

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 | 10/02/2020 17:39 |
| Date Of Accident | 08/02/2020 21:30 |
| Exact Location Of Accident | CHOA CHU KANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLQ3370E |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM CHYE GUAN |
| NRIC No | SXXXX214I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98348989 |
| Alternative Phone No | OFFICE-98348989 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | MAZDA 3 |
| 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 | 2100510466-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM CHYE GUAN |
| NRIC No | SXXXX214I |
| Date Of Birth | 10/09/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/05/1977 |
| Driving Experience | 42 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98348989 |
| Fax Number | |
| Contact Number | OFFICE-98348989 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 525 JELAPANG RD #12-115 |
| Postcode | 670525 |
| 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) | 3 |
| Passenger 1 | NAME: : CHEE MAY YING GENDER: : FEMALE |
| Passenger 2 | NAME: : LIM YAN HAO GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CHOA CHU KANG NPC |
| Police Station Address | ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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/20200209/2000

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SGV4202J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |

| | |
|-------------------------------------|-------------|
| Name of Driver | KER AH HUAT |
| NRIC/Passport Number | SXXXX636I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | LIM CHYE GUAN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SLQ3370E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|---------------|
| Name | CHEE MAY YING |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SLQ3370E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-------------|
| Name | LIM YAN HAO |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SLQ3370E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident 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.

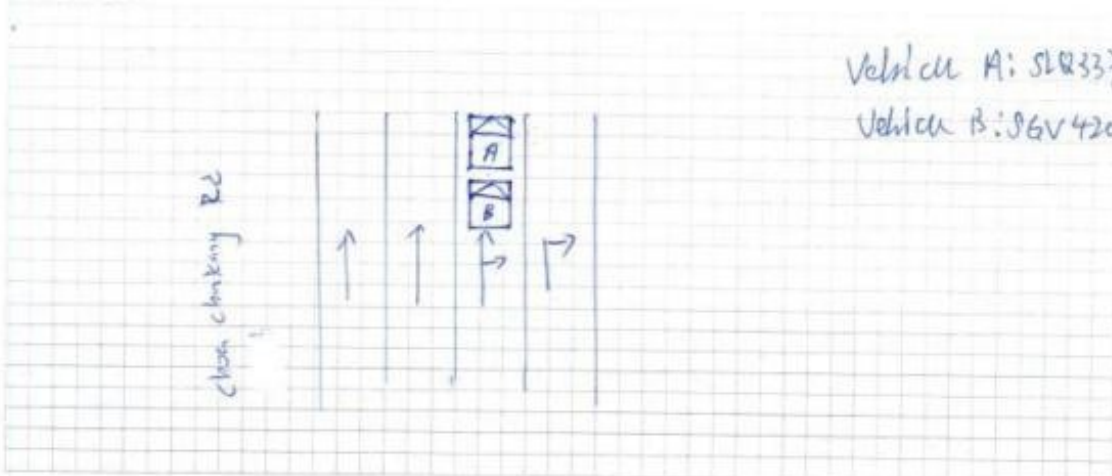

Policyholder's Signature
Date & Time:
9/2/2020 11:18am


Driver's Signature
(If driver is not the policyholder)
Date & Time:
9/2/2020 11:18am


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

Accident Sketch Plan

SKETCH PLAN



Vehicle A: SLQ3370E

Vehicle B: SGV4202J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/02/2020 at about 2126 hrs, I am driving my car (SLQ3370E) along Bukit Batok Road towards choo chun kang Road. While proceeding, I stopped my car (SLQ3370E) at the junction while waiting for the traffic to be clear before making a right turn. I felt an impact on the rear of my car. I got out of my car and realised that this car (SGV4202J) front hit on to my car rear. Both parties took photo of the scene, exchanged particulars and left the scene.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200209/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20200209/2000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 09/02/2020 00:17 | Vide Report No.: | Station Diary No.: 11 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: LIM CHYE GUAN | | Address: APT BLK 525 JELAPANG ROAD #12-115 SINGAPORE 670525 | |
| ID Type / ID No.: NRIC NO / S1369214I | | Contact No.: Home/Office: Mobile: 98348989 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 60 | Date of Birth: 10/09/1959 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: PROJECT MANAGER | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|---|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 08/02/2020 21:25 | Type of Location: X-Junction |
| Location: Along Road 1 BUKIT BATOK ROAD | | | | |
| Along Bukit Batok Road toward Choa Chu Kang Road | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|-------------------------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SGV4202J | Car | | | | Slightly Damaged | 0 |
| SLQ3370E | Car | MAZDA | MAZDA3 SEDAN 1.5 AT EU6 | Grey | Slightly Damaged | 2 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200209/2000

2 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200209/2000

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLQ3370E | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100510466-02 | 04/07/2019 | 03/07/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------|-----|--|---|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | KER AH HUAT | | ID No. | S0888636I |
| Related Vehicle | SGV4202J (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 CHYE GUAN | | ID No. | S1369214I |
| Related Vehicle | SLQ3370E (Car) | | Contact No. | 98348989 |
| Hospital/Clinic | CCK FAMILY CLINIC | | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 08/02/2020 | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | 03 | Degree of Injury | NIL |
| Passenger | | | | |
| Name | CHEE MAY YING | | ID No. | S1542733G |
| Related Vehicle | SLQ3370E (Car) | | Contact No. | 98348989 |
| Hospital/Clinic | CCK FAMILY CLINIC | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 08/02/2020 | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | 03 | Degree of Injury | NIL |

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200209/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 4

Report No. T/20200209/2000

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|-------------------|--|-----------------------------------|
| Name | LIM YAN HAO | ID No. | S8518456C |
| Related Vehicle | SLQ3370E (Car) | Contact No. | 93220297 |
| Hospital/Clinic | CCK FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 08/02/2020 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On 08/02/2020 at about 2126hrs, I am driving my car (SLQ3370E) along Bukit Batok Road toward Choa Chu Kang Road going to my son's house. While proceeding, I stopped my car (SLQ3370E) at the junction while waiting for traffic to be clear before making a right turn. While waiting for the traffic to be clear, suddenly I felt an impact from the rear of my car (SLQ3370E). I ensured that everyone in the vehicle was safe before getting out of my car (SLQ3370E). I get out of my car (SLQ3370E) and realised that this car (SGV4202J) front hit on to my car (SLQ3370E) rear. Both parties took photo of the scene, exchanged particulars, and left the scene. No police or ambulance were at scene and no government property damage. I am lodging this report for insurance claims purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200209/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

4 of 4

Report No. T/20200209/2000

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:

J /

Sgt 2 SOO AU EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

09/02/2020 00:17

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

