

## 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	19/03/2020 16:32
Date Of Accident	18/03/2020 17:10
Exact Location Of Accident	ALONG CTE TOWARDS CHANGI NEAR ST ANDREW SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN600L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM BEE LENG
NRIC No	S1691894F
Email Address	EDNALIMBEELENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98484834
Alternative Phone No	Office-98484834

### Vehicle Particulars

Manufacturer	HONDA
Model	STEPWAGON-2.0 GL (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	2070017659
Cover Note Number	17/02/2020 - 09/04/2021

### Driver

Name of Driver	LIM BEE LENG
NRIC No	S1691894F
Date Of Birth	10/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1986
Driving Experience	33 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98484834
Fax Number	
Contact Number	OFFICE-98484834
E-Mail Address	EDNALIMBEELENG@GMAIL.COM
Address	35 TAMPINES STREET 34#01-38
Postcode	S529239
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	Name: : CHNG WEI RUSSELL Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### Details of Witness 1

Name	CHNG WEI RUSSELL
Phone Number	

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF6117Y
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ9503B
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM BEE LENG
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SGN600L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	35 TAMPINES ST 34 #01-38
Postcode	S529239

## Accident Sketch Plan

### 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:

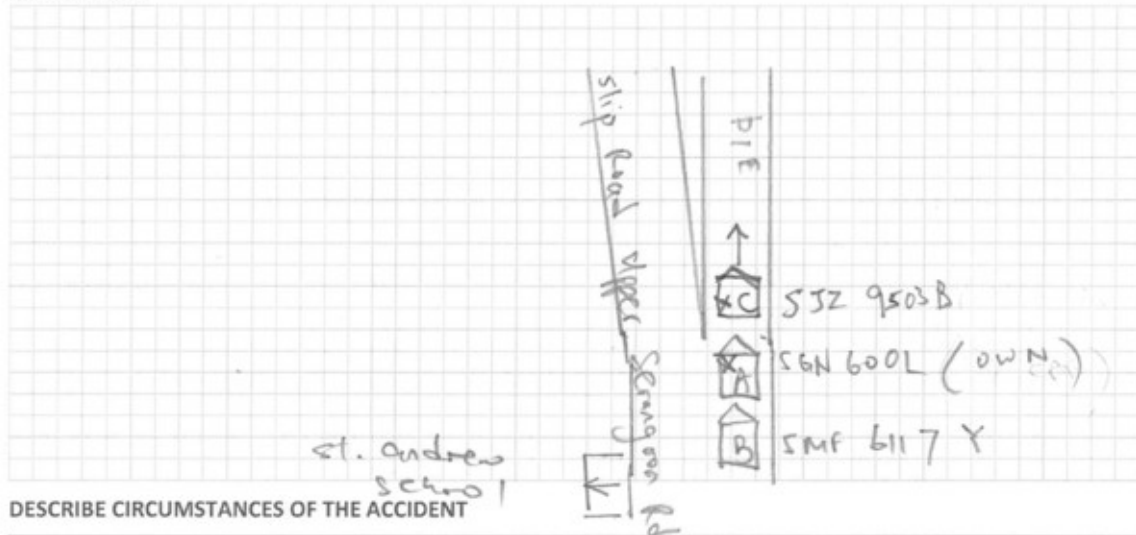
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 19/3/2020 1620

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

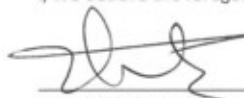
Please refer to Police Report - attached.

Insurance Co. <b>ATG</b>	
Vehicle No. <b>5GN 600L</b>	Date of Accident <b>14/3/20</b>
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim	

Workshop: 3 Motor Works

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 14/3/2020 1620

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

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

Dear **LIM BEE LENG** (NRIC: S1691894F),

Welcome to the e-application of QDL page!

### **Your Licence and Test Information**

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, :

**i. Class 3**

You have passed Practical Test(s) for following class(es).

- **Class 3** Practical Test at **CDC** on **30 Sep 1986**.



**(Photo to be printed on Photocard  
Driving Licence)**

If you wish to use a new photograph for your driving license you will need to visit Traffic Police Headquarters, 10 Ubi Ave 3





**SINGAPORE  
POLICE FORCE**



T/20200319/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200319/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2020 15:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM BEE LENG			Address: 35 TAMPINES STREET 34 #01-38 SINGAPORE 529239		
ID Type / ID No.: NRIC NO / S1691894F			Contact No.: Home/Office: Mobile: 98484834		
Nationality: SINGAPORE CITIZEN			Email: ednalimbeeleng@gmail.com		
Sex: Female	Age: 54	Date of Birth: 10/09/1965	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Tour guide		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2020 17:10	Type of Location: Flyover
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN600L	Car	HONDA	STEPWAGO N 2.0G A	Silver		0
SJZ 9503B	Car		nissan	Red		1
SMF 6117Y	Car		subaru	Gold		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGN600L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070017659	17/02/2020	09/04/2021

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200319/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200319/7010

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM BEE LENG	ID No.	S1691894F
Related Vehicle	SGN600L (Car)	Contact No.	98484834
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/03/2020	Date Discharge	19/03/2020
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

cte slip road towards pie changi near erp gantry near st.andrew school  
i was driving along the above mention place .  
vehicle numer SF6117Y rear ended me.the impact was so huge that my vehicle surged forward and i  
collided onto the front vehicle sjz9503b.  
i was injured and admitted into hospital and was given 14 days medical leave.  
i had a video footage of the accident.and pictures





**SINGAPORE  
POLICE FORCE**



T/20200319/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200319/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2020 15:53
Officer In Charge Of Case: TP / TPIB / LIM JUN HUI, ADRIAN Contact No.: 65476350	Classification Of Case:
Authentication Stamp NP168	

**Identification Card**

FOR KFS  
ACCIDENT CLAIM  
USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1691894F



Name

LIM BEE LENG



林美玲

Race

CHINESE

Date of Birth

10-09-1965

Sex

F

Country of Birth

SINGAPORE



FOR KFS  
ACCIDENT CLAIM  
USE ONLY

0273371



NRIC No. S1691894F



Blood Group Date of issue

A+ 04-03-1992

35 TAMPINES STREET 34 #01-38  
SINGAPORE 529239

NRIC No: S1691894F

Date: 25-05-2004 No: 4933225

Cert Ins



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : LIM BEE LENG  
**Period of Insurance** : 17 Feb 2020 To 09 Apr 2021  
**Engine No.** : K20A2786741  
**Chassis No.** : RG11336630

**Vehicle No.** : SJW6988X  
**Policy No.** : 2070017659  
**Endorsement No.** :  
**Issued Date** : 17 Feb 2020

### ABOUT THE COVER

**Make/Model** : HONDA STEPWAGON 2.0 [Sedan]  
**Engine Capacity/Tonnage** : 1,998.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2010  
**Insuring with COE/PAF** : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

**Loss of Use 1500cc - 1600cc Optional**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

LIM BEE LENG

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0692343000

YEE CHEE PENG CLARENCE

223D COMPASSVALE WALK #08-675

SINGAPORE 544223

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

CHEE PENG CLARENCE



## MEDICAL CERTIFICATE

Serial Number: 1903-0006  
Date/Time: 19/03/20 1140

Name: Lim, Bee Leng  
NRIC/FIN/PP: S1691894F

Type of Medical Leave Granted: Hospitalisation Leave

Unfit For Duty From: 18/03/20  
Unfit For Duty To: 03/04/20

The abovenamed is unfit for duty for the period as stated above.

Name of Doctor: Dr M Mashfiquel Arafin Siddiqui  
MCR Number: M11222D

  
\_\_\_\_\_  
Signature  
Dr M Mashfiquel Arafin Siddiqui  
M11222D

This certificate is not valid for absence from court attendance or other judicial proceedings unless specifically stated.

COMFORT · FAIRNESS · VALUE

Farrer Park Hospital Pte. Ltd.  
1 Farrer Park Station Road, #02-01 Connexion, Singapore 217562  
T (65) 6363 1818 F (65) 6705 2728 [www.farrerpark.com/hospital](http://www.farrerpark.com/hospital)  
Co. Reg. No: 201115122M

Discharge Summary



## Discharge Summary

Name: Lim, Bee Leng  
NRIC/FIN/PP: S1691894F  
Date of Birth: 10/09/1965

Gender / Age: F / 54

Med Rec Number: FP00060713  
Location: 08S 08SPRIVATE-28

Account Number: FA00219830

Admission Date: 18/03/20

Admission Time: 2128

Discharge Date: 19/03/20  
Discharge To: Patient Is Discharged

### Discharge Diagnosis:

Neck sprain  
L5S1 herniated disc

### Procedures:

### Clinical Summary:

54 year old lady. Admitted after a road traffic accident at 5pm on 18/3/2020. Complained of neck and back pain. MRI Cervical spine did not show any fractures. MRI Lumbar spine L5S1 herniated disc. Treated with analgesia, physiotherapy, neck collar with improvement. Home with outpatient physiotherapy and medications.

### Allergies/Adverse Reactions:

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
lobster	Allergy	Mild	swollen face	Uncoded	12/12/19 17:02

< This document has been electronically signed by Dr M Mashfiqul Arafin Siddiqui, 19/03/20 1418,

### COMFORT · FAIRNESS · VALUE

Farrer Park Hospital Pte. Ltd.  
1 Farrer Park Station Road, #02-01 Connexion, Singapore 217562  
T (65) 6363 1818 F (65) 6705 2728 [www.farrerpark.com/hospital](http://www.farrerpark.com/hospital)  
Co. Reg. No: 201118222M

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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