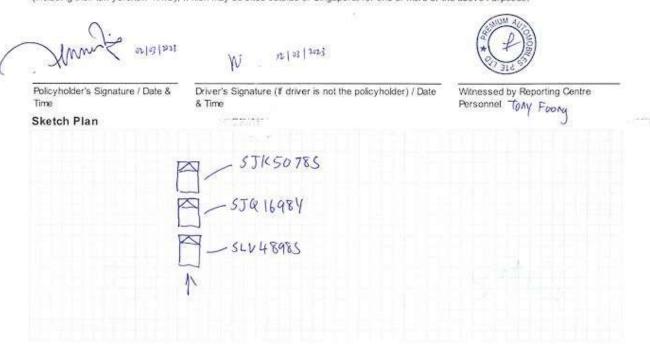
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
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- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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Declaration

VWe declare the foregoing particulars are true in every respect.

n 03/102) (100He) Policyholder's Signature / Date &

th 33 / 2023 Driver's Signature (If driver is not the policyholder) / Date & Time

HOOHRS

Witnessed by Reporting Centre Personnel Tony Frong







