

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	11/04/2015 14:57
Date Of Accident	10/04/2015 17:50
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3 TWDS NEW UPP CHANGI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD201Y
Insured/Policyholder	
Name Of Registered Owner	LIM SOO JIN ADRIAN
NRIC No	S7629964A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93859374
Alternative Phone No	OTHERS-93859374
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT SPORT 1.6 M
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	2100290380-03000
Cover Note Number	
Driver	
Name of Driver	LIM SOO JIN ADRIAN
NRIC No	S7629964A
Date Of Birth	22/09/1976
Occupation	INDOOR
Date Of Driving Pass	10/08/1996
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93859374
Fax Number	
Contact Number	OTHERS-93859374
EEmail Address	NOEMAIL

Address	BLK 890B TAMPINES AVENUE 1 #15-319
Postcode	522890
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 SIDE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20150410/2173. I WISH TO FURTHER STATE THAT HERE WAS A CHINESE MAN, REEKING OF ALCOHOL CAME OUT FROM THE COFFEESHOP APPROACHING US STATED THAT HE WAS DRINKING WITH HIS FRIEND AT THE COFFEE SHOP AND STATED HE SAW THE ACCIDENT AND AFTER WHICH HE WENT AWAY FROM THE SCENE. THEN HIS FRIEND WHO IS A CHINESE MAN, ALSO REEKING OF ALCOHOL, FACE FEATURE IN RED WENT TOWARDS THE TRAFFIC POLICE AND SPOKE TO THE POLICE OFFICER OF THE ACCIDENT GIVING STATEMENT TO POLICE OFFICER. THUS I HAVE DOUBTS THAT THE STATEMENT GIVEN BY THE SAID WITNESS IS ACCURATE.

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW6562M
Vehicle Make/Model/Colour	HONDA ACCORD 2.0 A
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	LIM SOO JIN ADRIAN
Approximate Age	
Injuries Sustain	CHEST, BACK
Injured person in which vehicle?	SJD201Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 890B TAMPINES AVENUE 1 #15-319
Postcode	522890

DETAILS OF INJURED PERSON 2

Name	CHAN PAO YIN
Approximate Age	
Injuries Sustain	LEFT FOOT ETC
Injured person in which vehicle?	SJD201Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

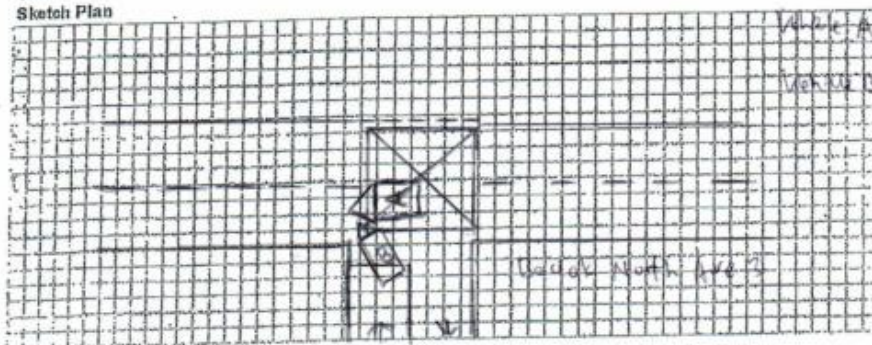
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' 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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (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/also 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Refer to Police Report No. T/20150410/2173.

I wish to further state that there was a chinese man, reeking of alcohol came out from the coffeeshop approaching us stated that he was drinking with his friend at the coffee shop and stated he saw the accident and after which he went away from the scene. Then his friend who is a chinese man, also reeking of alcohol, face feature in red went towards the traffic police and spoke to the police officer of the accident giving statement to police officer. Thus I have doubts that the statement given by the said witness is accurate .


John

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a vertical margin line, creating a narrow left margin. There are no markings, text, or drawings on the paper.

Declaration

⁴We 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.

Witnessed by Reporting Centre Personnel 11/04/2015

Police Report

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE 40000
Tel No: 1800-7479999



T/20150410/2173

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Report No. T/20150410/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2015 20:23		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: ADRIAN LIM SOO JIN			Address: 69 JALAN LIMAU NIPIS SINGAPORE 468315		
ID Type / ID No.: NRIC NO / S7629964A			Contact No.: Home/Office: Mobile: 93859374		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 22/09/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other special education teachers			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive:	No	Date/Time of Accident:	10/04/2015 17:50	Type of Location:	Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3 Car park entrance of Blk 136							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate			
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
SFW6562M	Car				Seriously Damaged	2
SJD201Y	Car	SUZUKI	SWIFT SPORT 1.6 M	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJD201Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100290380	07/03/2015	06/03/2016

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE 40000
Tel No: 1800-7479999



T/20150410/2173

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Report No. T/20150410/2173

CONTINUATION OF REPORT

Driver			
Name	ADRIAN LIM SOO JIN	ID No.	S7629964A
Related Vehicle	SJD201Y (Car)	Contact No.	93859374
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 10/04/2015 at about 1750hrs, while I was driving my vehicle bearing registration number SJD201Y along Bedok North Avenue 3 heading towards New Upper Changi Road with my wife, I was travelling along the left lane. While travelling along the main road upon reaching Blk 136 Bedok North Ave 3, there is one vehicle bearing registration number SFW6562M suddenly came out from the car park of Blk 136 Bedok North Avenue 3. I subsequently applied jammed brake however I could not stop in time and hit his front right portion of said vehicle. I straight away call for the Police and as soon as the ambulance arrived, my wife was subsequently conveyed to KKH. I was advised by the Traffic Police to proceed to any nearest police post to lodge a report.

Police Report

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE 400009
Tel No: 1800-7479999



T/20150410/2173

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Report No. T/20150410/2173

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:

G /

JUHARDI BIN SAADON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Chong Guan Fatt

Contact No.: 65476198

Authentication Stamp:

NP168

Signature Of Informant:

Date/Time:

10/04/2015 20:23

Classification Of Case:

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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 : MNA115041260 Vehicle Registration No : SJD201Y
Name(as shown in NRIC): Lim Soo Jin Adnan
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S7629964A
Address : _____
Contact (Tel) : _____ (H/P) : 93859374
(Email) : _____
Date of Accident : 10/04/2015 Time of Accident : 1750hrs
Place of Accident : Along Bedok North Ave 3 towards New Upp Changi Rd.
Insurance Company : AIG Asia Pacific

(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:

Re-attach 2nd & 3rd page of police report.

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm