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## 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	02/01/2019 18:03
Date Of Accident	02/01/2019 13:25
Exact Location Of Accident	CLEMENTI RD & WEST COAST HIGHWAY (JUNCTION)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL192Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995011
Cover Note Number	

### Driver

Name of Driver	LIM BOON KERN
NRIC No	S2557523G
Date Of Birth	19/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96232192
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	YES
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1280B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LIM BOON KERN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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 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 a/foresaid.
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.



Policyholder's Signature / Date & Time

Sketch Plan

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

21/1/2019 (2.45pm)

Witnessed by Reporting Centre Personnel

A  
A  
B

A SLL1927

B CHA12805

## Sketch Plan #2

### Describe Circumstances of the Accident

On 2/1/2019 (1:25 pm), I was traveling on Clementi Rd towards West Coast Highway.

While stopping in front of the traffic junction of Kent Ridge Crescent on red light, I was collected by taxi SHA1280B from the back.

After the accident, I felt a stiffness on the neck area and dizzy.

### Declaration

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

2/1/2019 (12:45pm)

Witnessed by Reporting Centre Personnel

## Sketch Plan #3

SINGAPORE POLICE FORCE		REPORT OF A TRAFFIC ACCIDENT				
Police Station Of Origin Choa Chu Kang N.P.C. 20 Choa Chu Kang Street #2 #01-02 SINGAPORE 680200 Tel No: 1800-7650000		Report No: 102710104/2-104 Station Diary No: 91				
Date/Time Report Made 02/01/2019 16:27		Vide Report No				
<b>Informant's Particulars</b> Name of Informant LIM BOON KERN		Address APT BLK 766 CHOA CHU KANG NORTH 5 #14-293 SINGAPORE 680766				
ID Type / ID No NRIC NO / S25576230		Contact No Home/Office: Mobile: 96232192				
Nationality SINGAPORE CITIZEN		Email				
Sex Male	Age 54	Date of Birth 19/10/1964	Type of Informant Driver			
Race Chinese		Language	Institution / School Name			
Occupation GRAB DRIVER		Driving Licence Information Class: 3	Date of Expiry			
<b>General Information of the Accident</b>						
Type of Accident	Non-Injury Others	Drink Drive No	Date/Time of Accident 02/01/2019 13:25			
Type of Location Straight Road						
Location Along Road 1 Traveling Toward Road 2 CLEMENTI ROAD WEST COAST HIGHWAY JUNCTION OF KENT RIDGE CRESCENT						
Weather Clear		Road Surface Dry	Road Speed Limit			
Traffic Flow One Way		Traffic Control Not Controlled	Traffic Volume Light			
Type of Collision Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance No			
<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHAY260B	Car	HYUNDAI	AE IONIQ	Blue	Slightly Damaged	4
5LL192Z	Car	HONDA	VEZEL	Silver	Slightly Damaged	1
<b>Details of Person Involved</b>						
Any Pedestrian Involved: No				Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: Nil						

## Sketch Plan #4

Police Station Of Origin  
Chua Chu Kang N.P.O.  
20 Chua Chu Kang Street S2 #01-02  
SINGAPORE 680020  
Tel No: 1800 7659999

Report No. T/20190111

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	UM BOON KERN	ID No	S2557523G
Related Vehicle	SLL192Z (Car)	Contact No	96232192
Hospital/Clinic	DRS KOO & NEOH MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2019	Date Discharge	02/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time, I was travelling along the above mentioned location in my vehicle SLL 192Z when I came to a stop at the traffic light junction on the extreme right lane. I then suddenly felt a collision at the rear of my vehicle and realized that a Blue Comfort Deigro taxi SHA 1280B had collided onto my vehicle from the back. Both drivers then alighted from our vehicles to assess the damages as well as to exchange particulars.

The taxi driver particulars as follows:

James Gabriel  
S6872230F

Nobody was injured. No ambulance or police came to scene. The taxi's front number plate came off and there were some slight scratches and dents. The rear of my vehicle had some dents and scratches as well. I then went to the doctor where I was given 3 days of MC as I felt some soreness around my neck area and giddiness. Hence, I am making this police report for insurance purposes.

Sketch Plan #5



POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No. 1800-7659999

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

Sgt 2 MUHAMMAD KHAIRIL RIZDI BIN JEFFRY

Signature Of Interpreter

Not applicable

Signature Of Informant

Date/Time

02/01/2019 16:27

Singapore Police Force

Officer In Charge Of Case

TP / CIA /

Sgt Sg WONG BEE LUI

Contact No. 65474885

Classification Of Case

Authentication Stamp

NP-108