

## 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 liability.
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	12/10/2018 16:03
Date Of Accident	12/10/2018 14:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5764K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHOON KWEE
NRIC No	S1654116H
Email Address	WILLIAMLIMLCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96613796
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	CITROEN
Model	DS3 1.6 VTI AT ABS D/AIRBAG 2WD 3DR
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	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	2100251188-07
Cover Note Number	

### Driver

Name of Driver	LIM CHOON KWEE
NRIC No	S1654116H
Date Of Birth	30/03/1964
Occupation	INDOOR
Date Of Driving Pass	13/09/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96613796
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	WILLIAMLIMLCK@GMAIL.COM

Address	APT BLK 1F CANTONMENT ROAD #37-71
Postcode	085601
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	CHAIN COLLISION
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?	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)	2
Passenger 1	NAME: : JOHN S/O SINGHAMUTHU 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

PLEASE REFER TO THE SKETCH PLAN

#### 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	EU9292U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM ENG YEOW
NRIC/Passport Number	S7724584G
Contact Number	96925897
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG921L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP CHEONG MENG
NRIC/Passport Number	S7801002I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

12/10/18

4.18 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



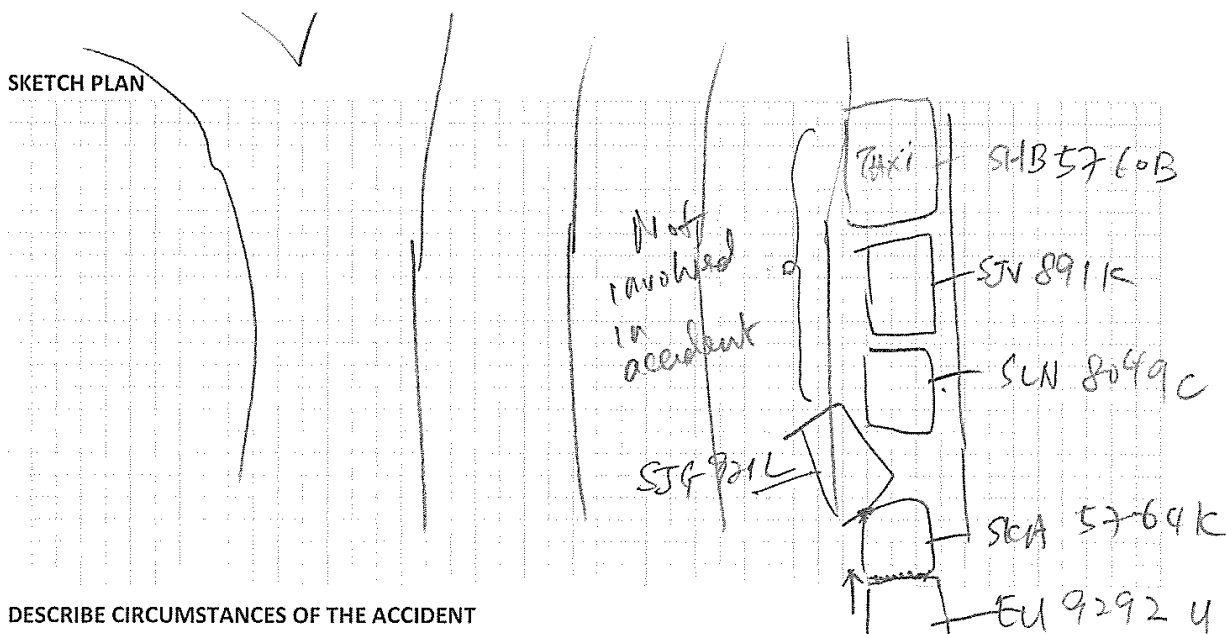
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKA 5764K	ACCIDENT DATE & TIME: 2.47 pm 12/10/18
CONTACT NUMBER: 96613796	E-MAIL ADDRESS: Williamlim/ck@gmail.com
LOCATION: PIE toward Changi Airport (before Upp Serayon Rd) Exi	
<p>On 12 Oct 2018 @ 2.47 pm I was traveling along PIE extreme right lane, I saw the front cars were all stopping @ the lane. So, I reduced speed &amp; stopped my car. However, after stopping my car, I felt an impact from behind which caused my vehicle to move forward even though my leg was stepping on the brake of my car. The traffic was heavy at that time in front of me, so my vehicle was travelling @ about 50-60 km/hour.</p> <p>Note: My car slowed down &amp; stopped because there were 3 cars that stopped in front of my lane i.e. STV 891K, SLN 8049C &amp; STG 921L. The Taxi had already sped off when the accident happened.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

Policyholder's Signature

Date & Time:

12/10/18  
4.18 pm

Driver's Signature

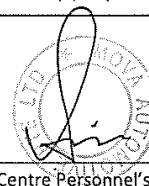
(If driver is not the policyholder)

Date & Time:

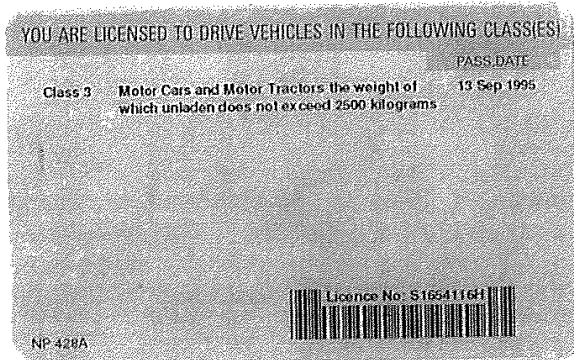
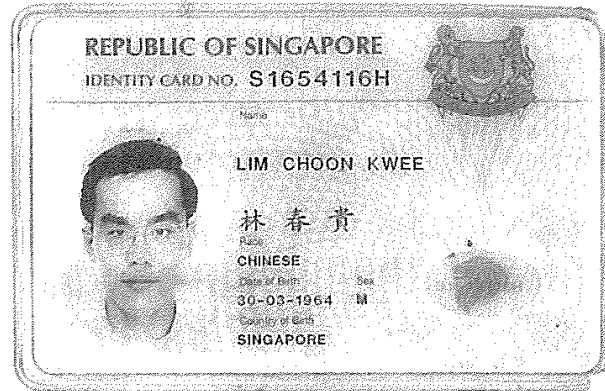
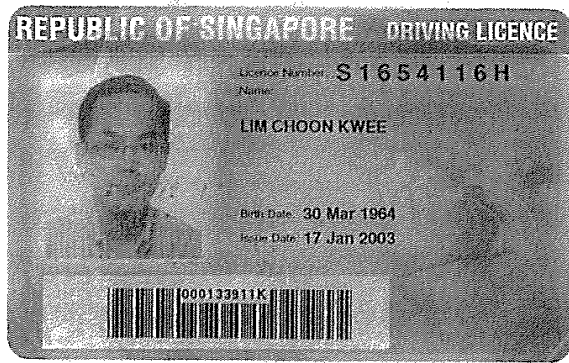
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Sketch Plan Pg. 3





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Lim Choon Kwee  
**Period of Insurance** : 15 Mar 2018 To 14 Mar 2019  
**Engine No.** : 10FHCK0996449  
**Chassis No.** : VF7SA5FS9AW586210

**Vehicle No.** : SKA5764K  
**Policy No.** : 2100251188-07  
**Endorsement No.** :  
**Issued Date** : 09 Feb 2018

### ABOUT THE COVER

**Make/Model** : CITROEN DS3 1.6

**Engine Capacity/Tonnage** : 1,598.00 CC

**Driver Restriction** : NA

**Sum Insured** : Market Value

**Off Peak Car** : No

**First Year of Registration** : 2011

**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

#### Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

**Loss of Use 1500cc - 1600cc Optional**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

Lim Choon Kwee - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** POST OFFICE SAVINGS BANK

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0691021000

MAH JENNEY

371 ALEXANDRA ROAD #07-03A AIA ALEXANDRA

SINGAPORE 159963 SP-DAPHNEHENG-DARIEN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSCNFY

Accident Photo





Accident Photo



Accident Photo



Accident Photo





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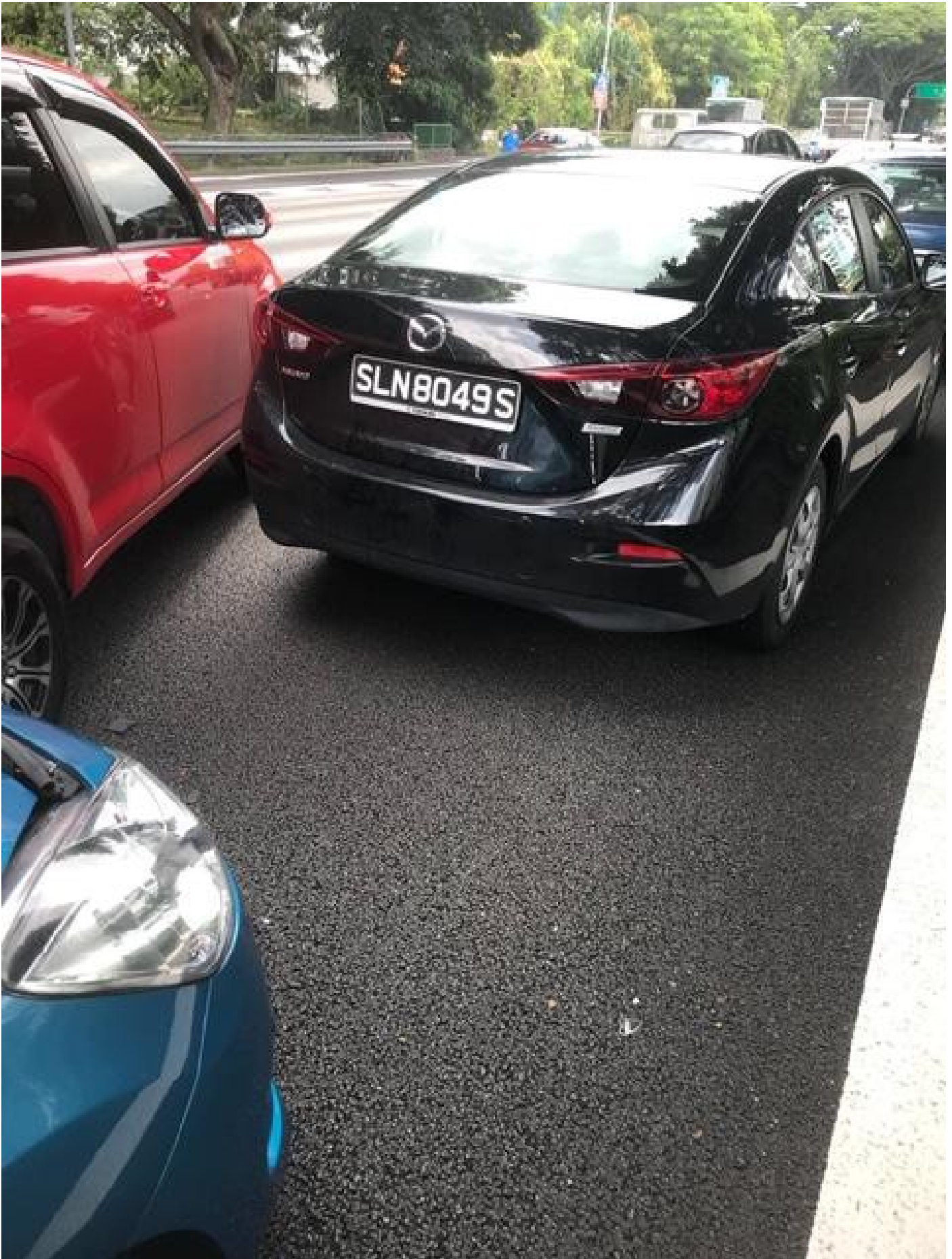
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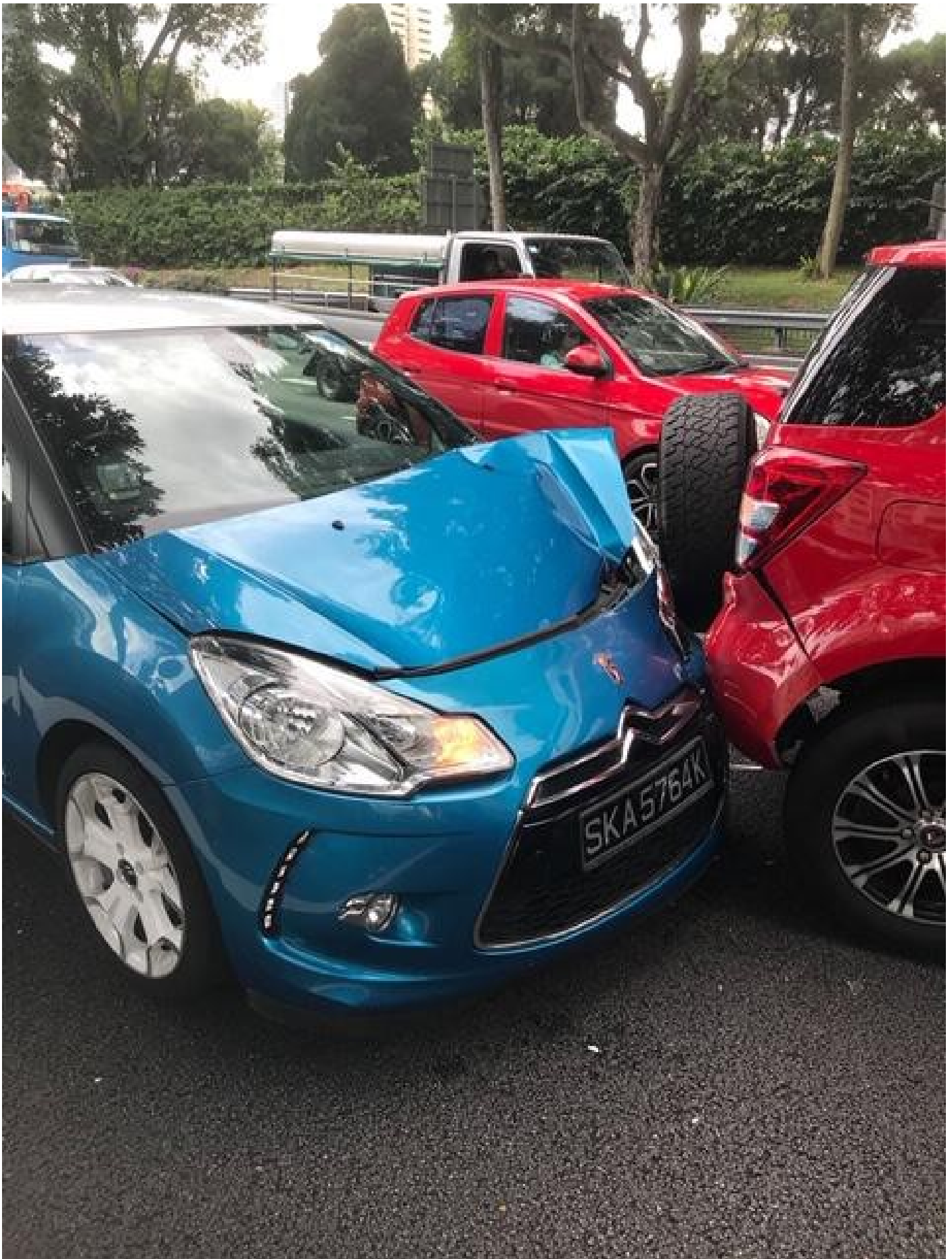
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: SG65500206 / 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 : \_\_\_\_\_ Vehicle Registration No: SKA5-64K  
Name (as shown in NRIC) : Lim Chuen Kwee NRIC/FIN/Passport No : S165411611  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK 1F Cantonment Road #37-71 Singapore (855601)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96613796  
Email Address : williamlimck@gmail.com  
Date of Accident : 12/10/18 Time of Accident : 14:15  
Place of Accident : P1E Towards Changi Airport  
Insurance Company: AIG

(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 Accident Time

Policyholder / Driver's Signature

Date:

14/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: