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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	19/11/2018 15:21
Date Of Accident	18/11/2018 17:45
Exact Location Of Accident	JLN EUNOS F/OTWDS KAKI BUKIT,T/L JUNC JLNEUNOS/IP
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8236K
Insured/Policyholder	
Name Of Registered Owner	LIM SOON SIEW
NRIC No	S1658153D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98206737
Alternative Phone No	OTHERS-98206737
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	2100278127-07
Cover Note Number	
Driver	
Name of Driver	GORDON LIM SOON LOKE

Name of Driver GORDON LIM SOON LOKE

NRIC No S1421837H
Date Of Birth 26/11/1960
Occupation OUTDOOR
Date Of Driving Pass 19/06/1984

Driving Experience 34 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98206737

Fax Number

Contact Number OTHERS-98206737

EMail Address NOEMAIL

BLK 650 JALAN TENAGA Address

#04-36

Postcode 410650

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - BROTHER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident 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?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE N.P.C ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

Police Station Address **SINGAPORE**

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181118/2094

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD4921A Vehicle Registration Number

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

DETAILS OF INJURED PERSON 1

GORDON LIM SOON LOKE Name

Approximate Age

Injuries Sustain **SLIGHT** Injured person in which vehicle? SJT8236K Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Postcode

Address

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- B. 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	Kaki Bulcit	os Flyover towards, Traffic light junction nea mos Interim Park.
		A-SJT8236K B-SHD4921A
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	O e Port
	V. e	Police
	2018/11	1200
2/5		
-		
DECLARATION /We declare the foregoing pa	rticulars are true in every respect.	19/11/2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



2 of 3

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE Report No. T/20181118/2094

Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver Name	GORDON LIM SOON LOKE			ID No.		S1421837H
Related Vehicle	SJT8236K (Car)			Conta	ct No.	98206737
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2018 Date Dis				_	1/2018
No. of Days gran	ays granted Medical Leave 03 D			f Injury	Sligh	t

On 18/11/2018, at around 1745hrs, I was driving along Jalan Eunos Flyover towards Kaki Bukit, and pulled up at the traffic light near Jalan Eunos Interim Park. I would like to inform there were some other vehicles in front and behind of me at the traffic light when I pulled up at the red light. When I was about to drive off when the front vehicle started moving, I felt an impact from the left side of my vehicle, and my vehicle was still stationary before the collision. After the collision, the other vehicle, SHD4921A, pulled up his vehicle directly in front of my vehicle with about 1 car length's distance away. I also got down from my vehicle to check on the damage and noticed that there were scratches on the left passenger door, and the other vehicle also had scratches on the right side of his vehicle. We both came to an agreement to report the matter to our insurance company, and I did not take down the particulars of the driver. However, when I returned back home, I felt some pain on my neck and my lower back, and some numbness on my left hand and left leg, and went to Mount Alvernia Hospital to seek medical attention and was given 3 days medical certificate.

I would like to inform that I do not have any in-car camera installed in my vehicle, and I do not know the estimated repair cost for my vehicle's damages. I would like to inform that I have yet to inform my insurance company about the accident.













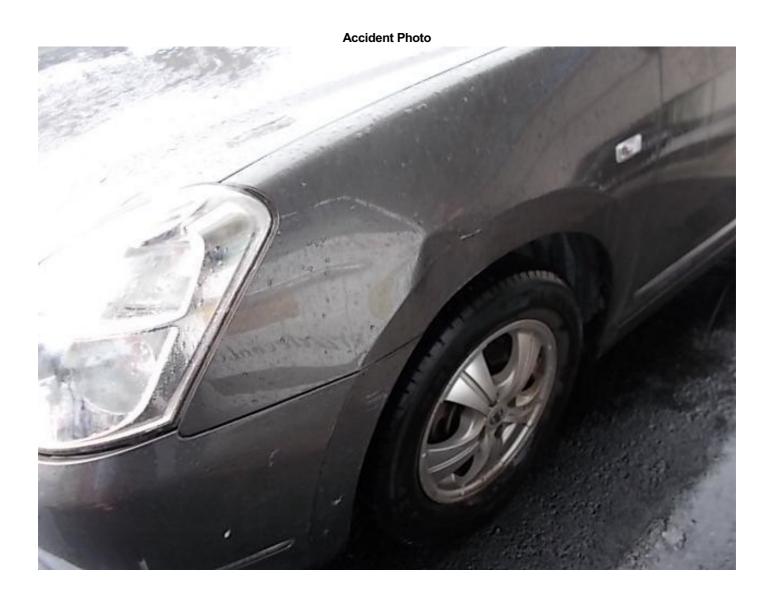


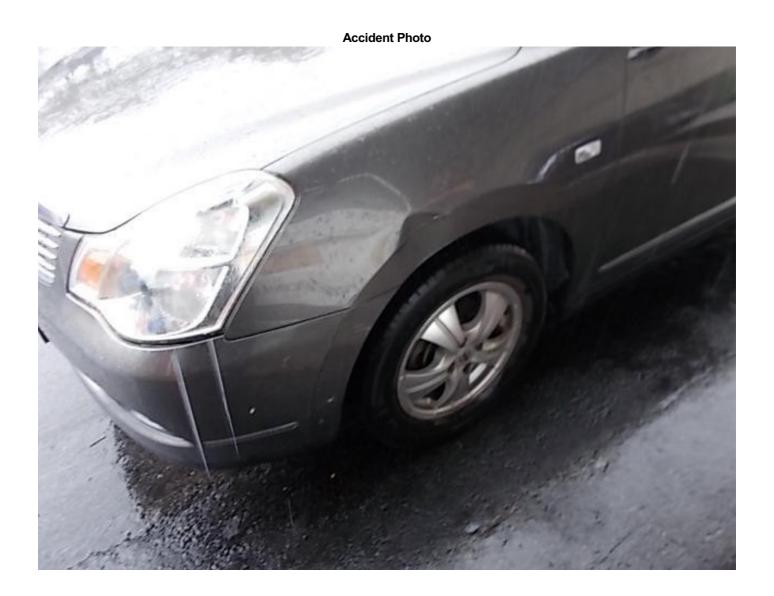
























Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20181118/2094

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

18/11/2	18/11/2018 22:55		Vide Report No.: Station D			
Informant's Particulars				73		
Name o GORDO	f Informant N LIM SO		Address: APT BLK 650 JALAN TENAS	GA #04-36 SINGAPORE 410650		
NRIC N	/ ID No.: 0 / S14218	37H	Contact No.: Home/Office:	Mobile: 98206737		
Nationality: SINGAPORE CITIZEN		EN	Email:	Mobile: 98206737		
Sex: Male	Age: 57	Date of Birth: 26/11/1960	Type of Informant:			
Race: Chinese Occupation: SERVICE ENGINEER			Language: English	Institution / School Name:		
		R	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location
Location: Along Road 1 JALAN EUNO Jalan Eunos F Weather:		is Bukit, Traffic light june	18/11/2018 17:4	
Clear		Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow: One Way Type of Collision	on:	riodd Curiace.	orking	Road Speed Limit: Traffic Volume: Moderate

Type	Make	100000000000000000000000000000000000000	And the second second	A-1 (1991) 1999 A-1800 (1	Miller March Street
the state of the s	mane	Model	Color	Condition	No of Passenge
Odi			-	Slightly	1
Car			_	Damaged	
				Slightly	0
(Car	Car	Car	Car	Car Condition Slightly Damaged

Details of Person Involved	772-773-774-774-774-774-774-774-774-774-774
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
70.00.1112	Use of Pedestrian Crossing: NA

Police Report



2 of 3

Report No. T/20181118/2094

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver	GORDON LIM SOON LOKE			ID No.		S1421837H
Name	GORDON LIM SOON LOKE			10 110		
D. Late of Madelala	C ITODOCK (Corl)			Conta	ct No.	98206737
Related Vehicle	SJT8236K (Car)					
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence &		Class: 3	
Hospital/Clinic					Date of Expiry: NIL	
				Expiry	Date	
Date Treatment	18/11/2018 Date Disc					/2018
No. of Days granted Medical Leave 03			Degree o	f Injury	Sligh	t

On 18/11/2018, at around 1745hrs, I was driving along Jalan Eunos Flyover towards Kaki Bukit, and pulled up at the traffic light near Jalan Eunos Interim Park. I would like to inform there were some other vehicles in front and behind of me at the traffic light when I pulled up at the red light. When I was about to drive off when the front vehicle started moving, I felt an impact from the left side of my vehicle, and my vehicle was still stationary before the collision. After the collision, the other vehicle, SHD4921A, pulled up his vehicle directly in front of my vehicle with about 1 car length's distance away. I also got down from my vehicle to check on the damage and noticed that there were scratches on the left passenger door, and the other vehicle also had scratches on the right side of his vehicle. We both came to an agreement to report the matter to our insurance company, and I did not take down the particulars of the driver. However, when I returned back home, I felt some pain on my neck and my lower back, and some numbness on my left hand and left leg, and went to Mount Alvernia Hospital to seek medical attention and was given 3 days medical certificate.

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Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

3 of 3 Report No. T/20181118/2094

Tel No: 1800-4428999 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 / Sgt 2 JEREMY GOH ZEN KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2018 22:55
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476 6 SINGAPORE Authentication Stamp	Classification Of Case:
NP168 SIGNATURE	