

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	10/09/2018 10:36
Date Of Accident	08/09/2018 03:00
Exact Location Of Accident	SIMS AVE TWDS PAYA LEBAR NEAR LOR 13 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV7941B
Insured/Policyholder	
Name Of Registered Owner	LIM CHI SEN
NRIC No	S7181483A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96985876
Alternative Phone No	OTHERS-96985876

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	2100282587-06
Cover Note Number	

Driver

Name of Driver	LIM ZHI WEI
NRIC No	S9771492D
Date Of Birth	26/04/1997
Occupation	INDOOR
Date Of Driving Pass	21/02/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96985876
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 3 HAIG ROAD #05-539
Postcode	430003
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : HENG CHEONG GENDER: : MALE

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/20180908/2037

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	SLH5531S
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)

DETAILS OF INJURED PERSON 1

Name LIM ZHI WEI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFV7941B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HENG CHEONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFV7941B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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)**

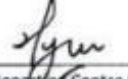
I understand, acknowledge, agree and consent that:

- (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:

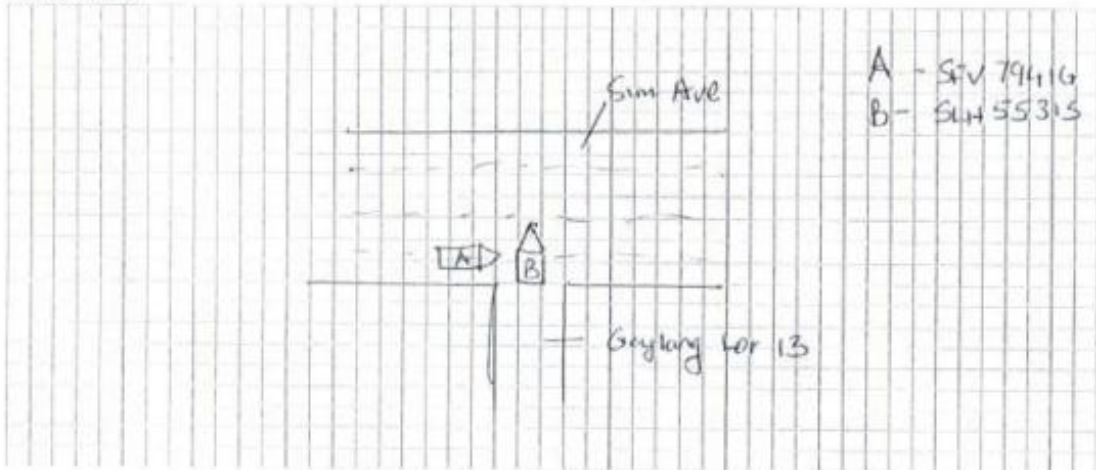
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/09/18

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police Report CT/20180908/2037

DECLARATION

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

林敬胜
 Policyholder's Signature
 Date & Time:

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

10/09/18
 Report of Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



SINGAPORE
POLICE FORCE



T/20180908/2037

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

2 of 3

Report No. T/20180908/2037

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ON THE 2ND LEFT OF 4 LANES ALONG SIMS AVE > SIMS AVE EAST. AS I WAS DRIVING, OUT OF A SUDDEN A VEHICLE CAME OUT FROM LOR 13 GEYLANG. I TRIED TO BRAKE BUT IT WAS TOO LATE AS BOTH CAR COLLIDED. AFTER THE ACCIDENT, BOTH DRIVER WAS ABLE TO STEP OUT OF THE VEHICLE AND COMMUNICATE. HOWEVER MY PASSENGER WAS FEELING UNWELL AND WAS CONVEYED BY AMBULANCE.

THAT'S ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



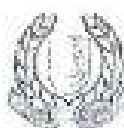
Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180906/2057

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65476000

1 of 3

Report No. T/20180906/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 07:59	Video Report No.: G/20180908/0064	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM ZHI WEI			Address: APT BLK 3 HAIG ROAD #05-539 HAIG VIEW SINGAPORE 430003	
ID Type / ID No.: NRIC NO / S9771492D			Contact No.:	Mobile: 86865876
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 21	Date of Birth: 26/04/1997	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Working proprietor (construction)			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2018 08:10	Type of Location: Straight Road
Location: SIMS AVENUE SIMS AVE X LOB 13 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV7941B	Car	MITSUBISHI	LANCER 1.6 A	Blue		1
SLH5621S	Car	HONDA	VEZEL 1.5RS HYBRID A	White		0

Police Report



SINGAPORE
POLICE FORCE



T/20180908/0037

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

2 of 3

Report No. T/20180908/0037

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ON THE 2ND LEFT OF 4 LANES ALONG SIMS AVE > SIMS AVE EAST. AS I WAS DRIVING, OUT OF A SUDDEN A VEHICLE CAME OUT FROM LOR 13 GEYLANG. I TRIED TO BRAKE BUT IT WAS TOO LATE AS BOTH CAR COLLIDED. AFTER THE ACCIDENT, BOTH DRIVER WAS ABLE TO STEP OUT OF THE VEHICLE AND COMMUNICATE. HOWEVER MY PASSENGER WAS FEELING UNWELL AND WAS CONVEYED BY AMBULANCE.

THAT'S ALL.

Police Report



SINGAPORE
POLICE FORCE



1/20180008/2007

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Report No. T/20180008/2007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

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 This Report:
TP /
TONG HWEE SIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/09/2018 07:59

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI KHAZALI
Contact No.: 65476214

Classification Of Case:

TP / GIT /
08/09/2018

Authentication Stamp
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