### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| aforesaid.   |  |
|--|--|
|  | ACCIDENT STATEMENT                         |
| Date Of Report   | 04/06/2018 15:53                           |
| Date Of Accident   | 29/05/2018 14:45                           |
| Exact Location Of Accident   | JURONG EAST CENTRAL TURN INTO BOON LAY WAY |
| Country/State of Loss  | SINGAPORE                                  |
|  | DETAILS OF OWN VEHICLE                     |
| Vehicle Registration Number  | SJG7604G                                   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LIM LIEW                                   |
| NRIC No  | S0705880B                                  |
| Email Address  | NOEMAIL                                    |
| Mobile Phone No  | (LOCAL) +65-97589095                       |
| Alternative Phone No   | OTHERS-82226605                            |
| Vehicle Particulars  |  |
| Manufacturer   | TOYOTA                                     |
| Model  | VIOS                                       |
| 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  | 2100086511-09000                           |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LIM LIEW                                   |
| NRIC No  | S0705880B                                  |
| Date Of Birth  | 28/06/1951                                 |
| Occupation   | INDOOR                                     |
| Date Of Driving Pass   | 08/04/1975                                 |
| Driving Experience   | 43 YEARS AND 1 MONTH                       |
|  |  |

**FEMALE** 

**NOEMAIL** 

(LOCAL) +65-97589095

OTHERS-82226605

Address BLK 211 BUKIT BATOK STREET 21

#06-250

Postcode 650211

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

ilicarance company of Environe Chin Veniole

**General Information of the Accident** 

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

ambulance?

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

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : JESSIE TAN GET MUI

GENDER: : FEMALE

Passenger 2 NAME: : JANELL ONG

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

NO

3

Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-6659999 - **FAX NO**: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20180530/2062 AND T/20180530/2059 (TYPE OF COLLISION IS HEAD TO SIDE)

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 GBB495X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver USING JULHASH

NRIC/Passport Number

Contact Number 83568167

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name LIM LIEW

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJG7604G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name JESSIE TAN GET MUI

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? SJG7604G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 3**

Name JANELL ONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJG7604G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- 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/iaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - 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:
  - 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

NRIC/FIN N

## **Accident Sketch Plan**

| KETCH PLAN                               |   |  |
|--|---|--|
|  |   | A: SJG 76049   |
|  | Ben Lny Way   | B: GBB 495X  |
| DESCRIBE CIRCUMSTANCES  Pls. 16-fcr Po   | OF THE ACCIDENT   | 0530/2062 # 1/20180530/205   |
| 1  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  | 1   |  |
| DECLARATION                              |   |  |
|  | iculars are true in every respect.  | 00/06/2018   |
| 村中                                       | 护护  | a of well  |
| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Perlangel's Signature Name: NRIC/FIN Na.: KOFLI WHITE |





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 1 of 3 Report No. T/20180530/2062

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

|  | Date/Time Report Made:<br>00/05/2018 14:11 |         | Vide Report No.:<br>D/20180529/0087                     | Station Diary No.:<br>76   |  |
|--|--|---------|---|----------------------------|--|
| Informan   | t's Particu                                | ulars   | ART CONTROL TO THE PERSON                               |                            |  |
| Name of I<br>LIM LIEW                            | nformant:                                  |         | Address:<br>APT BLK 211 BUKIT BATOK<br>SINGAPORE 650211 | STREET 21 #06-250          |  |
| ID Type / ID No.:<br>NRIC NO / S0705880B         |  |         | Contact No.:<br>Home/Office:                            | Mobile: 97589095           |  |
| Nationality:<br>SINGAPORE CITIZEN                |  | EN      | Email:  |                            |  |
| Sex: Age: Date of Birth:<br>Female 66 28/06/1951 |  |         | Type of Informant:<br>Driver                            |                            |  |
| Race:<br>Chinese                                 |  |         | Language:   | Institution / School Name: |  |
| Occupation:<br>COFFEESHOP ASSISTANT              |  | SISTANT | Driving Licence Information:<br>Class: 3                | Date of Expiry:            |  |

| Type of<br>Accident:   | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>29/05/2018 14:49 | Type of Location<br>X-Junction |  |
|--|------------------------------|---|---|--------------------------------|--|
| BOON LAY V   | ST CENTRAL                   | Boon Lay Way<br>Road Surface:               |   | Road Speed Limit:              |  |
| Traffic Flow:  |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate    |  |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   | -   | Anyone conveyed by ambulance:  |  |

| Details of Vehicle Involved |       |        |                |        |                      |                 |
|-----------------------------|-------|--------|----------------|--------|----------------------|-----------------|
| Vehicle No.                 | Туре  | Make   | Model          | Color  | Condition            | No of Passenger |
| GBB495X                     | Lorry |        |                |        | Seriously<br>Damaged | 2               |
| SJG7604G                    | Car   | TOYOTA | VIOS E<br>AUTO | Silver | Totally<br>Damaged   | 3               |

| Details of Vo | ahicle Insurance                | MARKET COLUMN | SZKOCH CAS | SANTE FALLER |
|---------------|---------------------------------|---------------|------------|--------------|
| Vehicle No.   | Insurance Company               | Insurance No  | Effective  | Expiry Date  |
| SJG7604G      | AIG ASIA PACIFIC INSURANCE PTE. | 2100086511    | 16/07/2017 | 15/07/2018   |



T/20180530/2082

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840 CONTINUATION OF REPORT

Report No. T/20180530/2062

Tel No: 1800-6659999

| Details of Perso  | Control of the Contro | GMC114756321   |           | F-115-00F                          | 9521010  |                                 |
|-------------------|--|--|-----------|------------------------------------|----------|---------------------------------|
| Any Pedestrian Ir | volved: No   |  |           |                                    |          |                                 |
| No. of Pedestrian | s Injured: NIL   |  | Use of Pe | destrian                           | Cross    | ing: NA                         |
| Driver            | COLUMN TO THE PARTY OF THE PART | A STATE OF THE PARTY OF THE PAR |           | 525                                | 215,2    |                                 |
| Name              | LIM LIEW   |  |           | ID No                              |          | S0705880B                       |
| Related Vehicle   | SJG7604G (Car)   |  | Conta     | ct No.                             | 97589095 |                                 |
| Hospital/Clinic   | NIL  |  |           | Class<br>Drivin<br>Licend<br>Expir | g        | Class: 3<br>Date of Expiry: NIL |
| Date Treatment    | 29/05/2018   |  | Date Disc | charge                             | NIL      |                                 |
| No. of Days gran  | ted Medical Leave  | 04   | Degree o  | f Injury                           | Sligh    |                                 |

#### Brief Details.

On 29/5/18 at around 1445hrs, I was waiting for the signal so that I could turn from Jurong East Central to Boon Lay way. While waiting, a lorry had hit me from an unknown direction. I am unsure what direction the lorry had hit me as the accident happened very fast. After being hit, I ended up colliding with Traffic Signal Box 125 at the side of the road, with my left car doors on both passenger and driver side being badly damaged. The registration number of the lorry is GBB495X.

After being hit, all 3 the passengers in my vehicle, as well as myself alighted from vehicle with assistance from passer-bys. My daughter in law then asked the lorry driver for his particulars, but he refused to provide any particulars. Traffic Police then arrived to the scene and spoke to the driver of the lorry as well as myself. I then proceeded to Ng Teng Fong General Hospital to get checked as my leg was hurting. As such, I was given an MC for 4 days.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

3 of 3 Report No. T/20180530/2062

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report: J / Sgt 2 SITI NABILA BINTE RAZALI | Signature Of Informant:        |
|---|--------------------------------|
| Signature Of Interpreter:<br>Not applicable                                   | Date/Time:<br>30/05/2018 14:11 |
| Officer In Charge Of Case:<br>TP / GIT /                                      | Classification Of Case:        |
| Contact No.: SN 114   |                                |

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.





Police Station Of Origin: Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

1 of 3 Report No. T/20180530/2059

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made:<br>30/05/2018 13:58 |                      | Made: | Vide Report No.:  | Station Diary No.<br>74    |
|--|----------------------|-------|---|----------------------------|
| Informan                                   | t's Partic           | ulars |   |                            |
|  | nformant<br>AN GET N |       | Address:<br>APT BLK 211 BUKIT BATOK<br>SINGAPORE 650211 | STREET 21 #06-250          |
| ID Type / ID No.:<br>NRIC NO / S7185800F   |                      | 00F   | Contact No.:<br>Home/Office:                            | Mobile: 82226605           |
| Nationality:<br>SINGAPORE CITIZEN          |                      | EN    | Email:  |                            |
| Sex:<br>Female                             | rigo. Date of Birtin |       | Type of Informant:<br>Passenger                         |                            |
| Race:<br>Chinese                           |                      |       | Language:<br>English                                    | Institution / School Name: |
| Occupation:<br>CREWING EXECUTIVE           |                      | TIVE  | Driving Licence Information:<br>Class:                  | Date of Expiry:            |

| Type of<br>Accident:   | Attended by Police                    | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>29/05/2018 14:45 | Type of Location<br>X-Junction   |  |
|--|---------------------------------------|-----------------------|---|----------------------------------|--|
|  | oad 1 and Road 2<br>ST CENTRAL<br>VAY | Dood Suday            |   |                                  |  |
| Olean  |                                       | Road Surface:<br>Dry  |   | Road Speed Limit:                |  |
| Traffic Flow:  |                                       | Traffic Control:      |   | Traffic Volume:<br>Light         |  |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                                       |                       |   | Anyone conveyed by<br>ambulance: |  |

| Details of V | ehicle Involv | ved    | e en en en en en en en en |       |                  | A SAME AND A SECOND |
|--------------|---------------|--------|---------------------------|-------|------------------|---------------------|
| Vehicle No.  | Туре          | Make   | Model                     | Color | Condition        | No of Passenger     |
| GBB495X      | Lorry         | TOYOTA |                           |       | E CHARLESTON POL | 0                   |
| SJG7604G     | Car           |        | -                         |       |                  | 0                   |

| Details of Person Involved      |  |
|---------------------------------|--|
| Any Pedestrian Involved: No     | The second secon |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA   |



T/20180530/2059

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 2 of 3 Report No. T/20180530/2059

Tel No: 1800-6659999

| Driver                                | Alexander Sandard Break |                    | Anchini                            | Sinvey | THE RESERVE WHEN THE              |
|---------------------------------------|-------------------------|--------------------|------------------------------------|--------|-----------------------------------|
| Name                                  | USING JULHASH           |                    | ID No                              |        | NIL                               |
| Related Vehicle                       | GBB495X (Lorry)         |                    | Conta                              | ct No. | 83568167                          |
| Hospital/Clinic                       | NIL                     |                    | Class<br>Drivin<br>Licen<br>Expiry | g      | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                        | NIL                     | Date Discharge NIL |                                    |        |                                   |
| No. of Days granted Medical Leave NIL |                         | Degre              | Degree of Injury NIL               |        |                                   |
| Passenger                             |                         |                    | Part Company                       | 100    |                                   |
| Name                                  | JESSIE TAN GET MUI      |                    | ID No                              | +      | S7185800F                         |
| Related Vehicle                       | SJG7604G (Car)          |                    | Conta                              | ct No. | 82226605                          |
| Hospital/Clinic                       | NIL                     |                    | Class<br>Drivin<br>Licen<br>Expir  | g      | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                        | NIL                     | Date               | Date Discharge NIL                 |        |                                   |
| No. of Days gran                      | ted Medical Leave NIL   |                    | ee of Injury                       |        | us                                |

CONTINUATION OF REPORT

#### Brief Details

On 29/05/2018 at around 1445hrs, my daughter and I were in my mother-in-law's car. My daughter and I were sitting at the rear passenger seat. We were travelling along Jurong East Central. We stopped in the middle of junction of Jurong East Central and Boon Lay Way. My mother was waiting for the green arrow to light up, which means that she can turn right to Boon Lay Way. As she was turning right to Boon Lay Way, a lorry bearing the registration number GBB495X crashed on the left side of my mother-in-law's car. The impact of the crash was strong, it caused our car to stop on the walkway. Some passerby assisted to get us out of the car. We alighted from the car by the driver side door. At that point of time, I felt pain at my left hand.

Traffic Police was at the accident location. I was advised to seek medical attention for my hand. There is no CCTV in my mother-in-law's car. I received 8 days of medical leave. I am waiting for my medical report from the hospital.





T/20180530/2059

3 of 3 Report No. T/20180530/2059

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE Tel No: 1800-6659999

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:<br>J /<br>Staff Sgt SAIFULLAH BIN SUHAIMI | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:  Not applicable  | Date/Time:<br>30/05/2018 13:58 |
| Officer In Charge Of Case: TP / GtT / Contact No.:                                   | Classification Of Case:        |
| Authentication Stamp  NP188  Police Force  |                                |











