

## 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	23/04/2018 16:46
Date Of Accident	22/04/2018 12:05
Exact Location Of Accident	ALONG ROAD 1 LIM CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2424P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Co Reg No	199902271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66900280

### Vehicle Particulars

Manufacturer	AUDI
Model	S3 SEDAN 2.0 TFSI QU
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	999994635
Cover Note Number	

### Driver

Name of Driver	LIM THIAM HOCK, JOSHUA(LIN TIANFU)
NRIC No	S8519846G
Date Of Birth	12/07/1985
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98366351
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	27 UPPER SERANGOON VIEW #10-14
Postcode	534045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 SINGAPORE 538775 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 22/04/2018 AT ABOUT 1202 HRS, I WAS DRIVING MY VEHICLE ALONG LIM CHU KANG ROAD TOWARDS CEMETERY DIRECTION. IN THE MIDST OF DRIVING, I DROVE PASS A POT HOLE THEREFORE I STOPPED MY VEHICLE ALONG THE ROADSIDE WITH HAZARD LIGHT ON. I EXIT MY VEHICLE TO CHECK ON THE FRONT LEFT WHEEL. WHILE I WAS CHECKING, I HEARD A BANG SOUND. I MADE A CHECK AND DISCOVERED THAT THERE WAS A CYCLIST COLLIDED ONTO THE REAR OF MY VEHICLE AND LANDED ON THE GROUND AND THE REAR WINDSHIELD WAS TOTALLY SHATTERED. I MADE A CHECK ON HIM AND HE SUFFERED FROM MINOR CUTS HOWEVER AMBULANCE WAS ACTIVATED TO RENDER ASSISTANCE AND SUBSEQUENTLY, HE WAS BEEN CONVEYED TO UNKNOWN HOSPITAL. BEFORE HE WAS BEEN CONVEYED , WE EXCHANGE PARTICULARS AND HE TOLD ME THAT HE WAS LOOKING DOWN WHILE HE RODE THEREFORE HE DID NOT NOTICE MY VEHICLE. HIS PARTICULARS ARE AS FOLLOWED: CHUA CHOON HIAN, S7107070J, TEL : 97435947 I AM INSTRUCTED BY TP IO FADZLY, TEL: 65476437 TO LODGE A REPORT. NO GOVERNMENT PROPERTIES DAMAGED PRIOR TO THE INCIDENT.

#### 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	
Vehicle Make/Model/Colour	BICYCLE
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	CHUA CHOON HIAN

NRIC/Passport Number	S7107070J
Contact Number	97435947
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	CHUA CHOON HIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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: 23/04/2018  
1600

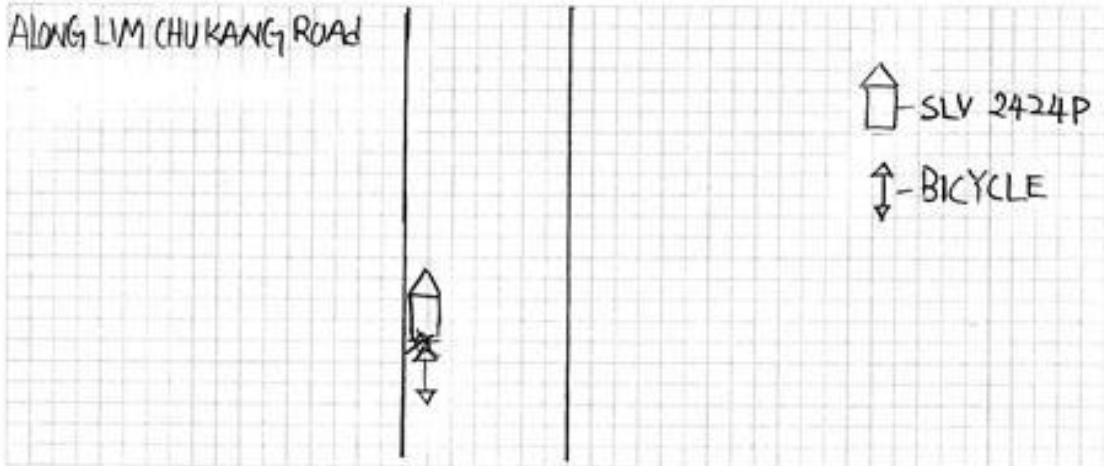
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: WANG KHENG SENG, George  
NRIC/FIN No.: G 29 87142X

# Sketch Plan #2

## SKETCH PLAN

ALONG LIM CHU KANG ROAD



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Please refer to Police Report*  
*Police report NO. T/2018 0422/2019*

## DECLARATION

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

Policyholder's Signature

Date & Time:

23/04/2018

1600

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: *HONG KETONG SENIA, Gump*

NRIC/FIN No.: *G2981143X*

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180422/0066

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890899

Report No. T/20180422/0066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2018 15:58		Vide Report No.: J/20180422/0130		Station Diary No.: 91	
<b>Informant's Particulars</b>					
Name of Informant: LIM THIAM HOCK, JOSHUA			Address: 27 UPPER SERANGOON VIEW #10-14 SINGAPORE 534045		
ID Type / ID No.: NRIC NO / S8519846G			Contact No.: Home/Office: Mobile: 98366351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 12/07/1985	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: INSURANCE ADMIN			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/04/2018 12:05	Type of Location: Straight Road
Location: Along Road 1 LIM CHU KANG ROAD LIM CHU KANG ROAD TOWARDS CEMETERY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: CYCLIST AGAINST STATIONARY VEHICLE.			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No. SLV2424P	Type Car	Make	Model	Color	Condition	No of Passenger: 0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180422/2068

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180422/2068

### CONTINUATION OF REPORT

#### Brief Details.

On 22/04/2018 at about 1202hrs, I was driving my vehicle along Lim Chu Kang Road towards cemetery direction. In the midst of driving, I drove pass a pot hole therefore I stopped my vehicle along the roadside with hazard light on. I exit my vehicle to check on the front left wheel. While I was checking, I heard a bang sound. I made a check and discovered that there was a cyclist collided onto the rear of my vehicle and landed on the ground and the rear wind shield was totally shattered. I made a check on him and he suffered from minor cuts however Ambulance was activated to render assistance and subsequently, he was been conveyed to unknown hospital. Before he was been conveyed, we exchange particulars and he told me that he was looking down while he rode therefore he did not notice my vehicle. His particulars are as followed: Chua Choon Hian, S7107070J, Tel: 97435947  
I am instructed by TP IO Fadzy, Tel: 85478437 to lodge a report. No government properties damaged prior to the incident.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180422/2068

Police Station Of Origin:  
Hougang N.P.C.  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No: T/20180422/2068

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 JANSEN KWOK SHU HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2018 15:58
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  SN 060
Authentication Stamp NP168 	Signature:  Singapore Police Force

Police Report

SINGAPORE POLICE FORCE	
CASE CARD	
Report Number	7/2018-422/0180
Classification	Major Hit 1st 1st 1st 1st 1st
Actions Taken	
<input type="checkbox"/> Police Advisory Issued	<input type="checkbox"/> Community Mediation
<input type="checkbox"/> Magistrate's Complaint	<input type="checkbox"/> Investigation Branch
Others: Accident report (1st 1st)	
Officer's Name	Contact Number
Paully	6547 6937

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**GENERAL  
INSURANCE  
ASSOCIATION**  
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

## ADDENDUM

Original Report No : MPA418053522 Vehicle Registration No: SLV2424P  
Name(as shown in NRIC) : Premium Automobiles PTE LTD NRIC/FIN/Passport No : A9902271W  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 281 Alexandra Road Singapore(159938)  
Contact (Tel) : 66902280 Mobile No. : \_\_\_\_\_  
Email Address : ABEMAIL  
Date of Accident : 02/04/2018 Time of Accident : 12:05  
Place of Accident : ALONG ROAD 1 LIM CHU KANG ROAD  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD

Amend to own Damage claims.

Policyholder / Driver's Signature  
Date: 26/04/2018

Reporting Centre Personnel's Signature  
Name: Wong Khen Geng, Emy  
NRIC/FIN No.: G12987143X  
Date: 26/04/2018

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA418053522 Vehicle Registration No: SLV2424P  
Name (as shown in NRIC) : Premium Automobiles PTE LTD NRIC/FIN/Passport No : A9902271W  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 281 Alexandra Road Singapore (159938)  
Contact (Tel) : 6690280 Mobile No. : \_\_\_\_\_  
Email Address : ABEMAIL  
Date of Accident : 30/04/2018 Time of Accident : 12:05  
Place of Accident : ALONG ROAD 1 LIM CHU KANG ROAD  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to own Damage claims.  
- Amend to Third Party claim.

  
Policyholder / Driver's Signature  
Date: 30/04/2018



  
Reporting Centre Personnel's Signature  
Name: WONG KHONG SENG, Geoff  
NRIC/FIN No.: G2987143X  
Date: 30/04/2018

