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 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 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	30/04/2019 09:57
Date Of Accident	29/04/2019 12:10
Exact Location Of Accident	1 YUAN CHING ROAD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL5296A
Insured/Policyholder	
Name Of Registered Owner	LIN AI HUA
NRIC No	S8632213G
Email Address	LIMZESIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92378785
Alternative Phone No	OTHERS-92378785
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
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	1800015537-01
Cover Note Number	
Driver	
Name of Driver	LIM ZE SIN
NRIC No	S8579340C
Date Of Birth	12/11/1985
O ('	NDOOD

INDOOR Occupation Date Of Driving Pass 11/08/2010

Driving Experience 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81802894

Fax Number

Contact Number

EMail Address LIMSEZIN@GMAIL.COM

BLK 637 CHOA CHU KANG NORTH ST 6 #13-241 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

0 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD556M

Vehicle Make/Model/Colour MITSUBISHI ATTRAGE/GREY

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

Page 2 of 20

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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:
 - 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: 30/4/2019

09:00 H

Reporting Centre Personnel's Senation

NRIC/FIN No.: 5890

Sketch Plan #2

SKETCH PLAN									
Trea	the of	35	SM	2556M	1				
				Tom		Reve	525		
			116.		$\forall \cap$	A P	etting		
			UZ (SU	LEZIGA)					
DESCRIBE CIRC	UMSTANC	ES OF THE ACCII	DENT	Later Factor	ol - Kash ad	of head on her de		•	
	Refer	to Police	Dega	+ .					
									-
				-					-
ECLARATION		٨							
	regoing part	iculars are true in e	every respect.				R	* PREM	SE SE
olicyholder's Signat ate & Time:	ure	Drives's Sig (If driver is	not the policyh	older)	- ;	Reporting Cr	entre Personn	iug	
		Date & Tim	30/4/		,	NRIC/FIN No	28	110260	
			09:00	FI					

POLICE REPORT



REPORT OF A TRAFFIC ACCIDENT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190429/7012

Date/Tim 29/04/20			Vide Re	eport No.:			Station Diary No.:
Informan	nt's Parti	culars					
Name of LIM ZE S		t			IOA CHU KA	NG NORTH	16#13-241
ID Type / NRIC NO	ID No.: / S8579	340C	Contact Home/C	No.:	7037	Mobile: 8	1802894
Nationalit MALAYS			Email: limzesin	@gmail.d	com		
Sex: Male	Age: 33	Date of Birth: 12/11/1985	Type of Driver	Informan	t:		
Race: Chinese			Langua; English	ge:		Institution	/ School Name:
Occupation Other me		engineers	Driving l	Licence Ir	nformation:	Date of Ex	cpiry:
			-				
General In	formation	on of the Accident			14 To 18 To	ASS CAP	
Type of Accident:		Non-Injury Hit and Run	l i	Drink Drive:	Date/Tim Accident:		Type of Location: Car Park

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No.	Date/Time of Accident: 29/04/2019 12:10	Type of Location Car Park
Location: YUAN CHING Weather:	ROAD	Road Surface:	F	Road Speed Limit:
Clear		Dry		NEWSON STATES OF THE STATE OF T
Traffic Flow:		Traffic Control:	1	raffic Volume:
One Way		Not Controlled		lo Traffic

Details of V	ehicle Invo	lved	THE SELECTION OF THE PERSON OF	No de Alleio		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL5296A	Car	AUDI	A3	White		0
SMD556M	Car	MITSUBISHI	Attrage	Grey		0

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

POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190429/7012

CONTINUATION OF REPORT

Driver		5105216				Water State Control of
Name	LIM ZE SIN			ID No		S8579340C
Related Vehicle	SLL5296A (Car)			Conta	ct No.	81802894
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

My car SLL5296A was parked in the carpark at SuperBowl Jurong (1 Yuan Ching Road, Singapore 618640) around 12:05pm while I went for lunch at the nearby food court. After coming back from lunch at around 1pm, I noticed that the bumper area near the right headlamp was badly scraped. Upon reviewing the in-car camera footage, I saw a grey color Mitsubishi Attrage (SMD556M) coming from the opposite direction of the carpark traffic flow and reversing into the carpark lot on the right of my vehicle at 12:12pm. As it was reversing into the lot, the left rear bumper of that vehicle scraped against my front right bumper. I also noticed 2 men standing in front of my vehicle after that and taking pictures of the front of my vehicle. A slip of paper was seemed to have been placed under my wiper by one of the men around 12:15pm. However, when I returned to the vehicle at 1pm, I did not see any slip of paper on my windshield. No person was in my vehicle at that point in time. person was in my vehicle at that point in time.

Video footage of incident available but file is too large to be attached. Screenshots of this incident are attached together with this report.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190429/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ESTHER CHONG
Contact No.: 65476368

Authentication Stamp NP168 Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
29/04/2019 14:43

Classification Of Case:

























