

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	27/06/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	18/06/2023 18:45 (SGT)
Exact Location of Accident	Sin Ming Ave, Singapore
Additional Location Information	SIN MING AVENUE, EXITING TO UPPER THOMSON ROAD (ZEBRA CROSSING)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9326E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BENSON YEO KOON WEE
NRIC No	S8214334C
Email Address	YEOBENSON@GMAIL.COM
Mobile Phone No	(Phone) +65-91775653
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210074956

DRIVER

Name of Driver	LIM YI XIAN
NRIC No	S9515114J
Date Of Birth	26/04/1995

Occupation	Outdoor
Date Of Driving Pass	03/01/2018
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91172247
Alt. Phone Number	-
Email Address	YIXIAN_LIM711@HOTMAIL.COM
Address	BLK 834 HOUGANG CENTRAL
Address complement	-
Postcode	530834
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - 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	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

AS I WAS WAITING TO TURN INTO UPPER THOMSON ROAD AT A ZEBRA CROSSING, THERE WAS A CAR IN FRONT OF ME. HE DROVE OFF A LITTLE SO I THOUGHT THE ROAD WAS CLEAR. SO I CHECKED MY SIDE AND SEE NO CARS SO I ACCELEATED WITHOUT TURNING BACK TO CHECK IF HE DROVE OFF ALREADY. NEXT MOMENT I REALISED I ALREADY BUMPED INTO HE'S CAR. IT WAS A LIGHT BUMP, HIS BUMPER WAS ALREADY BADLY DAMAGED TO START WITH. I INITIALLY OFFERED TO REPAIR FOR HIM THE AREA I BUMPED INTO WHICH IS A DENT. HE AGREED TO IT TOO. HOWEVER, HE CALLED ME AGAIN AT NIGHT TO TELL ME THE COLLISION DAMAGED AND CRACKED HIS RUBBER BUMPER TOO. WHICH I DID NOT AGREE WITH. SO I TOLD HIM THAT HE CAN GO AND FILE FOR A ACCIDENT REPORT AND HAVE SOMEONE ASSESS THE DAMAGE. HIS WHOLE BUMPER WAS ALREADY BADLY DAMAGED PRIOR TO THE COLLISION SO I WASN'T HAPPY THAT HE EVEN BLAMED THE RUBBER CRACKS OF THE BUMPER WAS MY FAULT.

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	SMF1097D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96821884
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

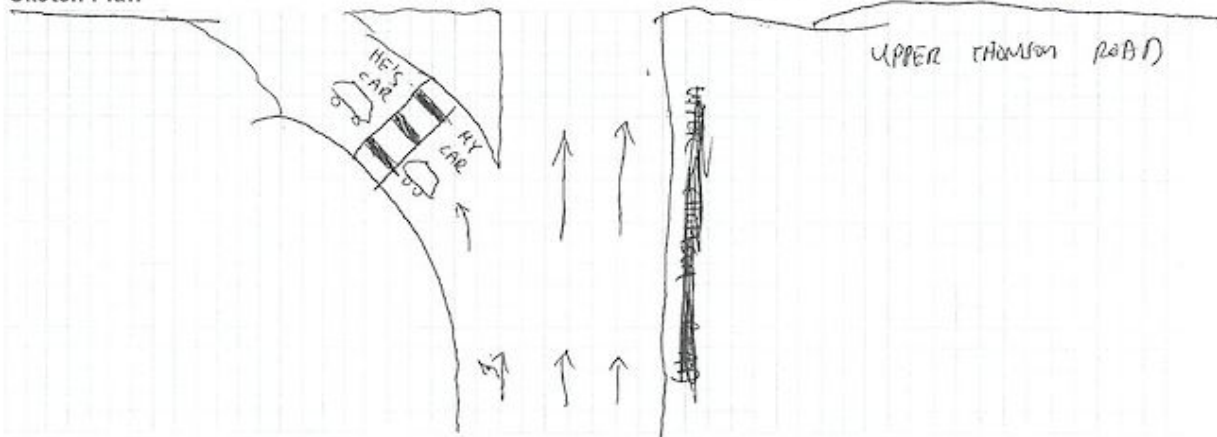
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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.

27/6/23
XW 2pm
Policyholder's Signature / Date & Time

27/6/23
Driver's Signature (If driver is not the policyholder) / Date & Time

PREMIUM AUTOMOBILES
WITNESSED BY
Witnessed by Reporting Centre
Personnel Tony Fong

Sketch Plan



Describe Circumstances of the Accident

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Declaration

We declare the foregoing particulars are true in every respect.

2/m
www 27/6/23
Policyholder's Signature / Date & Time

MIM 27 JUNE 2023 1400
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel Tony Fung



























