

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	13/02/2018 11:59
Date Of Accident	12/02/2018 18:30
Exact Location Of Accident	21 CHOACHU KANG AVE 4 LOT ONE SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8178L
Insured/Policyholder	
Name Of Registered Owner	LIM KWEE PHEOW
NRIC No	S1296388B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93822515
Alternative Phone No	OFFICE-93822515

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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	1700089696
Cover Note Number	-

Driver

Name of Driver	LIM KWEE PHEOW
NRIC No	S1296388B
Date Of Birth	18/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822515
Fax Number	
Contact Number	OFFICE-93822515
Email Address	NOEMAIL

Address	BLK 663 CHOA CHU KANG CRES #13-263
Postcode	680663
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	CLEAR
Road Surface	DRY

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?	
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: : SHIRLEY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF9644H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM SHOW
NRIC/Passport Number	S7137384C
Contact Number	96284791
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Accident 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.:

Accident Sketch Plan

SKETCH PLAN



21 Choa Chu Kang Ave 4
 Lot One Shopping Mall
 basement Carpark Gantry

A = SKX 8178L
 B = SJF 9644H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20180213/2040

1 of 2

POLICE REPORT (NP299)

Report No. A/20180213/2040

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Date/Time Report Made 13/02/2018 09:57	Vide Report No.	Station Diary No. 56
Name Of Informant LIM KWEE PHEOW	Address APT BLK 663 CHOA CHU KANG CRESCENT #13-263 SINGAPORE 680663	
ID Type / ID No. NRIC NO / S1296388B	Contact No. Home/Office Mobile 93822515	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Retail/Shop sales manager	Sex Male	Age 59
Institution/School Name	Date of Birth 18/09/1958	Race Chinese
Date/Time Of Incident 12/02/2018 18:30	Location Of Incident 21 CHOA CHU KANG AVENUE 4 LOT ONE, SHOPPERS' MALL SINGAPORE 689312 BASEMENT CARPARK GANTRY	

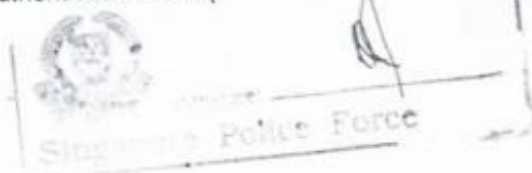
Brief details.

On the above date and time, I was driving my car bearing: SKX8178L out from Lot 1 shopping mall located at 21 choa chu kang ave 4. I wish to inform I am the third car from the gantry. As there is issue with the first car near the gantry, he had reverse his car, resulting to the second car bearing SJF9644H to also reverse his car. Subsequently, the said car had reverse and collide with my car, hitting my front bumper and bonnet, with slight damage. The owner of the car acknowledged and inform that he will settle

Signature Of Officer Recording The Report: A / Sgt 2 NOR' AISAH BINTE MOHD PERDAUS
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP CHUA SIN TING Contact No.: 65575076

Signature Of Informant:
Date/Time: 13/02/2018 09:57
Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



A/20180213/2040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180213/2040

the matter with his insurance company. We had also exchange particulars, namely LIM Kim Show, (I/C:S7137384C, HP:96284791). I am lodging a report for record purposes and insurance claim.

Signature Of Officer Recording The Report:

A / Sgt 2 NOR'AISAH BINTE MOHD PERDAUS

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
ASP CHUA SIN TING
Contact No.: 65575076

Authentication Stamp

Signature Of Informant:

Date/Time:
13/02/2018 09:57

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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