

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	19/11/2018 18:01
Date Of Accident	16/11/2018 10:00
Exact Location Of Accident	PARKING AT KILANG SENG HUAT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8178L
Insured/Policyholder	
Name Of Registered Owner	LIM KWEE PHEOW
NRIC No	S1296388B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93822515
Alternative Phone No	OFFICE-93822515

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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	1700089696
Cover Note Number	-

Driver

Name of Driver	LIM KWEE PHEOW
NRIC No	S1296388B
Date Of Birth	18/09/1958
Occupation	INDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822515
Fax Number	
Contact Number	OFFICE-93822515
Email Address	NOEMAIL

Address	BLK 663 CCK CRES #13-263
Postcode	680663
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRR5841 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	JRR5841
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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.

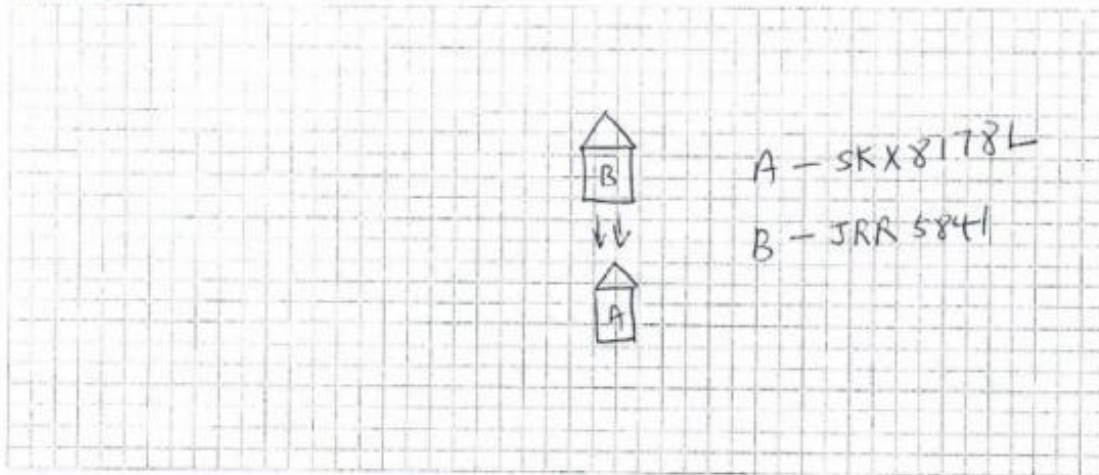
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/11/18 at 10am, I parked my car at Kibungu
Hunt loading bay. The company's lorry JRR 5841 reversed without
noticing my car and hit on my front grill and bumper. The
headlight on the left was damaged.

DECLARATION

I/We 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

© 2018/2019 Singaporean Police

DRIVING DOC



POLICE REPORT

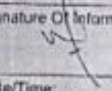
Lp 2
 Report No. A201811202019

Name of Person NAME OF PERSON		Vehicle No. VEHICLE NO.		Station Diary No. STATION DIARY NO.	
Name of Person NAME OF PERSON		No. of Person NO. OF PERSON		Address ADDRESS	
ID Type / ID No. ID TYPE / ID NO.		Contact No. CONTACT NO.		Mobile MOBILE	
Nationality NATIONALITY		Email Address EMAIL ADDRESS		Date of Birth DATE OF BIRTH	
Occupation OCCUPATION		Sex SEX		Age AGE	
Institution/School Name INSTITUTION/SCHOOL NAME		Male MALE		60 60	
Date/Time Of Incident DATE/TIME OF INCIDENT		Location Of Incident LOCATION OF INCIDENT		Race RACE	
16/11/2018 10:00 16/11/2018 10:00		MALAYSIA MALAYSIA		Chinese CHINESE	
Brief details BRIEF DETAILS					


On 16/11/18 at about 1000hrs, my vehicle (5KX8178L) was parked at the company's loading bay located at No.17 Jalan Padu, Kawasan Perindustrian Tampoi 80350 Tampoi, Johor Bahru, Johor.

After 3 minutes, I came back to retrieve my vehicle. I found out that my front left grill and the bumper and also the left headlight was damage.

The lorry driver that hit onto my vehicle was waiting for me at the said location. He then admitted that while he was reversing the lorry JRR5841 his lorry then hit onto my vehicle.

Signature Of Officer Recording The Report A / Sgt I CHIN SOOK PING	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 20/11/2018 10:40
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp HILOY THING JINLIN Contact No.: 65575076	Classification Of Case:

Authentication Stamp



POLICE REPORT

21/2
3011-25319

The following person made a police report: Name of (20/1/2018) and I had made a police report in
N. 20/1/2018

I am making this report for insurance purposes

Signature Of Officer Recording The Report A / Sgt 1 CHIN SOCK PING	Signature Of Informant
Signature Of Interpreter. Not applicable	Date/Time: 20/1/2018 10:40
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp HILDY THNG JINLIN Contact No.: 65575076	Classification Of Case:
Authentication Stamp	

20/1/2018

Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66550020G / GST Reg. No.: M409017735

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 : MNA 12149827 Vehicle Registration No: SKX 8178L
Name (as shown in NRIC) : Lim Kwee Pheow NRIC/FIN/Passport No : S 1296388B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 663 CLK Cres #13-263 Singapore (680663)
Contact (Tel) : _____ Mobile No. : 93822515
Email Address : _____
Date of Accident : 16/11/18 Time of Accident : 10:00
Place of Accident : Parking at Kilang Seng Huat
Insurance Company : AYG

(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:

upload police report

uf
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: