SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/04/2019 14:47
Date Of Accident	02/04/2019 13:40
Exact Location Of Accident	BLK 265BUKIT BATOK EAST AVE 4 OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG1057P
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON KHEE
NRIC No	S1275751D
Email Address	CKLIM57@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96656473
Alternative Phone No	Others-96656473
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 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	1800153878
Cover Note Number	
Driver	
Name of Driver	LIM CHOON KHEE
NRIC No	S1275751D
Date Of Birth	10/10/1957

OUTDOOR

04/01/1980

39 YEARS AND 2 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96656473

Fax Number

Contact Number OTHERS-96656473 **EMail Address** CKLIM57@GMAIL.COM

Address **BLK 863 TAMPINES STREET 83 #06-472**

Postcode 520863 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**

3

NO

NO

1

NO

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **TAMPINES N.P.C**

Police Station Address ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW7206P

Vehicle Make/Model/Colour BMW525I/BLACK

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver MR SEE SENG MIN

NRIC/Passport Number S0338483G Contact Number 96254642

Address Postcode

Insurance Company Name Direct Asia Insurance (Singapore) Pte Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN28E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHNA TIONG BOON

NRIC/Passport Number

Contact Number 96168989

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:

3/4/19 1130hr

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CW	ET.	\sim 1.1	DO:	8 B I
316.	E 111	CH	PL	ΑN

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10 1700
B Danie
T T 145 1293 T
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	To Police	Report.

DECLARATION

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

Policyholder's Signature

Date & Time: 1(30hr -

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

NRIC/FIN No.:

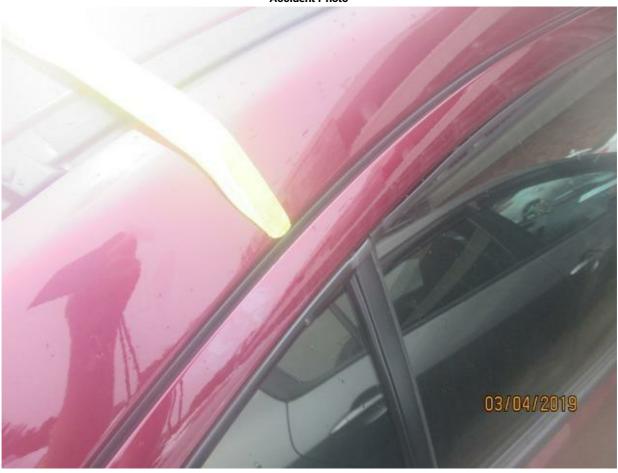




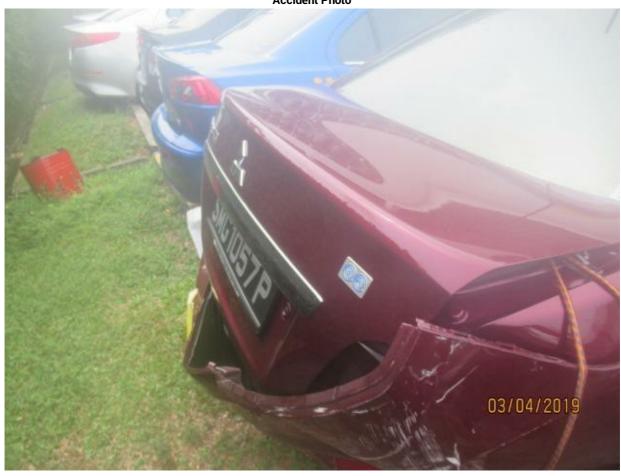






















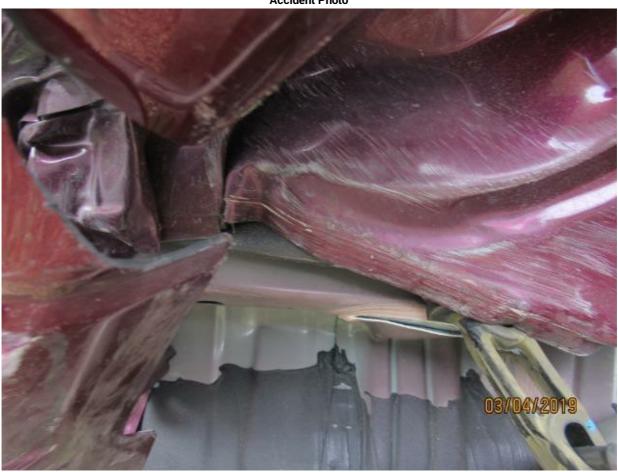






Accident Photo







































Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 4 Report No. T/20190403/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 09:20			Vide Report No.: J/20190402/0098	Station Diary No.			
Informa	nt's Partic	ulars					
	Informant OON KHEE		Address: APT BLK 863 TAMPINES STREET 83 #06-472 SINGAP 520863				
	/ ID No.: 0 / S12757:	51D	Contact No.: Home/Office:	Mobile: 96858473			
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 81 10/10/1957			Type of Informant: Driver				
Race: Chinese			Language; English	Institution / School Name:			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2019 13:40	Type of Location OPEN SPACE CAR PARK
BLK 285 BUI Weather;	K EAST AVENUE 4 KIT BATOK EAST AVE 4	OPEN SPACE CA	R PARK	Road Speed Limit
Clear		Dry		
and the second s		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		T-MET

Makinta Ala	T	Make	Model	Color	Condition	No. of Decree
Vehicle No.	Type	Make	model	CDIOL	Contamon	No of Passenger
SLN28E	Car				Slightly Damaged	0
SLW7206P	Car				Seriously Damaged	
SMG1057P	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





S1275751D

Class: 2B,2A,2,3 Date of Expiry: NIL

Contact No. 96656473

ID No.

Class of Driving Licence & Expiry Date

Date Discharge NIL Degree of Injury NIL

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

LIM CHOON KHEE

Related Vehicle SMG1057P (Car)

NIL

Date Treatment NIL

No. of Days granted Medical Leave NIL

Hospital/Clinic

2 of 4 Report No. T/20190403/2023

CONTINUATION OF REPORT

Details of Ve	ehic)	e Insurance						
Vehicle No.	ins	surance Company In			ce No		Effective	Expiry Date
SMG1057P	AIC	ASIA PACIFIC INSU D.	. 180015	1800153878		02/01/2019	01/01/2020	
Details of Pa	STSU	n Involved			Environ			
Joy Pediatri	an Ir	wolved: No						
No. of Pades	trian	s Injured: NIL		Use of Pec	destrian	Cross	ing: NA	
Name		CHUA TIONG BOON			ID No.	3	S0226338F	
Related Veh	icie	SLN28E (Car)			Contact No.		95168989	
Hospital/Clin	ic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatm	ent	NIL	NIL Dat			Discharge NIL		
No. of Days	gran	ted Medical Leave	NIL	Degree of	Injury	NIL		
Driver								
Name		SEE SENG MIN			ID No.		S0338483G	
Related Veh	icle	SLW7206P (Car)			Contact No.		96254642	
Hospital/Clin	vic .	NiL			Class Drivin Licens Expire	9 00 &	Class: NIL Date of Exp	piry: NIL
Date Treatm	ent	NIL Date D			harge	NIL		
No. of Days	gran	ted Medical Leave	NIL	Degree of		NIL		
Driver	77.00			MILES PROPERTY.			Partie Comment	
Minnen		TIM CHOOM VHEE		ID: No		842757541	3	





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20190403/2023

CONTINUATION OF REPORT

Brief Details.

On the 2/4/19 at about 1:40pm, I was working and I dropped off a passenger at Blk 255 Bukit Batok East Ave 4 and I drove to Blk 265 Bukit Batok East Ave 4 to have my lunch at the nearby coffeeshop.

After I spotted a parking I proceed to slowly make a turn into lot number 70 but just as I was about to make a turn I felt an impact from the rear of my car (V1: SMG1057P) causing my car to spin towards the opposite side of the car park towards lot 294. I got out of my car and discover that a car (V2: SLW7206P) collided into my car. V2 skidded and awing to the side. Eventually V2 hit onto a wall of nearby coffeehop not far away from my car.

I also discover that a car that is parked at lot 70A (V3: SLN28E) also sustained damages on the front of the car, I did not see how V3 was hit.

V1 sustain damages at the right rear area of the vehicle.

I wish to state that I have in-car camers in my car. Traffic Police attended to us and I was issued case card (J/20190402/0098) case in-charge TP IO Suffyan.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

4 0 4 Report No. T/20190403/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Cartificate to this report. If you don't have the certificate with you now, please fax a copy to 85474885 stating the report number as reference.

Signature Of Officer Recording The Report. G / Signature Of Informant: Sgt 2 LIM YA HUI - Signature Of Interpreter: Not applicable 03/04/2019 09:20 istic in Officer in Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077 Classification Of Case Authentication Stamp $(av_j+y_0)/a^d$

Identification Card



