

## 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	02/01/2018 19:25
Date Of Accident	31/12/2017 19:40
Exact Location Of Accident	SLIP RD ULU PANDAN ROAD TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2508L
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#### Insured/Policyholder

Name Of Registered Owner	LIM LAY KEONG
NRIC No	S1720086J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97929777
Alternative Phone No	Office-97929777

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100496791
Cover Note Number	

#### Driver

Name of Driver	LIM KAI MEI
NRIC No	S9525673B
Date Of Birth	24/07/1995
Occupation	INDOOR
Date Of Driving Pass	22/12/2014
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97929777
Fax Number	
Contact Number	
EMail Address	STEVENLIM1995@GMAIL.COM

Address	15, JALAN RAJAWALI #04-08
Postcode	598433
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
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)	4
Passenger 1	Name: : UNKNOWN Gender: : Male
Passenger 2	Name: : UNKNOWN Gender: : Male
Passenger 3	Name: : UNKNOWN Gender: : Male

#### 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

REFER TO ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2562X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## Sketch Plan

### SKETCH PLAN

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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.
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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time 21/11/18 0954  
Sketch Plan

  
Driver's Signature (If driver is not the policyholder) / Date & Time 21/11/18 0954

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : kerlyn.ong@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop  
Witnessed by Reporting Centre Personnel

Sketch Plan #2

Describe Circumstances of the Accident

Refer to attachment.

Declaration

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Stanley  
Policyholder's Signature  
Date & Time  
21/1/18 0954

Kerlyn  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time  
21/1/18 0954

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : kerlyn.ong@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop  
Witnessed by Reporting Centre  
Personnel

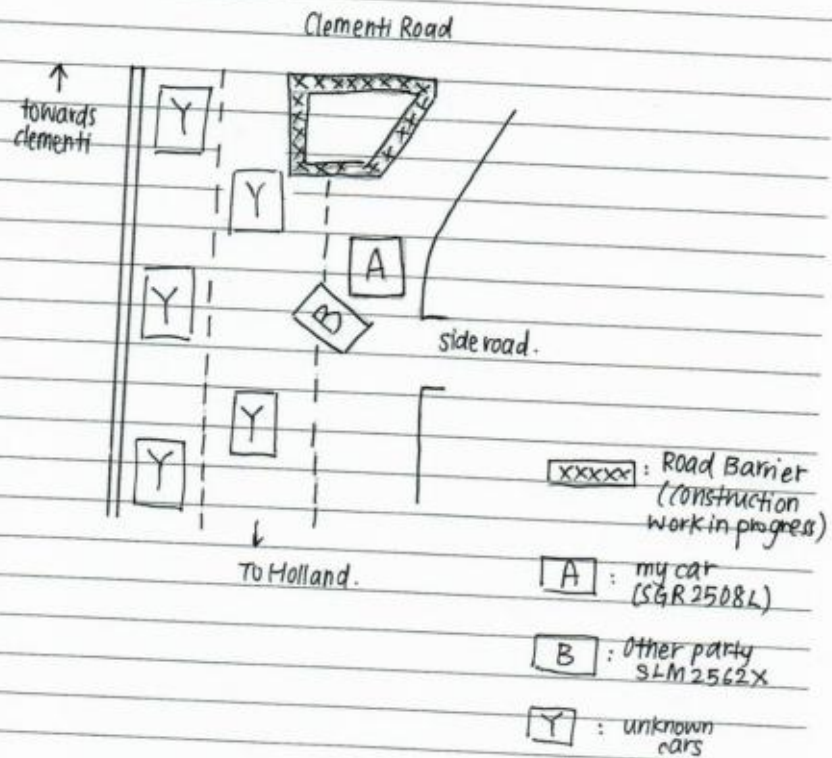
Sketch Plan #3



On 31 December 2017 at 7:40pm, I was entering into ulu Pandan Road from Clementi Road. At the split road, I stopped to check that there was no oncoming vehicle on my right. When the left lane is clear, I move forward slowly <sup>at less than 10 km/h</sup>. After a short distance, a vehicle (SLM 2562X) turned abruptly and sharply from the center lane across my lane towards the side road.

This resulted in the left side of the car (SLM 2562X) brushing against the front right bumper of my car.

\* Please see attached video recording for detail.



PUNKSTAR

Sketch Plan #4



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S9525673B**

Name: **LIM KAI MEI**

Birth Date: **24 Jul 1995**  
Issue Date: **22 Dec 2014**

1062378620J



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S9525673B**

Name: **LIM KAI MEI**  
林 恺 镁  
Race: **CHINESE**  
Date of birth: **24-07-1995** Sex: **F**  
Country of birth: **SINGAPORE**




**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1720086J**

Name: **LIM LAY KEONG**  
林 利 强  
Race: **CHINESE**  
Date of birth: **22-01-1965** Sex: **M**  
Country of birth: **SINGAPORE**




**FOR C&C USE ONLY**


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

EFFECTIVE DATE: **22 Dec 2014**

NP 420A

Licence No: **S9525673B**



4566476

Barcode: **S9525673B**

Date of issue: **22-04-2010**

15 JALAN RAJAWALI #04-02  
SINGAPORE 598433

NRIC No: **S9525673B** Date: **14/04/2013** No: **7282264**



3836033

Barcode: **S1720086J**

Date of issue: **03-02-2006**

15 JALAN RAJAWALI #04-02  
SINGAPORE 598433

NRIC No: **S1720086J** Date: **06/04/2013** No: **7246856**



**FOR C&C USE ONLY**



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

