# 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 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.

| 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 |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SLS8743U |
| **Insured/Policyholder** | |
| Name Of Registered Owner | LIM JIT MENG |
| NRIC No | S1360866J |
| Email Address | JITMENG88@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 | LIM JIT MENG |
| 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 | JITMENG88@GMAIL.COM |

| | |
|---|---|
| Address | BLK 143 MEI LING STREET<br>#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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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 | |
| 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) | 1 |

**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 - SINGAPORE CITY |
| 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) 2

Passenger 1

NAME: : NAIM BIN MOHD RAMIL

GENDER: : MALE

## SKETCH PLAN

## 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. 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:

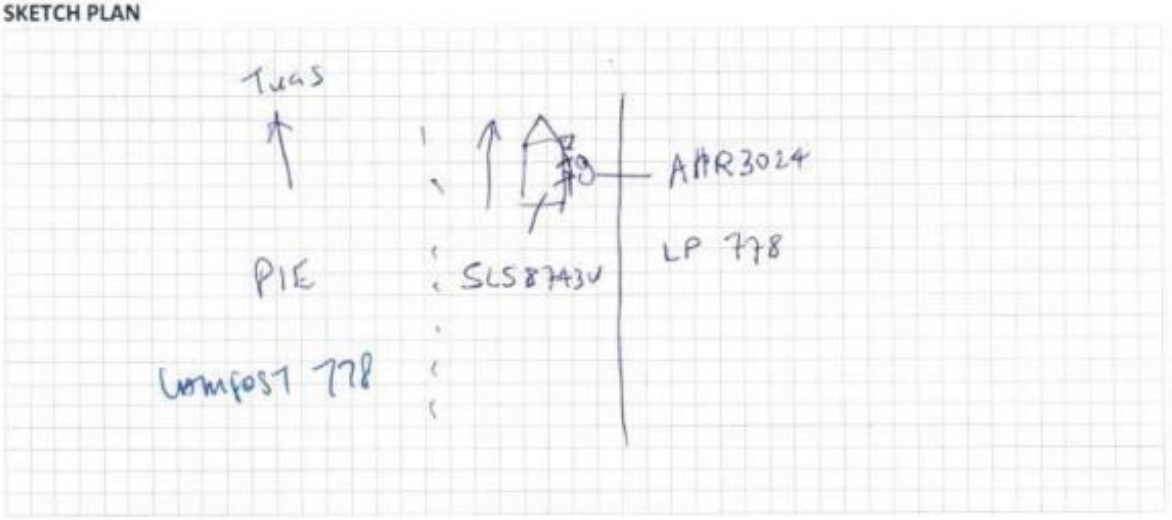
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

| Policyholder's Signature<br>Date & Time: 31 Oct 18<br>1055h | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

## Accident Sketch Plan

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

PLS REFER TO POLICE REPORT
7/2081030/2157

**DECLARATION**

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

| Policyholder's Signature | Driver's Signature | Reporting Centre Personnel's Signature |
|---|---|---|
| Date & Time: 31 Oct 18 1055h | (If driver is not the policyholder) Date & Time: | Name: NRIC/FIN No.: |

**POLICE REPORT**

SINGAPORE POLICE FORCE

T/20181030/2157



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**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 30/10/2018 20:25 | E/20181030/0151 | |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>LIM JIT MENG | | | Address:<br>APT BLK 143 MEI LING STREET #09-155 SINGAPORE 140143 | |
| ID Type / ID No.:<br>NRIC NO / S1360866J | | | Contact No.:<br>Home/Office: Mobile: 82681290 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>59 | Date of Birth:<br>30/01/1959 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language: | Institution / School Name: |
| Occupation:<br>ENGINEER | | | Driving Licence Information:<br>Class: Date of Expiry: | |

**General Information of the Accident**

| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/10/2018 17:50 | Type of Location: |
|---|---|---|---|---|
| Location:<br>Along Road 1<br>PAN ISLAND EXPRESSWAY<br><br>TOWARDS TUAS LAMPOST 778 | | | | |
| Weather:<br>Drizzling | | Road Surface:<br>Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| AHR3024 | Motorcycle | | | | | 1 |
| SLS8743U | Car | SUBARU | FORESTER 2.0I-L CVT AWD SR | Grey | | 0 |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|---|---|---|---|---|

SINGAPORE POLICE FORCE

T/20181030/2157

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



CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|---|---|---|---|---|
| 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 Person Involved | | | | | |
|---|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Pillion | | | | | |
| 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<br>Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL | |
| Rider | | | | | |
| 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<br>Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL | |
| Driver | | | | | |
| Name | LIM JIT MENG | | ID No. | S1360866J | |
| Related Vehicle | SLS8743U (Car) | | Contact No. | 82681290 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL | |

SINGAPORE POLICE FORCE

T/20181030/2157



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.

SINGAPORE POLICE FORCE

T/20181030/2157



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:<br>TP /<br>MOHAMED ANWAR BIN MOHAMED IBRAHIM | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>30/10/2018 20:25 |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 2 LEE MING CAI<br>Contact No.: 65476960 | Classification Of Case: |
| Authentication Stamp<br>NP168 | SINGAPORE POLICE FORCE<br>Signature: |

**ID**


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1360866J
LIM JIT MENG
林日明
CHINESE
30-01-1959
M
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1360866J
LIM JIT MENG
30 Jan 1959
17 Jul 2003


NRIC No. S1360866J
A+
26-03-1993
APT BLK 143 MEI LING STREET #09-155
SINGAPORE 140143
NRIC No: S1360866J
Date: 27/12/2007
No: 5989821


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms
05 Sep 1981

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: 5665500200 / 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 : MNA418141181 Vehicle Registration No: SCS8743H

Name(as shown in NRIC) : Lim Jit Meng NRIC/FIN/Passport No : S1360866J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 82681290

Email Address : _____

Date of Accident : _____ Time of Accident : 17:50

Place of Accident : PIE TOWARDS TUAS LAMPOST 778

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:

EMAIL ADDRESS TO JITMENG88@GMAIL.COM.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 31/10/2018