

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	23/12/2019 17:13
Date Of Accident	21/12/2019 11:30
Exact Location Of Accident	OPHIR RD
Country/State of Loss	SINGAPORE

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
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

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	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	

Nature Of Damage

No. Of Passenger (Including Driver) 1

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?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.: _____

Accident Sketch Plan

SKETCH PLAN

Ophir RD

Vehicle A: SLE 6817C
Vehicle B: SGR 94946

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

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.:

Gallop, Brockhoff & Co., Ltd.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20191222/2005

1 of 3

Report No: T/20191222/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
22/12/2019 01:58

Video Report No.

Station Diary No.
13

Informant's Particulars

Name of Informant
LIM JIA CHENG

Address
APT BLK 707 YISHUN AVENUE 5 #11-22 SINGAPORE
760707

ID Type / ID No.
NRIC NO / S9026951H

Contact No.
Home/Office. Mobile: 90624208

Nationality
SINGAPORE CITIZEN

Email:

Sex: Male Age: 29 Date of Birth: 02/07/1990

Type of Informant
Driver

Race
Chinese

Language:

Institution / School Name:

Occupation:
IT

Driving Licence Information:
Class: 2B, 2A, 3 Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
21/12/2019 11:20

Type of Location:
Straight Road

Location:
Along Road 1
OPHIR ROAD

towards Raffles Hospital

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Dual Carriage Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Moving vehicle against stationary vehicle

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR9999G	Car					0
SLE6817C	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20191222/2005

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Report No: T/20191222/2005

CONTINUATION OF REPORT

Driver		ID No.	S7468054B
Name	POTHAN SEKAR	Contact No.	NIL
Related Vehicle	SGR9999G (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	S9026951H
Name	LIM JIA CHENG	Contact No.	90624208
Related Vehicle	SLE6817C (Car)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

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 accident.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Punggol N P C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20191222/2005

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Report No: T/20191222/2005

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:

F /

Sgt 2 KOH JING LI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

22/12/2019 01:58

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No : 65476219

Classification Of Case:

SM 685

Authentication Stamp
NP163



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

