

## 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 Authorised 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 ability.
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 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 Report	28/11/2017 17:12
Date Of Accident	25/11/2017 17:10
Exact Location Of Accident	CTE BEFORE MOULMEIN EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8729U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YINGJIE JAMES
NRIC No	S8506571H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98808734
Alternative Phone No	Office-98808734

### Vehicle Particulars

Manufacturer	BMW
Model	323I-2.5 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100507836
Cover Note Number	

### Driver

Name of Driver	LIM YINGJIE JAMES
NRIC No	S8506571H
Date Of Birth	12/02/1985
Occupation	INDOOR
Date Of Driving Pass	31/12/2003
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98808734
Fax Number	
Contact Number	OFFICE-98808734
EMail Address	NOEMAIL

Address	38 PARK VILLAS RISE
Postcode	545370
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I ON MY RIGHT SIGNAL AND WAS FILTERING TO THE RIGHT LANE WHEN SUDDENLY, VEHICLE B DASHED ACROSS AND HIT ONT MY VEHICLE'S FRT RH PORTION. VEHICLE B THEN SWERVED TO THE LEFT ABD HIT ONTO VEHICLE C RH PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP8504H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC9995P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

## Sketch Plan

### SKETCH PLAN

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7. By the lodging 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)

I understand, acknowledge, agree and consent that:

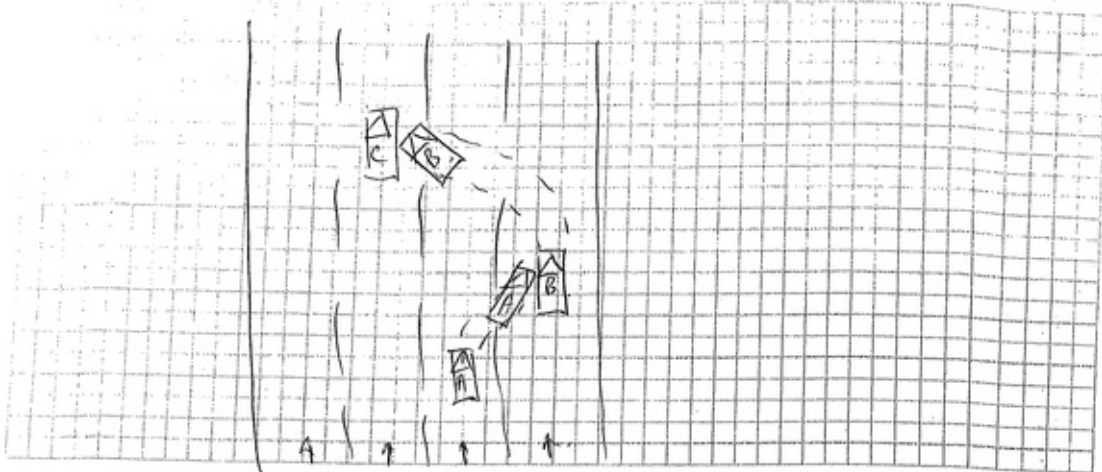
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I on my right signal and was filtering to the right lane when suddenly vehicle B dashed across and hit onto my vehicle's RH part. Vehicle B then swerved to the left and hit onto vehicle C RH portion.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SAME

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LAM YING JIE JAMES  
VEHICLE NUMBER : QJVC729U  
DATE/TIME OF ACCIDENT : 25/11/2017 @ 1710 HRS  
PLACE OF ACCIDENT : ETO BEFORE MOUNTAIN EXIT  
THIRD PARTY VEHICLE (IF ANY) : QJPC504H, PC9995P

\*\*\*\*\*

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

Maring Orchard towards Ang Mo Kio

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?

Head to Rear

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

No injuries

  
Name:

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8506571H



Name  
LIM YINGJIE, JAMES

林英杰

Race  
CHINESE  
Date of birth 12-02-1985 Sex M  
Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8506571H  
Name: LIM YINGJIE, JAMES

Birth Date: 12 Feb 1985  
Issue Date: 31 Dec 2003

001064523H



NRIC No. S8506571H



Date of issue  
19-05-2004

Address  
38 PARK VILLAS RISE  
SINGAPORE 545370

3555412

3555412

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

31 Dec 2003



Licence No: S8506571H

NP 428A



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

REGISTRATION NO. (001) 8410-0000  
JAN 1987 0410-8772

MAI

AUTOPLUS

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(For policies with effect from 1st November 2002)

CERTIFICATE NO. 2100507836-00000

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SJV8729U

2) NAME OF INSURED

Lim Yingjie James

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

28 Mar 2017

4) DATE OF EXPIRY OF INSURANCE

27 Mar 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

SUBJECT TO AGE CONDITION :30 years old and above

a) The Insured,

b) Any other person who is driving on the Insured's order or with his permission.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE \*

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carrying of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENTS WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. Comfort Delgro Bnrg - 205 Brasell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Esthor - 30 Bukit Dato Crea (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65644501)
5. Kam Poek Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huan (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Motor Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415335)
9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN MayBank

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 19 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

501295-010  
INSURE LINK PTE LTD  
2 KALLANG AVENUE #06-16 CT 1100 SINGAPORE 339487

AUTHORIZED REPRESENTATIVE

ORIGINAL

ISSUANCE

AIG Building, 78 Shenton Way #07-16 Singapore 079120

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