

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	12/09/2019 17:03
Date Of Accident	11/09/2019 10:45
Exact Location Of Accident	LOR 1 GEYLANG/GEYLANG RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML8753R
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631987
Alternative Phone No	Office-96631987
Vehicle Particulars	
Manufacturer	RENAULT
Model	GRAND SCENIC-1.5 D CI (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	LIM SZE GUAN
NRIC No	S7312359C
Date Of Birth	09/04/1973
Occupation	INDOOR
Date Of Driving Pass	25/04/1991
Driving Experience	28 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97300010
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	37 PUNGGOL FIELD #10-31 SINGAPORE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND TP REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

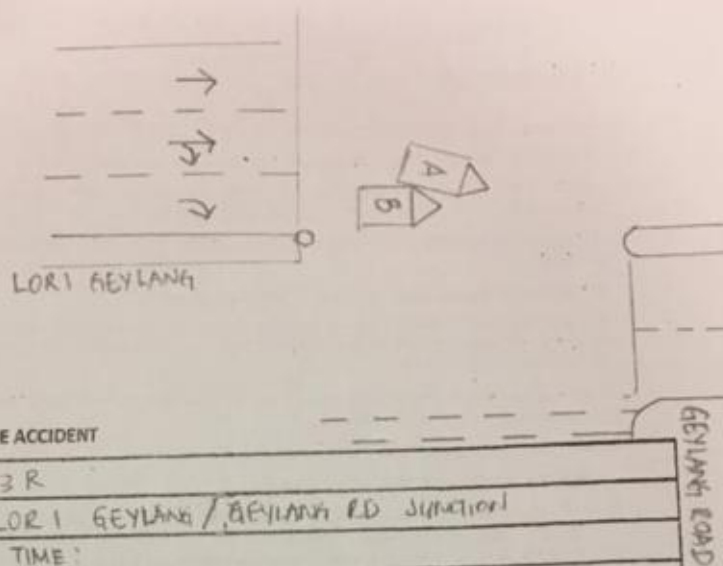
Vehicle Registration Number	SMC2309C
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK WEE LONG
NRIC/Passport Number	S6836702F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SML8753R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



VEHICLE NO: SML8753R
PLACE OF ACCIDENT LOR 1 GEYLANG / GEYLANG RD JUNCTION
DATE : 11-04-19 TIME:
3RD PARTY: SMC2309C

PLEASE REFER TO POLICE REPORT ATTACHED
T/20190911/2115

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11-09-19

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

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

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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: 11 09 19

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

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7312359C



Name
LIM SZE GUAN
(LIN SIYUAN)
林思原

Race
CHINESE

Date of Birth
09-04-1973

Sex
M

Country of Birth
SINGAPORE

S7312359C



NAME: S7312359C

Date of Issue
11-07-2006

37 PUNGGOL FIELD #10-31
SINGAPORE 828808
S7312359C **12/01/2014**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7312359C



Name
LIM SZE GUAN
(LIN SIYUAN)

Date of Birth
09 Apr 1973

Issue Date
26 Jan 2004



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

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE
25 Apr 1991

Licence No: S7312359C



NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7312359C

Name: LIM SZE GUAN

Issue Date: 26/2/2016

Please visit www.lta.gov.sg to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	26/02/2016



Police Report



**SINGAPORE
POLICE FORCE**



T/20190911/2115

1 of 3

Report No. T/20190911/2115

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2019 16:10	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: LIM SZE GUAN			Address: 37 PUNGGOL FIELD #10-31 SINGAPORE 828809		
ID Type / ID No.: NRIC NO / S7312359C			Contact No.: Home/Office: Mobile: 97300010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 09/04/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2019 10:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LORONG 1 GEYLANG GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: NR		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC2309C	Car					0
SML8753R	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190911/2115

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No: T/20190911/2115

CONTINUATION OF REPORT

Driver			
Name	QUEK WEE LONG	ID No.	S6836702F
Related Vehicle	SMC2309C (Car)	Contact No	NIL
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	LIM SZE GUAN	ID No.	S7312359C
Related Vehicle	SML8753R (Car)	Contact No.	97300010
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2019	Date Discharge	11/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SML 8753R) on the second lane.

At the junction, I wanted to make a right turn towards Geylang Rd. The light shows green so I decide to inch out and wait for people to cross the road before driving off. As I was driving slowly to inch out, another vehicle (SMC 2309C) on the first lane which only can turn right drove straight and collided to the right side of my vehicle. I exited my vehicle to make a check and realized that my side bumper came off and there were dents on the doors on the right side of the vehicle. We exchanged particulars however I did not get his contact number. I wish to note that I have an in-car camera.

I felt pain on my right arm and went to Mount Alvernia Hospital to have it checked. I was given 3 days MC from 11/09/2019 until 13/09/2019.

Police Report



SINGAPORE
POLICE FORCE



T/20190911/2115

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20190911/2115

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: E / Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2019 16:10
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 	Classification Of Case: SN 070
Authentication Stamp NP168  SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

