

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	08/01/2018 15:42
Date Of Accident	08/01/2018 10:05
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1349G
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Insured/Policyholder

Name Of Registered Owner	LIM KIM CHENG
NRIC No	S1523833Z
Email Address	VINCENTLIM@SLAMDESIGN.COM.SG
Mobile Phone No	(LOCAL) +65-97336146
Alternative Phone No	Office-94506228

Vehicle Particulars

Manufacturer	LEXUS
Model	ES300H-2.5 EXECUTIVE (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	2100438467
Cover Note Number	

Driver

Name of Driver	LIM KIM CHENG
NRIC No	S1523833Z
Date Of Birth	18/05/1962
Occupation	INDOOR
Date Of Driving Pass	21/09/1987
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97336146
Fax Number	
Contact Number	OFFICE-94506228
EMail Address	VINCENTLIM@SLAMDESIGN.COM.SG

Address	BLK 107 TOWNER ROAD #10-378
Postcode	321107
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 - HEAD ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF14X
Vehicle Make/Model/Colour	TOYOTA/LORRY/BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR MUHAMMAD BIN MOHAMED YATIM
NRIC/Passport Number	S7215506H
Contact Number	83527922
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR PORTION
No. Of Passenger (Including Driver)	

Accident Sketch Plan

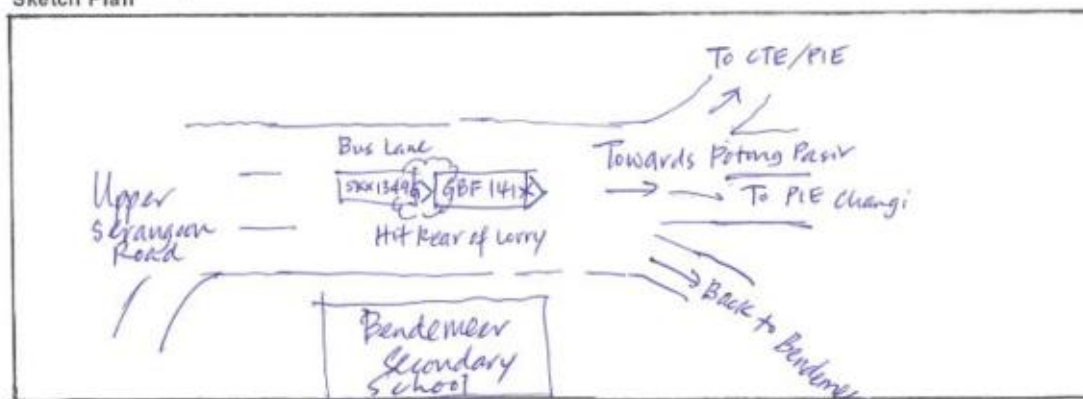
SKETCH PLAN

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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.

Policyholder's Signature / Date & Time: 8th Jan 18 11:50am
Driver's Signature (If driver is not the policyholder) / Date & Time: _____
Witnessed by Reporting Centre Personnel: _____

Sketch Plan



I was driving along Upper Savanagoon Road to Potong Pasir. It was raining. Entire 3 lanes were packed with vehicles all moving slowly. Unable to jam brake ~~the~~ fast enough when the lorry in front stopped. My car front damaged in the process upon hitting its rear.

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

Witnessed by Reporting Centre
Personnel

Accident Sketch Plan



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Mr Lim Kim CHENG
VEHICLE NUMBER : SKX 1349G
DATE/TIME OF ACCIDENT : 8th Jan 18 / 10.05am
PLACE OF ACCIDENT : Upper Serangoon
THIRD PARTY VEHICLE (IF ANY) :

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

from my home e Tower Road to my workplace e Ubi View

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?

Vehicle A is front option. Vehicle B is rear portion

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

No

Mr Lim Kim CHENG

Name:

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



Name of Policyholder : Lim Kim Cheng
Period of Insurance : 27 Nov 2017 To 26 Nov 2018
Engine No. : 2ARF096453
Chassis No. : JTHBJ1GG202068810

Vehicle No. : SKX1348G
Policy No. : 2100438467-02
Endorsement No. :
Issued Date : 25 Oct 2017

Make/Model	LEXUS ES250				
Engine Capacity/Tonnage	2494.00 CC	Sum Insured	Market Value	First Year of Registration	2015
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes

Limitation as to use*

* Limitations imposed pursuant to Section 8 of the Motor Vehicles (Third-Party Rights and Compensation) Act (Cap. 185) and Section 53 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

Section 1
Fee - \$0 Own Game - \$100 Tech - \$0 First Owner - \$0

Section 2
Properly Damaged - 50

Abstracting the text: 8/100%

Named Driver and Excess (where applicable)

Approved Reporting Centres/AIS Authorized Reporters (For claims made reports):
Any accident report to the Vehicle must be sent out by way of our Authorized Reporters. Within the first 3 years of the first registration of the vehicle in Singapore, You have the option of having the accident report carried out at the S&P Agent's workshop.
For the Approved Reporting Centres/AIS Authorized Reporters, please contact our 24-hour accident emergency hotline at +65 6736 6200. Alternatively, You may refer to AIS website www.s-p.com.sg or AIS 92 Mobile App. Simply search and download AIS 92 from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

Wan hereby certifies that this policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Rules and Compensation Act (Cap. 188), Part IV of the Road Transport Act 1967 (Malaysia) and Motor Vehicles (Third Party Rules) Rules, 1950 (Malaysia).

AO ASIA PACIFIC INSURANCE PL
78 SHENTON WAY 807-1E AO BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manila

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

letter of Driving Licence



Class 3- 21 Sep, 1987

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Private & Confidential

LIM KIM CHENG

APT BLK 107 TOWNER ROAD #10-378
SINGAPORE 321107

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD

525/-

(Please do not detach)

C001322695

(3)

09/04/2004

NETS
APPROVED
\$25.00
TOTAL:
08 JAN 2018 008910 14:26:41
DBS BANK
NETS PURCHASE
REF:1523833
62056602
THANK YOU
10 UBI AVE3
TRAFFIC POLICE DEPT
NETS014.D08
NETS



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



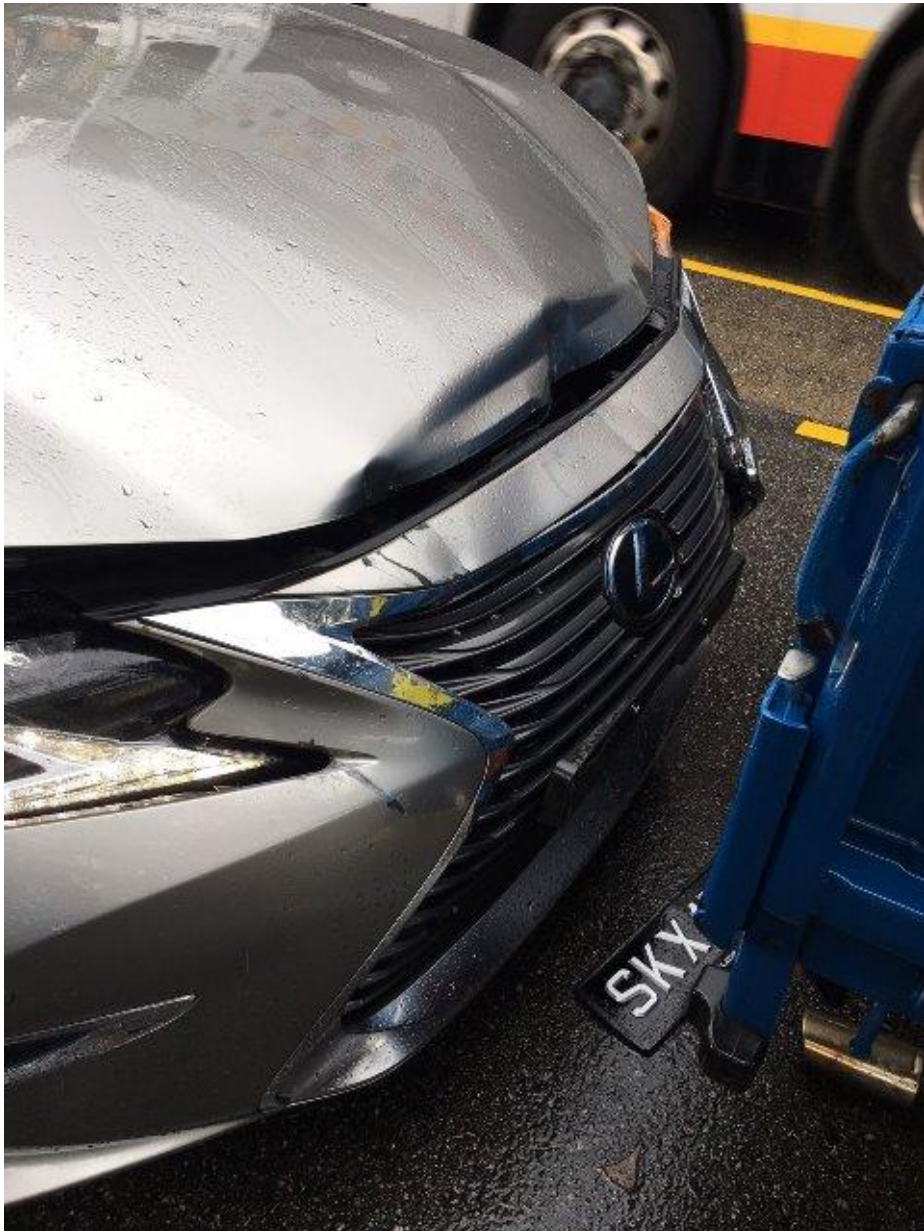
Accident Scene Photo



Accident Scene Photo



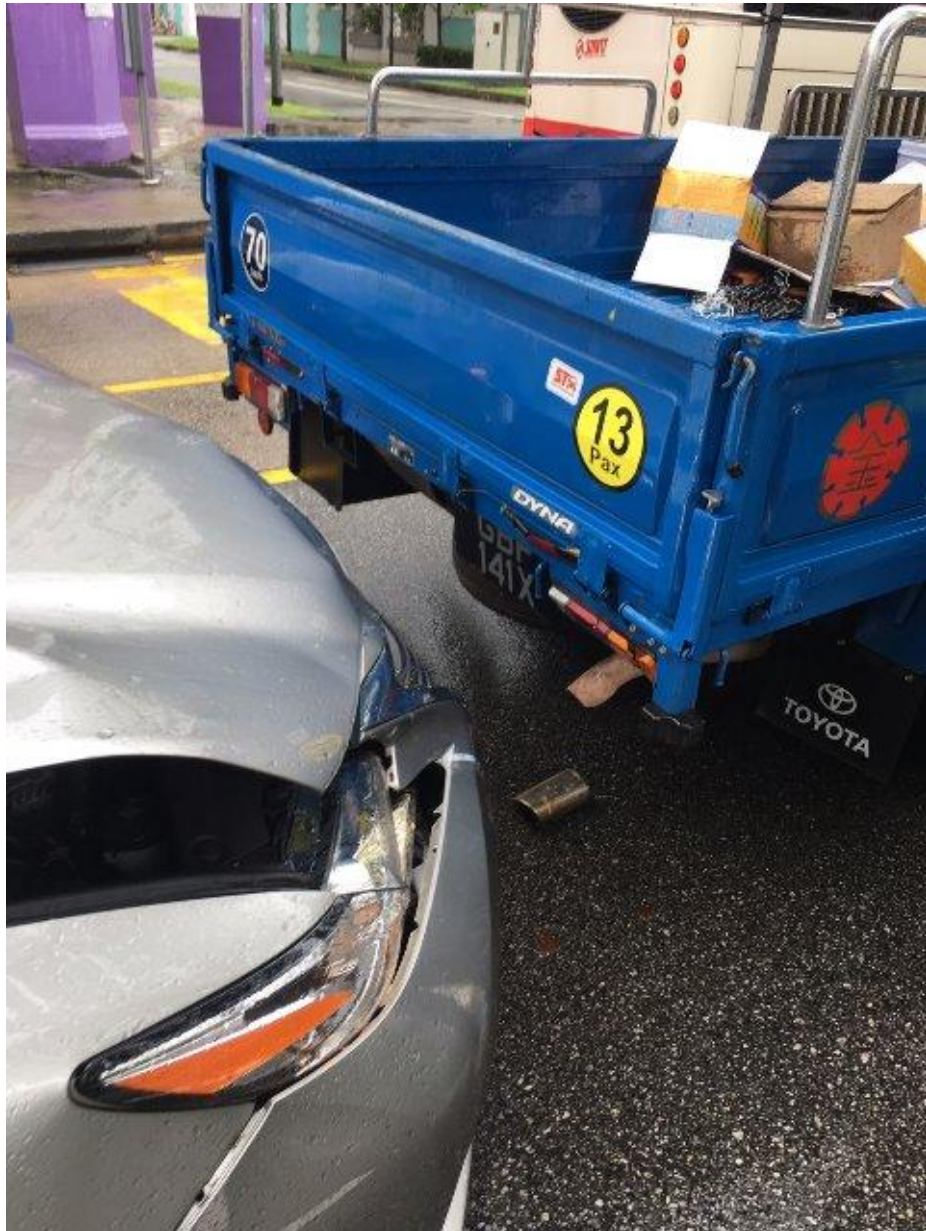
Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo

