

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 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	05/02/2018 17:21
Date Of Accident	02/02/2018 18:05
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3869K
Insured/Policyholder	
Name Of Registered Owner	LIM TIAM SOON
NRIC No	S2576397A
Email Address	LIM62@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91298106
Alternative Phone No	OTHERS-91298106

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT ABS D/AIRBAG AWD S/R
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
If No, Please state action to be taken	THIRD PARTY
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	2100408485-02000
Cover Note Number	

Driver

Name of Driver	LIM TIAM SOON
NRIC No	S2576397A
Date Of Birth	11/10/1965
Occupation	INDOOR
Date Of Driving Pass	03/05/1990
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91298106
Fax Number	
Contact Number	OTHERS-91298106
Email Address	LIM62@SINGNET.COM.SG

Address	77 JURONG WEST CENTRAL 3 #10-29
Postcode	648338
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 TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : ONG GEE LEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180202/7020

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	FBK3012P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM CHOON CHEOW
NRIC/Passport Number	S1590786Z
Contact Number	97469697
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.

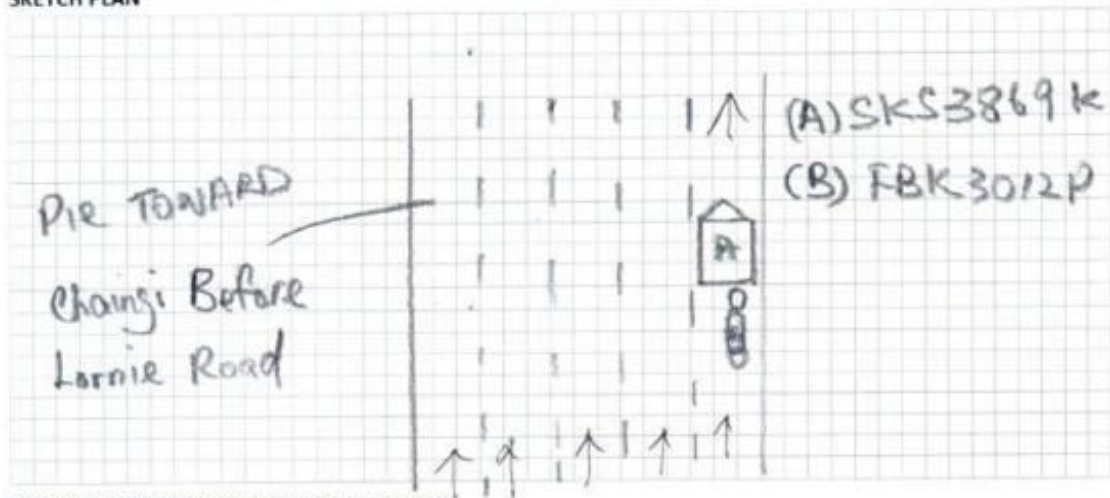

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to the Attached
T/20180202/7020

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.:

GAEMC SketchPlanForm 3/3

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180202/7020

3 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180202/7020

CONTINUATION OF REPORT

Brief Details.

I was travelling along the PIE towards Changi direction, the traffic flow was heavy, all vehicles were moving very slow. I was at the outer line, following front car slowly. It was drizzling and the road surface was wet.

Suddenly I heard a loud sound from behind of my moving vehicle. I stopped the vehicle and went down to check. I saw one motorist laying on the floor. He was riding alone. A white car behind the motorist was stopped too. The driver came down together with me to check the injury, he was conscious and we pull him up. His right arm looked like injured as he continue rubbing on it. We continue asked him does he alright, required to activate ambulance? This incident take place near the lamp post 1347/1A, however I keyed in the lamp post no it shows invalid.

After few minutes, he felt better, he said no required ambulance. Three of us lift up the bike together and move it to side of the road. His bike is 3 wheels type, 2 in front and 1 behind.

Soon, the white car owner left the scene.

The motorist and me exchange particular and snap some photos on both vehicles.

My car rear end right side(towards center) found dented his motor bike looks like still in good condition, many so scratches and front end.

He informed to claim his insurance company. Later, he ride his bike and move away from the location.

I managed to get white car owner particular, his name is Alumugam, HP no 94240504. He was the witness as he mentioned the motorist cut in from left in front of his car and skit, bang into my car rear right end.

The motorist rider particular is Lim Choon Cheow, I/C No: S1590786Z, HP no 97469697.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180202/7020

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180202/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 23:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM TIAM SOON		Address: 77 JURONG WEST CENTRAL 3 #10-29 SINGAPORE 648338	
ID Type / ID No.: NRIC NO / S2576397A		Contact No.: Home/Office:	Mobile: 91298106
Nationality: SINGAPORE CITIZEN		Email: tsli@chevron.com	
Sex: Male	Age: 52	Date of Birth: 11/10/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OPERATIONS OFFICER (EXCEPT TRANSPORT OPERATIONS)		Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2018 18:05	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY Along the PIE towards Changi, before Lornie Road				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3012P	Motorcycle		2 wheels in front, rear 1 wheel	Grey		0
SKS3869K	Car	MITSUBISHI	Outlander	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20180202/7020

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180202/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS3869K	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	Lim Choon Cheow	ID No.	S1590786Z	
Related Vehicle	FBK3012P (Motorcycle)	Contact No.	97469697	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	LIM TIAM SOON	ID No.	S2576397A	
Related Vehicle	SKS3869K (Car)	Contact No.	91298106	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger				
Name	Ong Gee Lee	ID No.	S2624927I	
Related Vehicle	SKS3869K (Car)	Contact No.	98321896	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Police Report



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Police Report



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T/20180202/7020

4 of 4

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Tel No: 65470000

Report No. T/20180202/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/02/2018 23:00

Classification Of Case: