

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	27/12/2018 14:09
Date Of Accident	25/12/2018 01:00
Exact Location Of Accident	ALONG ORCHARD RD AFT PLAZA SINGAPURA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2402A
Insured/Policyholder	
Name Of Registered Owner	LIM WHAY CHUNG(LIN WEICHANG)
NRIC No	S7332292H
Email Address	LIMJOEL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97300045
Alternative Phone No	OTHERS-97300045

Vehicle Particulars

Manufacturer	SUBARU
Model	WRX 2.0
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	2100413985-03
Cover Note Number	

Driver

Name of Driver	LIM WHAY CHUNG(LIN WEICHANG)
NRIC No	S7332292H
Date Of Birth	13/09/1973
Occupation	INDOOR
Date Of Driving Pass	30/11/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97300045
Fax Number	
Contact Number	OTHERS-97300045
Email Address	LIMJOEL@YAHOO.COM

Address	BLK 188C RIVERVALE DRIVE #08-1048
Postcode	543188
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : AARON LI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181225/2016

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	SJL8857K
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
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:

27 Dec 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

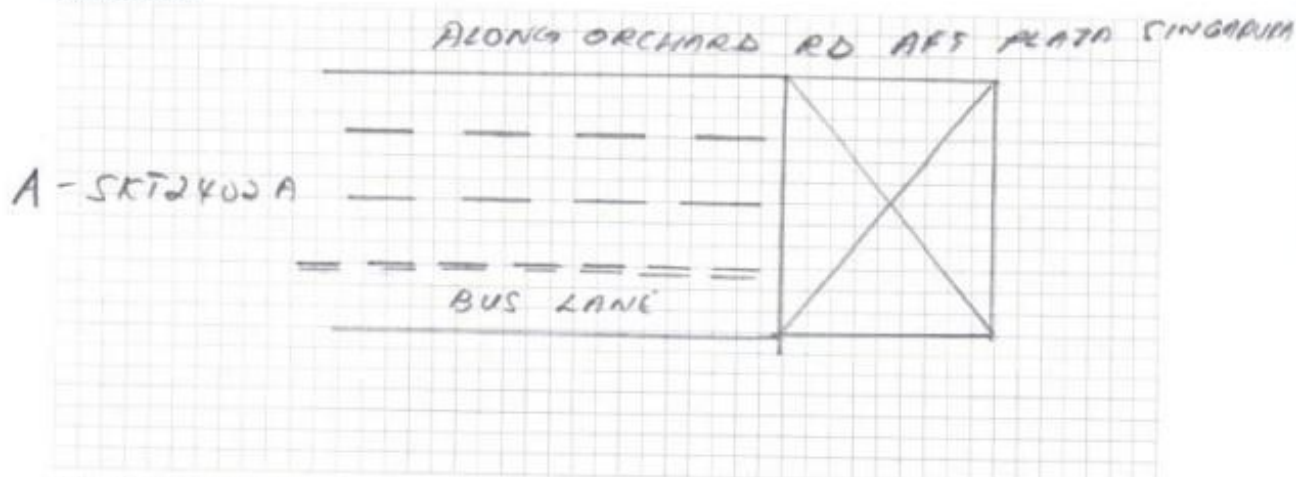
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/2018/225/2016

DECLARATION

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

Policyholder's Signature _____

Date & Time: _____

27 DEC 2018

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181225/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20181225/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WHAY CHUNG	ID No.	S7332292H
Related Vehicle	NIL	Contact No.	97300045
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/12/2018 at about 0100hrs, I was driving along Orchard Road (after Plaza Singapura) on the second lane from the left when suddenly a cab cut into my lane from the most left lane which caused me to apply a sudden brake to avoid any collision. At that point of time I did not hear or feel any impact as I was playing loud music in my vehicle while talking to my friend. I do not remember the plate number of the cab.

On the same day at about 0200hrs, I went home and parked my vehicle and realized there was one dent on the left bumper and as well as on the exhaust pipe. I was not sure when or how the dent was caused, I decided to call up my insurance company the following morning.

On the same day at about 0400hrs, a Traffic Police Investigation Officer called my house contact number and informed that my vehicle was involved in a traffic accident and asked me to proceed to Traffic Police Headquarters however I informed that I was unable to proceed down due to my damaged vehicle. Subsequently two traffic police officers came down to meet me at my vehicle and gave me a breath analyzer test (passed). They updated the IO and the IO instructed me to lodge a report within 1 hr.

However I am unaware that I was involved in any traffic accident. The given facts above the possible accident that could have occurred.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181225/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No: T/20181225/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 07:20		Vide Report No:		Station Diary No: 16	
Informant's Particulars					
Name of Informant: LIM WHAY CHUNG			Address: APT BLK 188C RIVERVALE DRIVE #08-1048 SINGAPORE 543188		
ID Type / ID No.: NRIC NO / S7332292H			Contact No.: Home/Office:		Mobile: 97300045
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 13/09/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2018 01:00	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD				
Along Orchard Road, after Plaza Singapura				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Unknown				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT2402A	Car	SUBARU	WRX 2.0 6MT ABS D/AIRBAG AWD 4DR	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT2402A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100413985-03	28/05/2018	27/05/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181225/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 9999

2 of 3

Report No. T/20181225/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LIM WHAY CHUNG	ID No	S7332292H
Related Vehicle	NIL	Contact No	97300045
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/12/2018 at about 0100hrs, I was driving along Orchard Road (after Plaza Singapura) on the second lane from the left when suddenly a cab cut into my lane from the most left lane which caused me to apply a sudden brake to avoid any collision. At that point of time I did not hear or feel any impact as I was playing loud music in my vehicle while talking to my friend. I do not remember the plate number of the cab.

On the same day at about 0200hrs, I went home and parked my vehicle and realized there was one dent on the left bumper and as well as on the exhaust pipe. I was not sure when or how the dent was caused. I decided to call up my insurance company the following morning.

On the same day at about 0400hrs, a Traffic Police Investigation Officer called my house contact number and informed that my vehicle was involved in a traffic accident and asked me to proceed to Traffic Police Headquarters however I informed that I was unable to proceed down due to my damaged vehicle. Subsequently two traffic police officers came down to meet me at my vehicle and gave me a breath analyzer test (passed). They updated the IO and the IO instructed me to lodge a report within 1 hr.

However I am unaware that I was involved in any traffic accident. The given facts above the possible accident that could have occurred.

Police Report



SINGAPORE
POLICE FORCE



T/20181225/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20181225/2016

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:

F /

Sgt 2 LEE LI TING, JOLYNE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time

25/12/2018 07:20

Classification Of Case:

Identification Card

