

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	27/03/2019 16:56
Date Of Accident	25/01/2019 10:00
Exact Location Of Accident	40 THIRD STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY7962C
Insured/Policyholder	
Name Of Registered Owner	LIM BOON LENG (LIN WENLONG)
NRIC No	S7632581B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96419827
Alternative Phone No	OFFICE-96419827
Vehicle Particulars	
Manufacturer	NISSAN
Model	MURANO
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	REPORTING ONLY
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	2100231180-08
Cover Note Number	-
Driver	
Name of Driver	LIM TIONG SAN
NRIC No	S0418752J
Date Of Birth	15/09/1944
Occupation	INDOOR
Date Of Driving Pass	08/06/1962
Driving Experience	56 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97509327
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	40 THIRD STREET
Postcode	455514
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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?	NO
If Yes, Please state which Police Station	
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	SLX1726P
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)	

SKETCH PLAN

IMPORTANT NOTICE


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

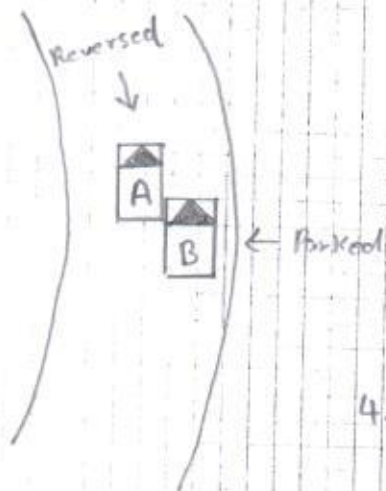
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A = SJY 7962 C
B = SLX 1726 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 1 / 19) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: 40 third street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY 7962C
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lim Boon Leng (Lim Wenlong) (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S7632581B CONTACT: 96419827
 C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Tiong San. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 97509327
 c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: parents.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Marine Parade Npc.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 1726P. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

waiting car take photo &
 owner IC number.

Email = boon@psywellness.com.sg

fax =

video = no.



SINGAPORE POLICE FORCE



T/20190225/2017

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20190225/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 09:12		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: LIM TIONG SAN		Address: 40 THIRD STREET SINGAPORE 455514			
ID Type / ID No.: NRIC NO / S0418752J		Contact No.: Home/Office: Mobile: 97509327			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 74	Date of Birth: 15/09/1944	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/01/2019 10:00	Type of Location: Bend
Location: Along Road 1 THIRD STREET 40 Third Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY7962C	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190225/2017

2 of 3

Report No. T/20190225/2017

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver				
Name	LIM TIONG SAN		ID No.	S0418752J
Related Vehicle	SJY7962C (Car)		Contact No.	97509327
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 25/01/2019 at around 1000hrs, I drove my vehicle to 40 Third Street to unload some boxes of belongings as I was moving house from Lor K Telok Kurau to 40 Third Street. After I finished unloading the items, I reversed my vehicle in order to do a U-turn. However, I made a mistake in my judgement and as a result the right rear side of my vehicle collided with the rear right side of another vehicle (Kia vehicle with "1726" license plate) while I was reversing. As a result of the collision, the right rear side of the other vehicle had suffered some minor dents, while the right rear side of my vehicle suffered some minor scratches.

I did not leave my contact details behind as I did not have any pen with me. I then left the location back to Lor K Telok Kurau to load up another batch of carton boxes for moving.

When I returned back to the location at 40 Third Street at around 1200hrs, the vehicle was no longer there, as such I was unable to leave my contact information behind.

I do not have any in-car camera installed, and I did not send my vehicle for repair as the damages were not serious.



**SINGAPORE
POLICE FORCE**



T/20190225/2017

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

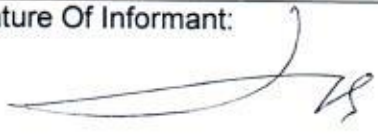

Report No. T/20190225/2017

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: 25/02/2019 09:12
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168   SIGNATURE	

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S0418752J**
 Name: **LIM TIONG SAN**
 Birth Date: **15 Sep 1944**
 Issue Date: **12 Aug 2003**

1000736656B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S0418752J**



Name: **LIM TIONG SAN**
 林 中 山
 Race: **CHINESE**
 Date of Birth: **15-09-1944** Sex: **M**
 Country of Birth: **SINGAPORE**

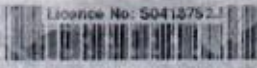


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	30 Mar 1965
Class 2A	Motorcycles between 201 CC and 400 CC	30 Mar 1965
Class 2	Motorcycles > 400 CC	30 Mar 1965
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg	08 Jun 1962

S0418752J S / No. 9000085340

License No: S0418752J



1012




NRIC No: **S0418752J**

Blood Group: **O+** Date of issue: **08-06-1993**

40 THIRD STREET
SINGAPORE 455514
 NRIC No: **S0418752J** Date: **31/12/2018**



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Boon Leng (Lin WenLong)
Period of Insurance : 30 Sep 2018 To 29 Sep 2019
Engine No. : QR25926817A
Chassis No. : JTZ51000317

Vehicle No. : SJY7962C
Policy No. : 2100231180-08
Endorsement No. :
Issued Date : 12 Aug 2018

ABOUT THE COVER

Make/Model : NISSAN MURANO 2.5 W/SRF
Engine Capacity/Tonnage : 2,488.00 CC Sum Insured : Market Value First Year of Registration : 2010
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes
Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Boon Leng (Lin WenLong) - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. TC AutoClinic Add: No 1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolulion Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.


IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: POST OFFICE SAVINGS BANK

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610375

TAN CHONG CREDIT PTE LTD-OKR
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC6/AIG19003504/ha3

21 March 2019

By Registered Mail

Lim Boon Leng (Lin WenLong)
73 Telok Kurau Lorong K Heji Gadens
#03-02
Singapore 425692

Dear Sir,

**ACCIDENT INVOLVING SJY 7962C AND SLX 1726P ON 25/01/2019 NEAR 34
THIRD STREET**

We refer to the above subject matter. Your insurer AIG Asia Pacific Insurance Pte Ltd (AIG) has received a third party claim(s) against your motor insurance policy, and has appointed LKK Auto Consultants Pte Ltd to act on their behalf to handle this matter.

We highlight that this accident has not been reported to AIG.

Please note that you had been notified by our via mail by post from our office on 28/02/2019

Kindly proceed to lodge your accident report immediately, giving the version of the accident amongst other things related to the accident. The accident report can be lodged at any of AIG reporting centres. For the listing of AIG reporting centres, you may refer to your Certificate of Insurance or visit AIG Singapore's website.

To enable us to look into the matter immediately, please let us hear from you within fourteen (14) days from date of this letter (by 04/04/2019).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Vic Alpeh Sanghila
Claims
Tel : 6841 2096
Fax: 6741 4108
Email : vicalpeh@lkkauto.com

c.c *Claims Manager*
 AIG Asia Pacific Insurance Pte. Ltd
 (Motor Claims Dept)