

## 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	11/03/2019 13:50
Date Of Accident	10/03/2019 13:15
Exact Location Of Accident	530 SERANGOON NORTH AVE 4 CARPARK SE32
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ853K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHOON LENG (LIN JUNLONG)
NRIC No	S7632292I
Email Address	ERIC_LIMCL@AIA.COM.SG
Mobile Phone No	(LOCAL) +65-97480933
Alternative Phone No	Others-97480933

### Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 LX CVT (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?	YES
If No, Please state action to be taken	
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	1700069898
Cover Note Number	

### Driver

Name of Driver	LIM CHOON LENG (LIN JUNLONG)
NRIC No	S7632292I
Date Of Birth	14/10/1976
Occupation	INDOOR
Date Of Driving Pass	14/06/1996
Driving Experience	22 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97480933
Fax Number	
Contact Number	OTHERS-97480933
EMail Address	ERIC_LIMCL@AIA.COM.SG
Address	BLK 475A UPPER SERANGOON CRESCENT #02-507 SINGAPORE
Postcode	531475
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: : LIM CHOON CHENG Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

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

#### Details of Witness 1

Name	BRENDAN SOH
Phone Number	91398775
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLU1543R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMAL
NRIC/Passport Number	
Contact Number	94501753
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

Vehicle Number: \_\_\_\_\_

### SKETCH PLAN

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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:

11 MAR 19

1200

Driver's Signature

(If driver is not the policyholder)

Date & Time:

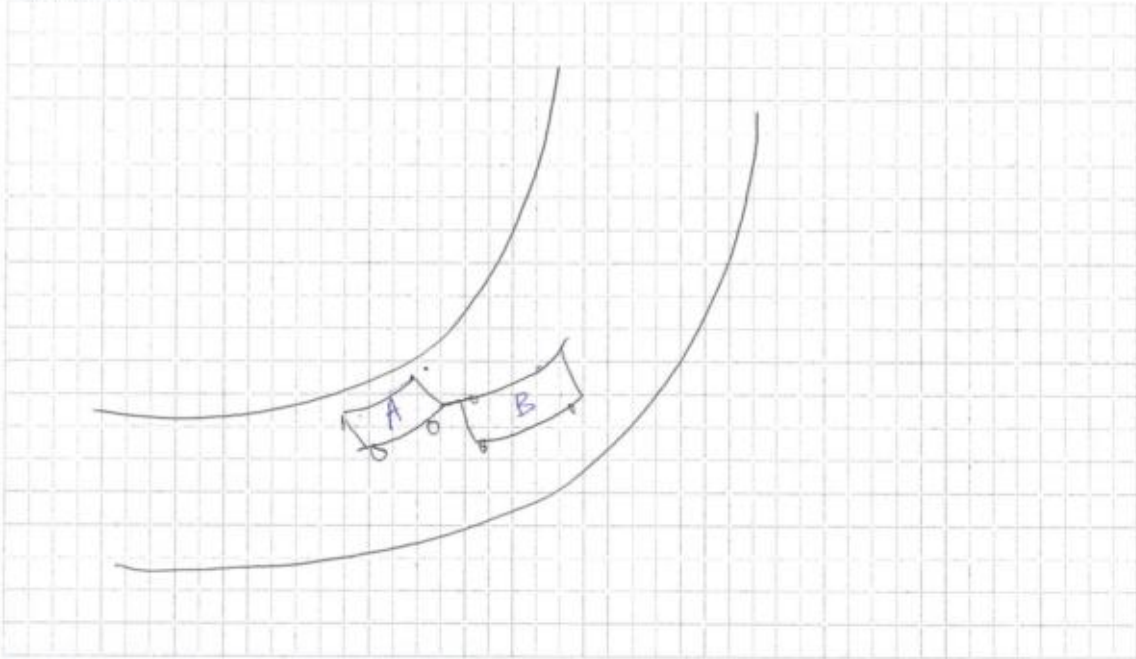
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle Number: \_\_\_\_\_

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE HEADING OUT WITH MY BROTHER, WHILE DETOURING A BEND, I SAW AN ONCOMING VEHICLE HEADING FORWARD AS WELL. AS THE ROAD (BEND) IS SMALL & CRAMPY, I DECIDED TO STOP TO ALLOW THE ONGOING VEHICLE TO PROCEED FIRST TO CLEAR THE ROAD. I SUSPECTED THAT THE DRIVER WAS A GRAB DRIVER & SWIPING THE APP AFTER ALIGHTING A PERSON AND DRIVING AT THE SAME TIME & HE DID NOT REALISE THAT THE BEND IS CRAMPY & HE DROVE FORWARD & BANG ~~WAS~~ MY CAR ON THE RIGHT. MY RIGHT BUMPER WAS DENTED, ~~SCRATCHES~~ AND SUSTAINED SOME SCRATCHES. HIS CAR HAD SOME SCRATCHES ONLY. BEHIND HE HIT MY CAR, I HORNED HIM REPEATEDLY TO ~~WARN~~ WARN HIM THAT HIS VEHICLE IS VERY CLOSE TO MINE. BUT I THINK HE WAS DISTRACTED BY THE APP. HOW I FOUND OUT IS WHEN I GET INTO HIS CAR, I SAW 2 HANDPHONE MOUNTED ON HIS DASH BOARD & THE APP IS STILL ON.

### DECLARATION

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

Policyholder's Signature

Date & Time:

11 MARCH 19  
1320

CA 01 02 03 04 05 06 07 08 09 10 11 12

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

permen

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S76322921**  
 Name: **LIM CHOON LENG (LIN JUNLONG)**  
 Birth Date: **14 Oct 1976**  
 Issue Date: **21 May 2003**

Barcode: 000501082J

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S76322921**



Name: **LIM CHOON LENG (LIN JUNLONG)**  
**林俊龙**  
 Race: **CHINESE**  
 Date of birth: **14-10-1976** Sex: **M**  
 Country of birth: **SINGAPORE**

Barcode: 000501082J

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **14 Jun 1996**

Licence No: **S76322921**

NP 428A

4011573

Barcode: 000501082J

NRIC No: **S76322921**

Date of issue: **07-03-2007**

APT BLK 475A UPPER SERANGOON CRESCENT #02-507  
 SINGAPORE 531475  
 NRIC No: **S76322921** Date: **05/08/2015**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

