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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/10/2018 10:47
Date Of Accident	30/10/2018 17:50
Exact Location Of Accident	PIE TOWARDS TUAS LAMPOST 778
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS8743U
Insured/Policyholder	
Name Of Registered Owner	LIM JIT MENG
NRIC No	S1360866J
Email Address	JITMING88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82681290
Alternative Phone No	OTHERS-82681290
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
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	REPORTING ONLY
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	1700058977-01
Cover Note Number	

Driver

Name of Driver

NRIC No

S1360866J

Date Of Birth

30/01/1959

Occupation

INDOOR

Date Of Driving Pass

05/09/1981

Driving Experience 37 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82681290

Fax Number

Contact Number OTHERS-82681290

EMail Address JITMING88@GMAIL.COM

Address BLK 143 MEI LING STREET

#09-155

Postcode 140143

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

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Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number AHR3024 (MOTORCYCLE)

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

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?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

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

PLEASE REFER TO POLICE REPORT T/20181030/2157

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 AHR3024

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD HILMI BIN HASAN

NRIC/Passport Number

Contact Number 60182810668

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: : NAIM BIN MOHD RAMIL

2

GENDER: : MALE

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

- (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:
 - 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

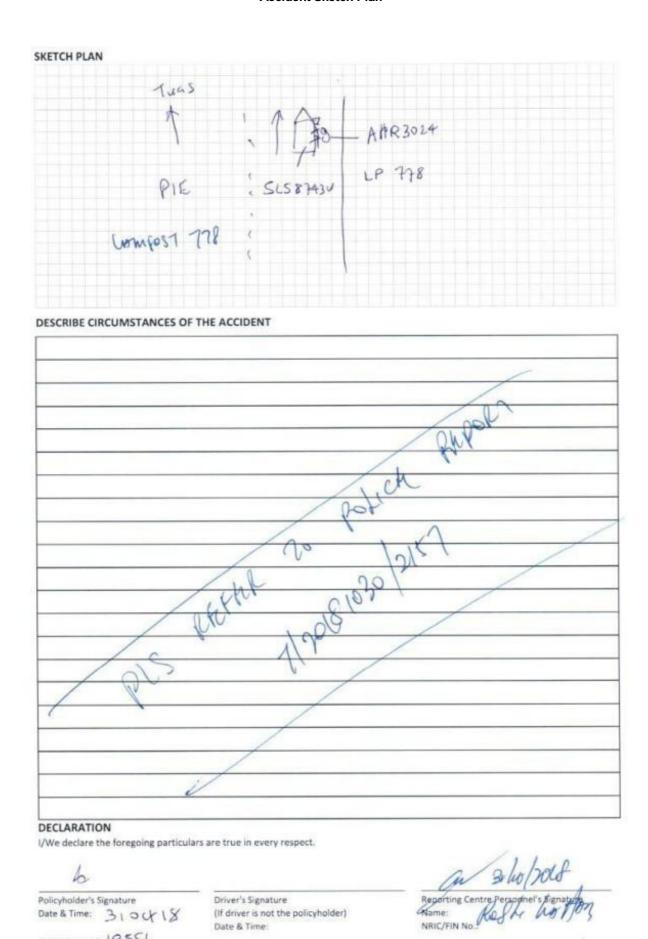
Date & Time: 31001-18

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

Name: Kd)

NRIC/FIN No.:

Accident Sketch Plan



1055h





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Report No. T/20181030/2157

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

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No .: Date/Time Report Made: E/20181030/0151 30/10/2018 20:25 Informant's Particulars Address: Name of Informant: APT BLK 143 MEI LING STREET #09-155 SINGAPORE LIM JIT MENG 140143 Contact No.: ID Type / ID No .: Mobile: 82681290 Home/Office: NRIC NO / S1360866J Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 30/01/1959 59 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: ENGINEER Class:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2018 17:50	Type of Location	
	EXPRESSWAY UAS LAMPOST 778				
Weather:		Road Surface: Wet		Road Speed Limit:	
Drizzling		AAGE			
Drizzling Traffic Flow:		Traffic Control:		Traffic Volume:	

Details of V	ehicle involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
AHR3024	Motorcycle					1
SLS8743U	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Grey		0

Details of V	ehicle insurance		BOSEFUL OF COL	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20181030/2157

CONTINUATION OF REPORT

Details of V	ehicle insurance		Planting of the Sale	CATOMICS CA.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS8743U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700058977-01	10/10/2018	09/10/2019
Details of Po	erson involved		San Company	1
Any Pedestri	an Involved: No			
No of Pedes	trians Injured: NII	les of Badastrian Ca	nanina: NA	

Details of Perso	n Involved		AND AND DE	Suntra	SIL-SK-	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pede	estriar	Cross	sing: NA
Pillion		ESCULPINA	A STATE OF THE STATE OF			
Name	NAIM BIN MOHD RAMIL			ID No.		NIL
Related Vehicle	AHR3024 (Motorcycle)			Contact No.		60182810668
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discha			
	ted Medical Leave	NIL	Degree of I			
Rider		Area Stabill		,,,,,		
Name	MUHAMMAD HILMI BIN HASAN			ID No.		NIL
Related Vehicle	AHR3024 (Motorcycle)			Contact No.		60182810668
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry; NIL
Date Treatment	NIL		Date Discha		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of Injury NIL			
Driver		AND RESIDENCE	Dogico oi ii	iquity	INIL	
Name	LIM JIT MENG		1	ID No.		S1360866J
Related Vehicle	SLS8743U (Car)			Contact No.		82681290
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha				
	ed Medical Leave	NIL	Degree of In		NIL	





20181030/2157

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Report No. T/20181030/2157

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

CONTINUATION OF REPORT

Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS ON THE 2ND LANE, MADE A CHECK ON MY RIGHT AND SAW THERE WAS NO INCOMING
VEHICLE SO I MADE A LANE CHANGE TO THE 1ST LANE. WHILE I WAS ON THE 1ST LANE, I SAW
A MOTOCYCLIST FROM MY REAR MIRROR TRAVELLING AT A HIGH SPEED AND THEN
SUDDENLY THE SAID VEHICLE COLLIDED ONTO MY DRIVER DOOR AND MY RIGHT SIDE
MIRROR BEFORE FALLING TO THE GROUND. I THEN WENT OUT FROM MY VEHICLE AND
RENDERED AID TO THE SAID RIDER. FEW MOMENTS LATER, AETOS OFFICERS CAME BEFORE
THE TRAFFIC POLICE ARRIVED.





T/20181030/2157

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Report No. T/20181030/2157

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 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 The Report: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2018 20:25			
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case: SINGAPORE POLICE FORCE			
Authentication Stamp NP168	Signature: Aw			







