

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 First Submission	16/09/2024 11:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/09/2024 20:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Sembawang road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC9311J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Chin Koon Alan
NRIC No	S7007502D
Email Address	Alzhenkun@gmail.com
Mobile Phone No	(Phone) +65-98388092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	Manual
CC	2000
Vehicle Fuel	Petrol
First Registration Date	30/07/2022
Chassis no	JF1SK7KL5MG063168
Effective Date/Time of Ownership	30/07/2022 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220085645-02

DRIVER

Name of Driver	Lim Chin Koon Alan
NRIC No	S7007502D
Date Of Birth	05/03/1970
Occupation	Outdoor
Driving Pass Date	25/03/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98388092
Alt. Phone Number	-
Email Address	Alzhenkun@gmail.com
Address	Admiralty link Blk486
Address complement	19-145
Postcode	750486
Is the driver the policyholder?	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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Michelle
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer to police report

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC3698H
Vehicle Manufacturer Toyota
Vehicle Model Estima
Vehicle Variant -
Vehicle Colour White
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 Collision
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Michelle Kwok
Gender Female
Phone No (Phone) +65-97399344
Address Admiralty link Blk486
Address Complement 19-145
Post Code 750486
Approximate Age Years Old -
Injuries Sustained Impact injuries
Injured person in which vehicle? SJC9311J
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

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' 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.



[Handwritten Signature]

Policyholder's Signature / Date & Time

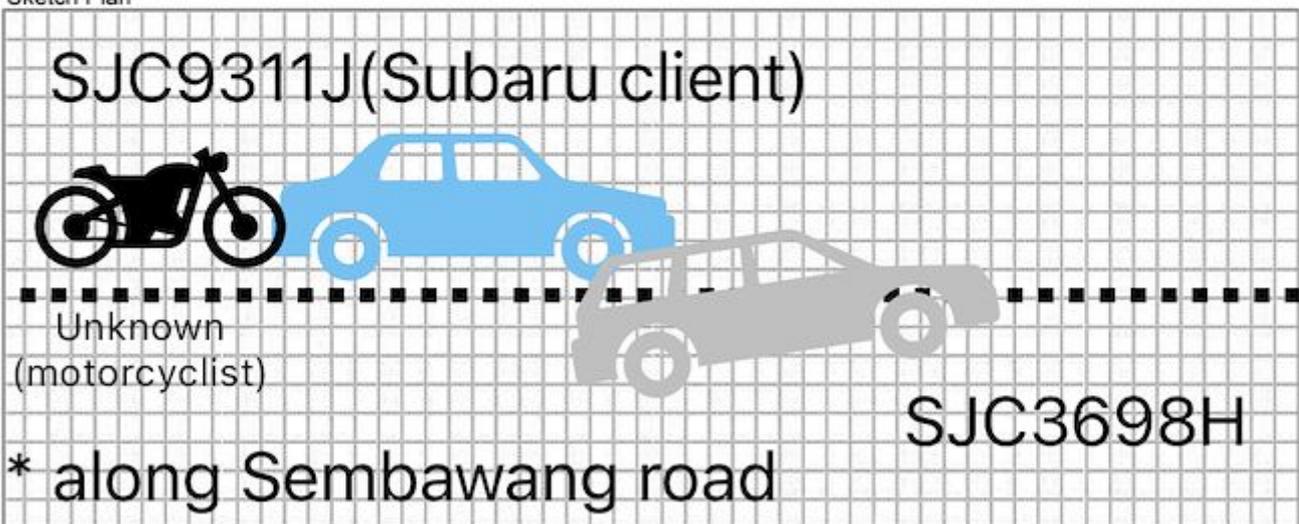
[Handwritten Signature]

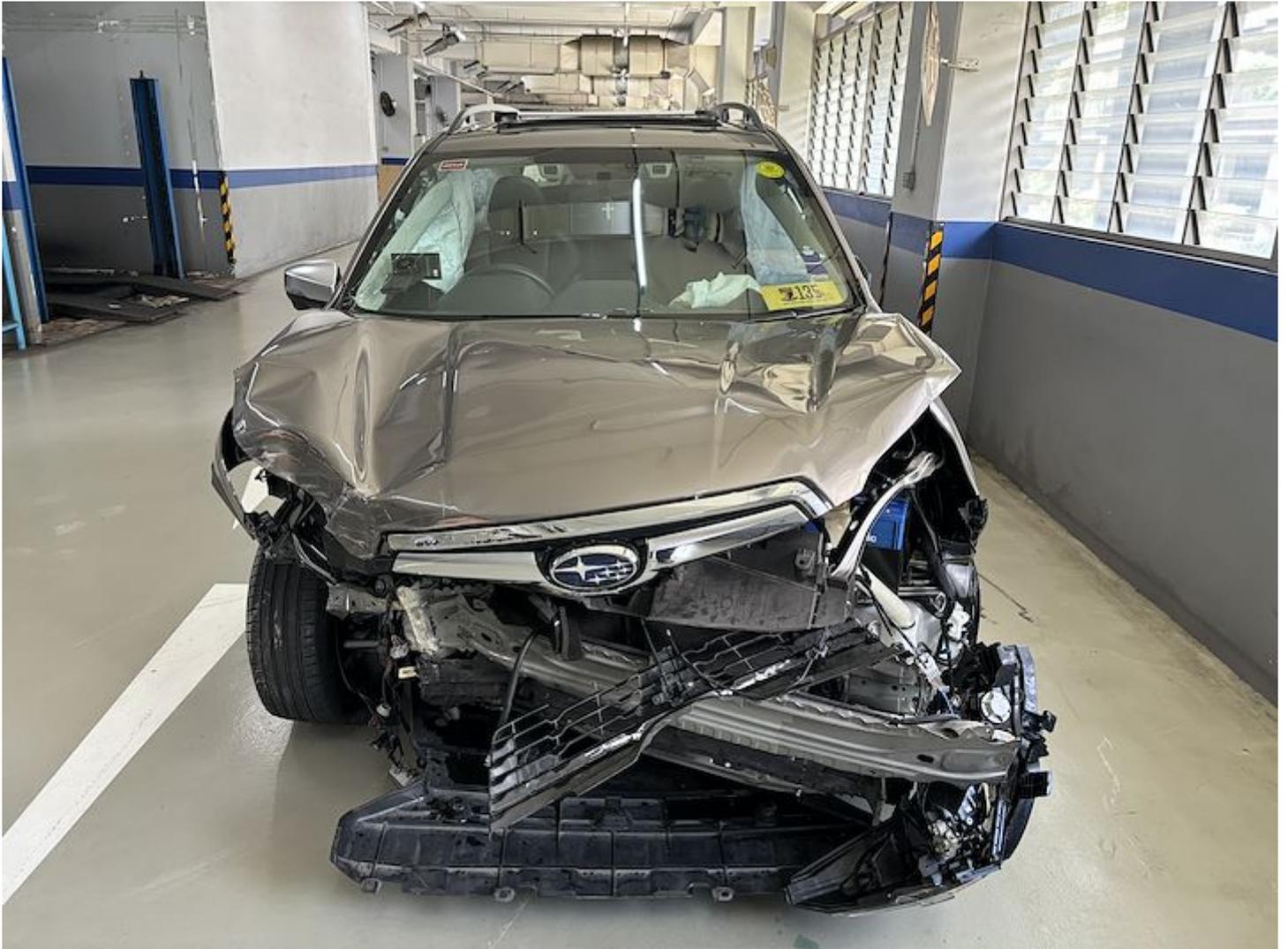
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



































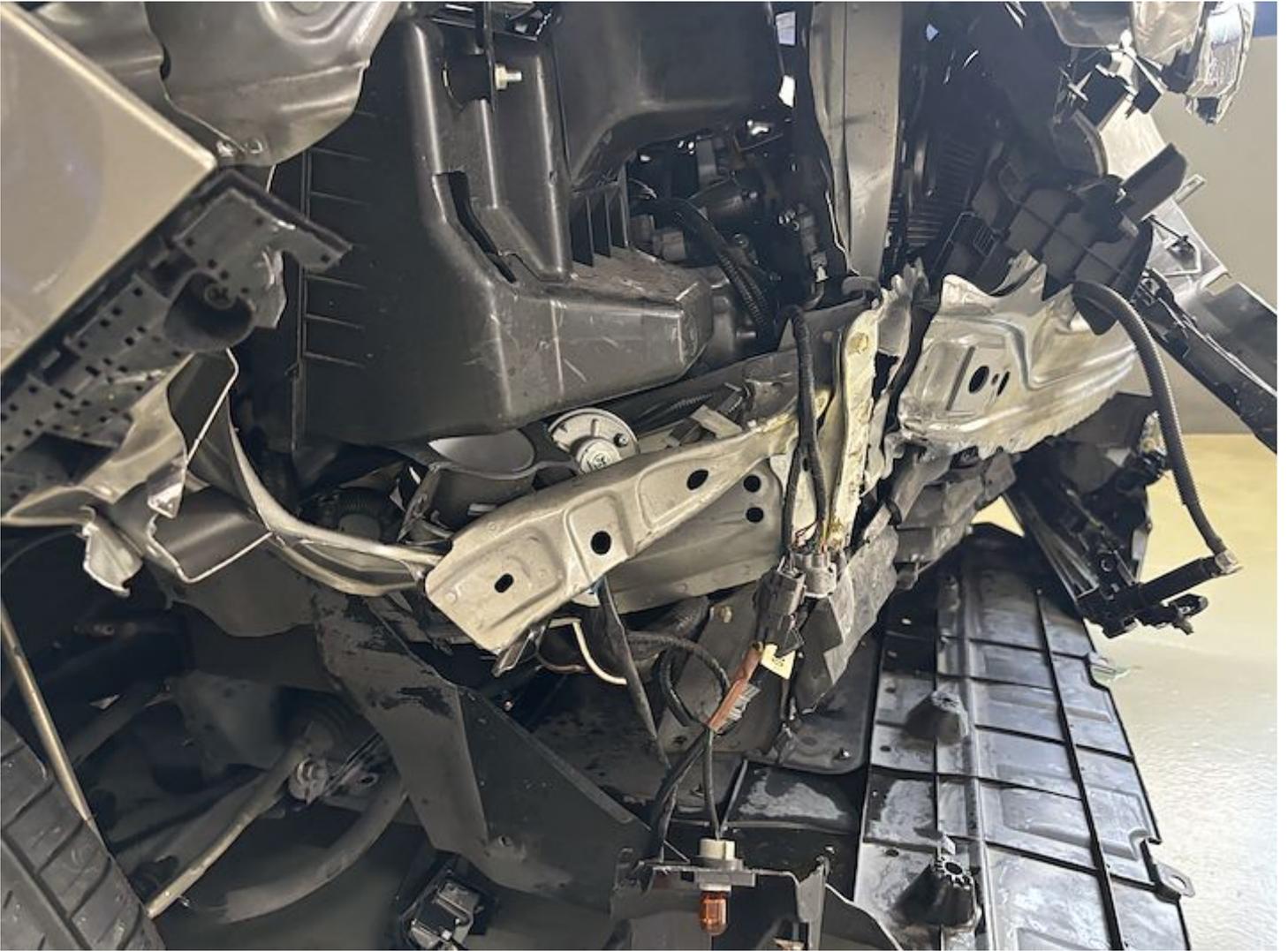






















**SINGAPORE
POLICE FORCE**



L/20240916/7004

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POLICE REPORT (NP299)

Report No. L/20240916/7004

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 16/09/2024 04:53	Vide Report No.	Station Diary No.
Name Of Informant Lim Chin Koon Alan	Address 486 Admiralty Link #19-145 SINGAPORE 750486	
ID Type / ID No. NRIC NO / S7007502D	Contact No. Home/Office:	Mobile: 98388092
Nationality SINGAPORE CITIZEN	Email Address alzhenkun@gmail.com	
Occupation Regional sales manager	Sex Male	Age 54
Institution/School Name	Date of Birth 05/03/1970	Race Chinese
	Language English	
Date/Time Of Incident 15/09/2024 20:50 - 15/09/2024 23:30	Location Of Incident 486 Admiralty Link #19-145 SINGAPORE 750486	

Brief details.

Driving on left lane along Sembawang road after turning from Mandai Ave. SJC3698H signal to switch lane moving to left, but suddenly he decided to move back to center lane. Therefore, I tried to speed up thinking he will let me pass through. However, as I approached nearer, suddenly he speed up and cut into my lane even I was already near his vehicle. It left me no time to reduce my speed or hone him. I have crashed into his car and my car lost control and flip over. We were trapped in the car unable to move out immediately. There was a motorcyclist crashed into my car when I hit the front car as what the motorcyclist said to me. My wife was taken to hospital conscious and was admitted under high depend care unit. As for me, I do not feel good with my body but will monitor closely. I will be submitting my video footage to support the investigation.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2024 04:53
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20240916/7004

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20240916/7004

Subjects Involved			
Victim			
Person Name	Lim Chin Koon Alan		
ID Type	NRIC NO	ID No	S7007502D
Gender	Male	Age	54
Race	Chinese	Language	English
Occupation	Regional sales manager	Address	486 Admiralty Link #19-145 SINGAPORE 750486
Mobile No	98388092	Is Informant A Victim?	Yes
Person Name	Kwok Lai Heng Michelle		
ID Type	NRIC NO	ID No	S7243631H
Gender	Female	Age	52
Race	Chinese	Language	English
Occupation	Housewife	Address	486 Admiralty Link #19-145 SINGAPORE 750486
Mobile No	97399344	Relation To Informant	Wife
Person Name	Lim Chin Koon Alan (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2024 04:53
Officer In-Charge Of Case:	Classification Of Case: