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 <u>truthful and accurate</u> 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

aforesaid.	,
	ACCIDENT STATEMENT
Date Of Report	23/12/2019 17:13
Date Of Accident	21/12/2019 11:30
Exact Location Of Accident	OPHIR RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE6817C
Insured/Policyholder	
Name Of Registered Owner	LAU AH HOI
NRIC No	SXXXX067H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98636824
Alternative Phone No	OFFICE-98636824
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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	2100475888-03
Cover Note Number	
Driver	
Name of Driver	LIM JIA CHENG (LIN JIACHENG)
NRIC No	SXXXX951H

NRIC No SXXXX951F
Date Of Birth 02/07/1990
Occupation OUTDOOR
Date Of Driving Pass 23/03/2009

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90624208

Fax Number

Contact Number OFFICE-90624208

EMail Address NOEMAIL

Address BLK 707 YISHUN AVENUE 5

#11-22

Postcode 760707

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

ambulance?

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

NO YES

Was any other material or property damaged?

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 PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, 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 POLICE REPORT - T/20191222/2005.

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 SGR9999G
Vehicle Make/Model/Colour MERCEDES

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver POTHAN SEKAR

NRIC/Passport Number SXXXX054B

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 15

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM JIA CHENG (LIN JIACHENG)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLE6817C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 3. 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 anquiries by me:
 - [iv] administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

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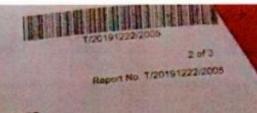
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Police Report

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Date/Tim 22/12/201	e Report N	lade					AND THE PARTY OF
		dars			SERVICE SERVICE		CARORE
Informant's Particulars Name of Informant LIM JIA CHENG ID Type / ID No. NRIC NO / 59026951H		Address APT BLK 707 Y	ISHUN AVENU	JE 5#11-	22 SIN	GAPOILE	
		760707 Contact No	BAL MANES	-120000			
		Home/Office.	No. of the last	Mobile:	90624	DESIGNATION OF THE PARTY OF THE	
NRIC NO	/ 5902690		Email		1 To	22	
SINGAPO	RE CITIZI	Date of Birth	Type of Informa	int		-	40000
Sex. Male	Age 29	02/07/1990	Driver	CHIEROS STATE	Institution	on / Sc	hool Name
Race	STATE OF THE PARTY		Language:				
hinese	1000		Driving Licence	Information	Date of	Expin	
Occupation:			Class. 2B,2A,3		Date of		
cident	Contract Con-	5 (S) (S)	l No.	21/12/20	4		
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Police Station Of Origin: Punggol N P C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999



CONTINUATION OF REPORT

TAX MADE IN	SHOULD BE SHOULD		ID No.	S7468054B	
Oriver Name	POTHAN SEKAR		A STATE OF THE STA	STATE OF THE PARTY	
			Contact No.	NIL	
Related Vehicle	SGR9999G (Car)			AUI NIII	
Colon Brown Print			Class of	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL		Driving Licence & Expiry Date		
	NII	Date Disch	arge NIL		
Date Treatment	ted Medical Leave NIL	Degree of	Injury NIL		
Driver	SECTION SECTION		A STATE OF THE STA	S9026951H	
Name	LIM JIA CHENG	THE STATE OF	ID No.	The second second	
			Contact No	90624208	
Related Vehicle	SLE6817C (Car)		Comactive	AND THE PARTY OF T	
The state of the state of			Class of	Class: 28,2A,3	
Hospital/Clinic	NIL		Driving Licence & Expiry Date		
Date Treatment	Avii	Date Disc	harge NIL I Injury NIL	The state of the s	

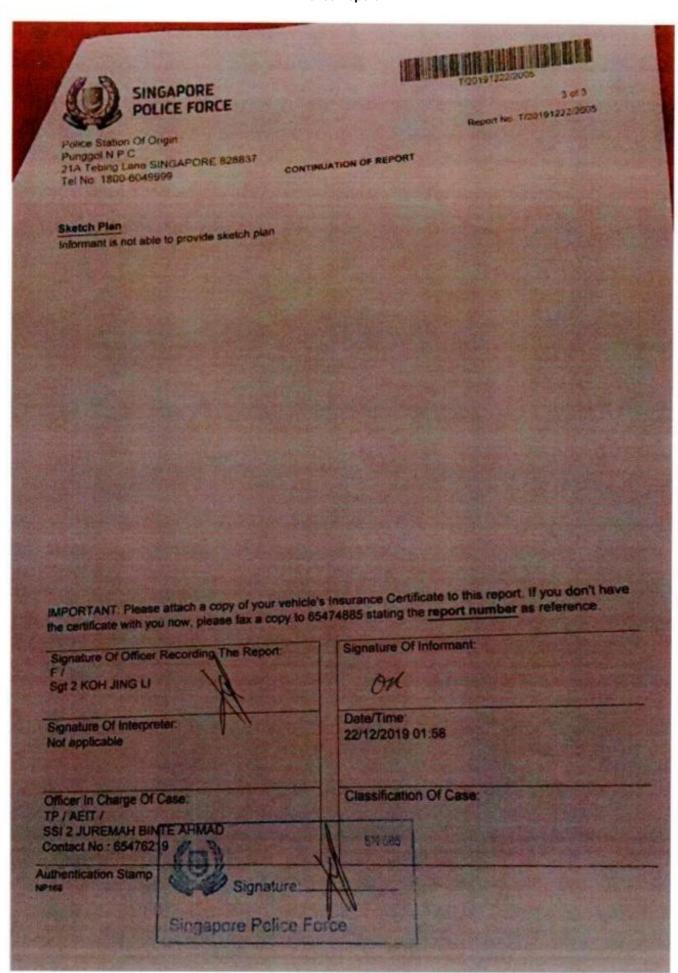
On 21/12/2019 at about 1120hrs, I was driving my vehicle bearing registration plate number SLE6817C along Ophir Road towards Raffles Hospital. While my vehicle was stationary due to red light along Ophir Road, suddenly there is a vehicle bearing registration plate number SGR9999G collided onto the rear portion of my vehicle.

Subsequently, we got off our from our vehicle and took photos of the scene and exchange particulars.

On the same day, I felt pain on my neck and upper back. I then went to consult a doctor and was given medical leave from 22/12/2019 to 24/12/2019.

I wish to state that no police or ambulance attended the accident scene and no government property damaged. I wish to inform that I have an in-car camera and it recorded the whole process of the acciden

Police Report





Accident Photo



Accident Photo







Accident Photo



