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

sent to the archiving of this report at the centre and to copies of the report being made available
ACCIDENT STATEMENT
24/02/2020 16:55
23/02/2020 06:50
ALONG ROAD 1 BEDOK RESERVOIR ROAD
SINGAPORE
DETAILS OF OWN VEHICLE
SLV6685B
LIM BEE ENG
SXXXX634H
NOEMAIL
(LOCAL) +65-96866393

Alternative Phone No Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.0 TFSI

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-96866393

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 1800001181-01

Cover Note Number

Driver

Name of Driver

LIM BEE ENG

NRIC No

SXXXX634H

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

11/09/1990

Driving Experience 29 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96866393

Fax Number

Contact Number OFFICE-96866393

EMail Address NOEMAIL

Address APT BLK 29 CHAI CHEE AVENUE

#09-90

Postcode 460029

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Accident? NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO.T/20200223/2058

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 8

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 insurers) 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 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:
 - 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: Name: WONG HAMES SECIES, Seong

NRIC/FIN No.: G29871434

GRAMIC Shings Plant com_V3

SKETCH PLAN		
		A - 9216685
		A - 9216685 \$ - Mobrbike
Place roder to	the police report No. 7/20 206 223	12058
TOTAL TOTAL	THE PORCE VE PORT 1800, 1120 200 225	12098
	The state of the s	
	ticulars are true in every respect.	
CLARATION We declare the foregoing part		Posse and 's Signature





Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE 461035

1 of 3 Report No. T/20200223/2058

Tel No: 1800-4459999

	ACCIDENT

Date/Time Report Made: 23/02/2020 16:15		Vlade:	Vide Report No.:	Station Diary No.		
Total Street	ex Party	Act of the last		200 To 100 To 10		
LIM BEE		APT BLK 29 CHAI CHEE AVENUE #09-90 SINGAPORE				
ID Type / ID No.: NRIC NO / S7038634H			Contact No.: Home/Office:	Mobile: 96866393		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Female 49 06/11/1970			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: ADMIN CLERK			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Non-Injury Accident: Hit and Run		Drink Drive: No	Date/Time of Accident: 23/02/2020 06:50	Type of Location Straight Road	
	ERVOIR ROAD	e Bedok Reservoir Ca Road Surface;		Road Speed Limit:	
Clear		Dry			
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance: No	

Debate of V	ethicle bayon	red.	Company Sales and	Selection of the	CA CANA	HALL CHURCH
SLV6685B	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	White	Slightly Damaged	0

	Committee of the Commit			mall & Sax
SLV6685B	AIG ASIA PACIFIC INSURANCE PTE.	1800001181-01	09/01/2020	08/01/2021





Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE 461035 c 2 of 3 Report No. 1/20200223/2058

461035 CONTINUATION OF REPORT Tel No: 1800-4459999

Any Pedestrian I No. of Pedestrial		Use of P	edestrian Cross	sing: NA
Driver			The same of the sa	
Name	LIM BEE ENG		ID No.	S7038634H
Related Vehicle	SLV66858 (Car)		Contact No.	96866393
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
ate Treatment	NIL	Date Dis		
lo, of Days grant	ed Medical Leave NIL	Degree o	charge NIL	

Brief Detalla.

On 23/02/2020 at about 0648hrs, I was driving my vehicle (SLV6685B) and I had made a right turn from Bedok North Ave 3 to Bedok Reservoir Road. As I was driving along Bedok Reservoir Road, I noticed that the traffic light at the T-junction of Bedok Reservoir Road and Bedok Reservoir View had turn red hence I stopped my vehicle. My vehicle was the first vehicle and was on the extreme left lane. While my vehicle was in a stationary position, I noticed a motorbike was on the right side of my vehicle.

When the light had turn green, I accelerated slowly and out of sudden, I heard a loud impact coming from the right side. I noticed the motorbike had collided onto the right side of my vehicle. I stopped for about one second as I thought the rider will be stopping at the side as well. However, the driver sped off and I felt that I would not be able to catch up with him. Hence, I turn into the carpark and parked my vehicle, I noticed that the right side mirror was bend outwards when I wanted to park my vehicle. I came out from my vehicle and make further checks on my vehicle and noticed there were scratch marks seen on top of the right wheel. I managed to turn back the right side mirror inwards. I took photos of the damages using my mobile phone at about 1500hrs when my vehicle was already at the carpark of Bik 29 Chai Chee Ave.

I wish to state that I have an in car camera facing the front and rear. Thus, I downloaded the front view footages and based on the footages, the registration plate number of the motorbike could be FSM3304M or FSM3354M. I unsure of the cost of the repair to my vehicle. I am not injured and during the incident, I did not call for any police assistance.





Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue W01-256 SINGAPORE 461035 Tel No: 1800-4459999

3 of 3 Report No. T/20200223/2058

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.

G / Sgt 3 MUHAMMAD KHAIRI BIN MOHAMMAD	Signature Of Informant:	
KUSBARI Ur	· · ·	
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2020 16:15	
Officer In Charge Of Case:	Classification Of Case:	- 9
Insp GOH GEOK LYE Contact No.: 85478148		
Authentication Stamp NP168	#	_
	PARTURE	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566500206 / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM	
A)	PARTICULARS OF PE	RSONMAKINGTHEAMEND	MENTS:	
	Original Report No	MPA120024444-01	Vehicle Registration No	SLV6685B
	Name(as shown in NRIC)	LIM BEE ENG	NRIC/FIN/Passport No :	SXXXX634H
	(*Vehicle Driver/Ve	hicle Owner) (*) Please delet	e as appropriate	
	Address	APT BLK 29 CHAI CHEE	AVENUE, #09-90	Singapore(460029)
	Contact (Tel)	96866393	Mobile No. :	
	Email Address	NOEMAIL		
	Date of Accident	23/02/2020	Time of Accident : 06:5	50
	Place of Accident	ALONG ROAD 1 BEDOK		
		AIG ASIA PACIFIC INSU	RANCE PTE, LTD.	
		ets a second		
			(age mill	MA
	- Sesm		to the state of th) . 3100 ·
	Policyholder / Driver' Date: 11 / 3 / 2020	s Signature	Reporting Centre Pers Name: ルルル トルc NRIC/FINNo.: G2分 Date: , , / 2/2。2	WG SENG GOOGL

MARME addendurations VI