

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	03/06/2019 19:25
Date Of Accident	01/06/2019 19:15
Exact Location Of Accident	EXPO DR(JOINING UPPER CHANGI RD EAST)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP9825B
Insured/Policyholder	
Name Of Registered Owner	LIM ANNIE
NRIC No	S7616962D
Email Address	ANNIELIM1308@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85789899
Alternative Phone No	Others-85789899

Vehicle Particulars	
Manufacturer	CITROEN
Model	C4 PICASSO 1.6 BLUEHDI
Exact Purpose for which vehicle was being used at time of accident	PERSONAL TRANSPORT
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	1700014830
Cover Note Number	

Driver	
Name of Driver	LIM ANNIE
NRIC No	S7616962D
Date Of Birth	08/06/1976
Occupation	INDOOR
Date Of Driving Pass	10/03/1995
Driving Experience	24 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-85789899
Fax Number	
Contact Number	OTHERS-85789899
E-Mail Address	ANNIELIM1308@GMAIL.COM
Address	BLK 249 BANGKIT ROAD #12-324
Postcode	670249
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
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	SHF303A
Vehicle Make/Model/Colour	TOYOTA PRIUS/MAROON
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	WAN YAU KUEN
NRIC/Passport Number	S7206278G
Contact Number	97250684
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	BACK RIGHT OF THE TAXI
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	WAN YAU KUEN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHF303A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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**.
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. 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:

3 Jun 14

1654 hrs

Driver's Signature

(If driver is not the policyholder)

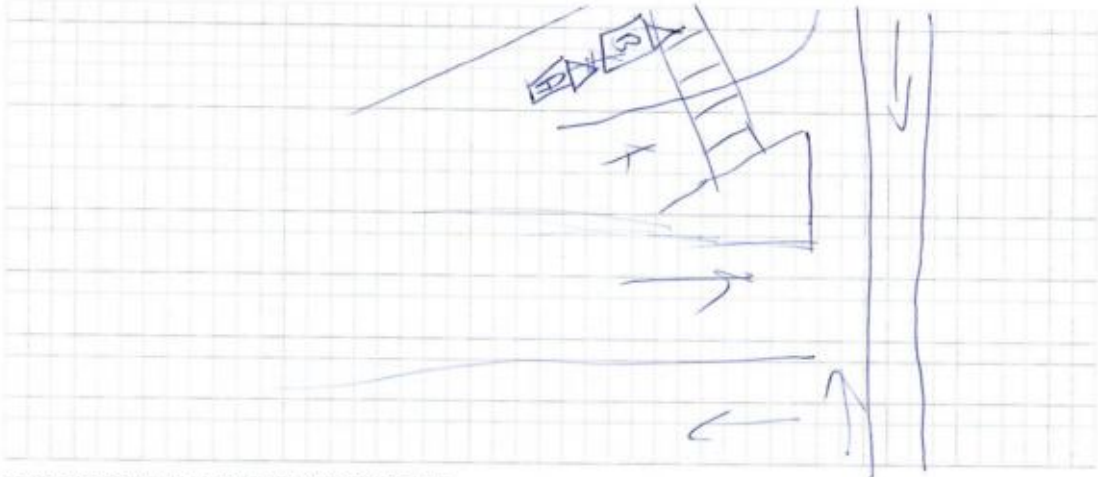
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 Jun 19 at about 1917 Hrs along Expo Rd, at the zebra-crossing join to Upper Changi Rd East, after waiting at the crossing to join Upper Changi Rd East. We are moving off ~~to~~ and the taxi sudden stop and when I realised he stopped, was too late to react to completely stop my car thus hit onto ~~his~~ the taxi's rear right side at about 20-25 km/h speed.

DECLARATION

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

Policyholder's Signature

Date & Time: 3 Jun 19
16.54 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Lim Annie


NRIC/FIN S7616962D, residing at Blk 249 Bangkit Road #12-324 (Singapore 670249)

has reported to police a non-injury traffic accident which occurred at Singapore Expo Drive Towards Upper Changi Road East.

on 01/6/2019 at 1910 hrs am/pm involving the following vehicles:

- I SLP9825B (Own vehicle)
- II SFH303A
- III -
- IV -

2. If the accident was reported to Police within 24 hours of its accident occurrence, he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.



Rank/Name of Issuing Officer	: <u>Sgt Quak Jun Cai</u>	<u>Bukit Panjang NPC</u>
Date	: <u>01/06/2019</u>	<u>1 Expo Road 601-05</u>
Time	: <u>2035 hrs</u>	<u>Singapore 677738</u>
S/D Ref	: <u>129</u>	<u>Tel 6777 1000</u>
Police Post/Unit	: <u>Bukit Panjang NPC</u>	

Original - To be issued to informant
Duplicate - To be retained at NPC or Police Post

Police Report



**SINGAPORE
POLICE FORCE**



T/20190603/7019

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

1 of 3

Report No: T/20190603/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 16:42		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LIM ANNIE		Address: APT BLK 249 BANGKIT ROAD #12-324 SINGAPORE 670249	
ID Type / ID No.: NRIC NO / S7616962D		Contact No.: Home/Office: Mobile: 85189899	
Nationality: SINGAPORE CITIZEN		Email: annielim1308@gmail.com	
Sex: Female	Age: 42	Date of Birth: 08/08/1976	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Electrical engineer (general)		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive No.	Date/Time of Accident: 01/06/2019 19:15	Type of Location: T-Junction
Location: EXPO DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No. SHF303A	Type Car	Make	Model	Color	Condition	No of Passenger 0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190603/7019

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

2 of 3
Report No: T/20190603/7019

CONTINUATION OF REPORT

Driver				
Name	LIM ANNIE		ID No.	S7616962D
Related Vehicle	SHF303A (Car)		Contact No.	85189899
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Wan Yau Kuan		ID No.	S7206278G
Related Vehicle	NIL		Contact No.	97250684
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

Brief Details:

At about 1917hrson 1 Jun 19, I was waiting behind this taxis at the zebra-crossing. As we were moving off to join upper Changi road east, the taxis suddenly stop and I hit his back of car on the right side.

I have photo and video may be more than 2mb.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190603/7019

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

3 of 3

Report No. T/20190603/7019

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 / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

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:
03/06/2019 16:42

Classification Of Case:

Identification Card

