

## 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	24/05/2019 16:24
Date Of Accident	11/12/2018 22:05
Exact Location Of Accident	OPEN SPACE CAR PARK OF BLK 25 BENDEMEER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8727E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM PHUAY CHUA
NRIC No	S0272993H
Email Address	MOTHER.CATHO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97508586
Alternative Phone No	OTHERS-97508586

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (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	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	1800056333
Cover Note Number	

### Driver

Name of Driver	LIM PHUAY CHUA
NRIC No	S0272993H
Date Of Birth	26/11/1937
Occupation	INDOOR
Date Of Driving Pass	19/01/1960
Driving Experience	58 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97508586
Fax Number	
Contact Number	OTHERS-97508586
Email Address	MOTHER.CATHO@GMAIL.COM

Address	36 JALAN NOVENA BARAT
Postcode	S(308618)
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	NO COLLISION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer the attached

#### 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	SLA5935Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

Vehicle No: SLZ 8777 E

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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 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:

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN

SKETCH PLAN

SHOP

B

A

BLK 25

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My Vehicle No (A): SL78727E

[illegible]

## DECLARATION

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

I/We declare the foregoing particulars.

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

ing Centre Pe

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No: 1800-2240000

Report No. A/20181215/7021

Date/Time Report Made 15/12/2018 22:02	Video Report No.	Station Diary No.		
Name Of Informant LIM PHUAY CHUA	Address 36 JALAN NOVENA BARAT SINGAPORE 308618			
ID Type / ID No. NRIC NO / S0272993H	Contact No. Home/Office:	Mobile: 97508586		
Nationality SINGAPORE CITIZEN	Email Address mother.catho@gmail.com			
Occupation Retiree	Sex Male	Age 81	Date of Birth 26/11/1937	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 11/12/2018 10:50 - 11/12/2018 10:55	Location Of Incident Open Space Car Park of Block 25 Bendemeer Road.			
Brief details				

This Police report is being lodged as requested in your letter Reference: TP/IP/68393/2018 Dated 11 Dec 2018 regarding an alleged accident between two motor cars SLA5935Y and SLZ8727E on 11 Dec 2018 at about 1054HRS at the Open Space Car Park of Blk 25 Bendemeer Road.

I got into my motor car SLZ8727E at around 1050HRS which had been parked outside the coffee shop at Blk 24 Bendemeer Road since 0645HRS earlier that morning and proceeded to make a left turn onto the road with the intention of heading to the exit of the car park and returning home. As there was a goods vehicle that had stopped on the left lane of the road, I overtook the goods vehicle in the direction of

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	Date/Time: 15/12/2018 22:02
Signature Of Interpreter: Not applicable	Classification Of Case:
Officer In-Charge Of Case:	
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



A/20181215/7021

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. A/20181215/7021

oncoming traffic.

As there was an oncoming motorcar on the right lane, I stopped until I was certain that the oncoming vehicle was intending to give way to me before I proceeded to drive carefully around the goods vehicle and return to the correct (left) lane. After going around waiting vehicles in the car park, I proceeded to the exit leading to Boon Keng Road, just outside Block 22 and proceeded to drive home.

Until I had received the above mentioned letter from the Traffic Police that an incident had allegedly happened in the car park at the above date and time, I was unaware that my vehicle had hit any other vehicle in the car park. Dash camera footage has been extracted from my car camera and will be submitted to the Investigation Officer as requested in the above letter.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2018 22:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo





Accident Photo



**Accident Photo**







Accident Photo





Accident Photo



Accident Photo





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MTC 319067428 Vehicle Registration No: SLZ8727E  
Name (as shown in NRIC) : LIM PHUAY CHUA NRIC/FIN/Passport No : S027299BH  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 36 Jalan Narens Barat Singapore ( 308618 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97508586  
Email Address : Mother-Catho@gmail.com  
Date of Accident : 11.12.2018 Time of Accident : 1054hrs  
Place of Accident : Open Space Car Park of Blk 25 Bendemeer Road  
Insurance Company: AIG Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change P.O.A.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

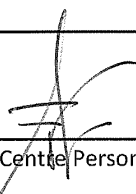
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_