

## 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	01/04/2020 13:31
Date Of Accident	31/03/2020 10:45
Exact Location Of Accident	UPPER SERANGOON ROAD NEAR NEX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5294U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KOON HUI (LIN KUNHUI)
NRIC No	SXXXX759D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90477442
Alternative Phone No	OFFICE-90477442

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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	1800140203-01
Cover Note Number	

### Driver

Name of Driver	LIM KOON HUI (LIN KUNHUI)
NRIC No	SXXXX759D
Date Of Birth	04/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1993
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90477442
Fax Number	
Contact Number	OFFICE-90477442
Email Address	NOEMAIL

Address	BLK 178B RIVERVALE CRESCENT #05-435
Postcode	542178
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)	2
Passenger 1	NAME: : SABRINA GENDER: : FEMALE

#### 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 - SINGAPORE CITY
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 T/20200331/7024

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5812A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARWINDER SINGH
NRIC/Passport Number	SXXXX485J

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LIM KOON HUI (LIN KUNHUI)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMG5294U
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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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.

X [Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 01/04/2020
Reporting Centre Personnel's Signature
Name: KOSHI
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

UPPER SIBOLGON ROAD NEAR XLEX



A: Stationary  
SMG 52924

B: SMG 58124

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

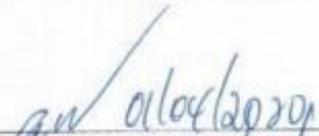
please refer to police report T20200331/2024

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/PIN No.:

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200331/7024

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

1 of 3

Report No. T/20200331/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/03/2020 17:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM KOON HUI		Address: APT BLK 178B RIVERVALE CRESCENT #05-435 SINGAPORE 542178	
ID Type / ID No.: NRIC NO / S7107759D		Contact No.:	Mobile: 90477442
Nationality: SINGAPORE CITIZEN		Email: limkoonhui@gmail.com	
Sex: Male	Age: 49	Date of Birth: 04/03/1971	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 1,2B,2A,2,3,3A,3C,3CA,4A,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2020 10:45	Type of Location: T-Junction
Location:  UPPER SERANGOON ROAD /Near Nex				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: stationery at traffic light			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG5294U	Car	SHUTTLELIFT	Honda	Black	Slightly Damaged	1
SMG5812A	Car		Toyota	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMG5294U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800140203-01 v1	24/12/2019	23/12/2020	

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200331/7024

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

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Report No. T/20200331/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIM KOON HUI	ID No.	S7107759D
Related Vehicle	SMG5294U (Car)	Contact No.	90477442
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 1,2B,2A,2,3,3A,3C,3CA, 4A,4,5 Date of Expiry: NIL
Date Treatment	31/03/2020	Date Discharge	31/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was stationery at traffic stops along upper serangoon road towards hougang ,when vehicle smg5812a bang onto my rear. My car has video.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200331/7024

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

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Report No. T/20200331/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
31/03/2020 17:09

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



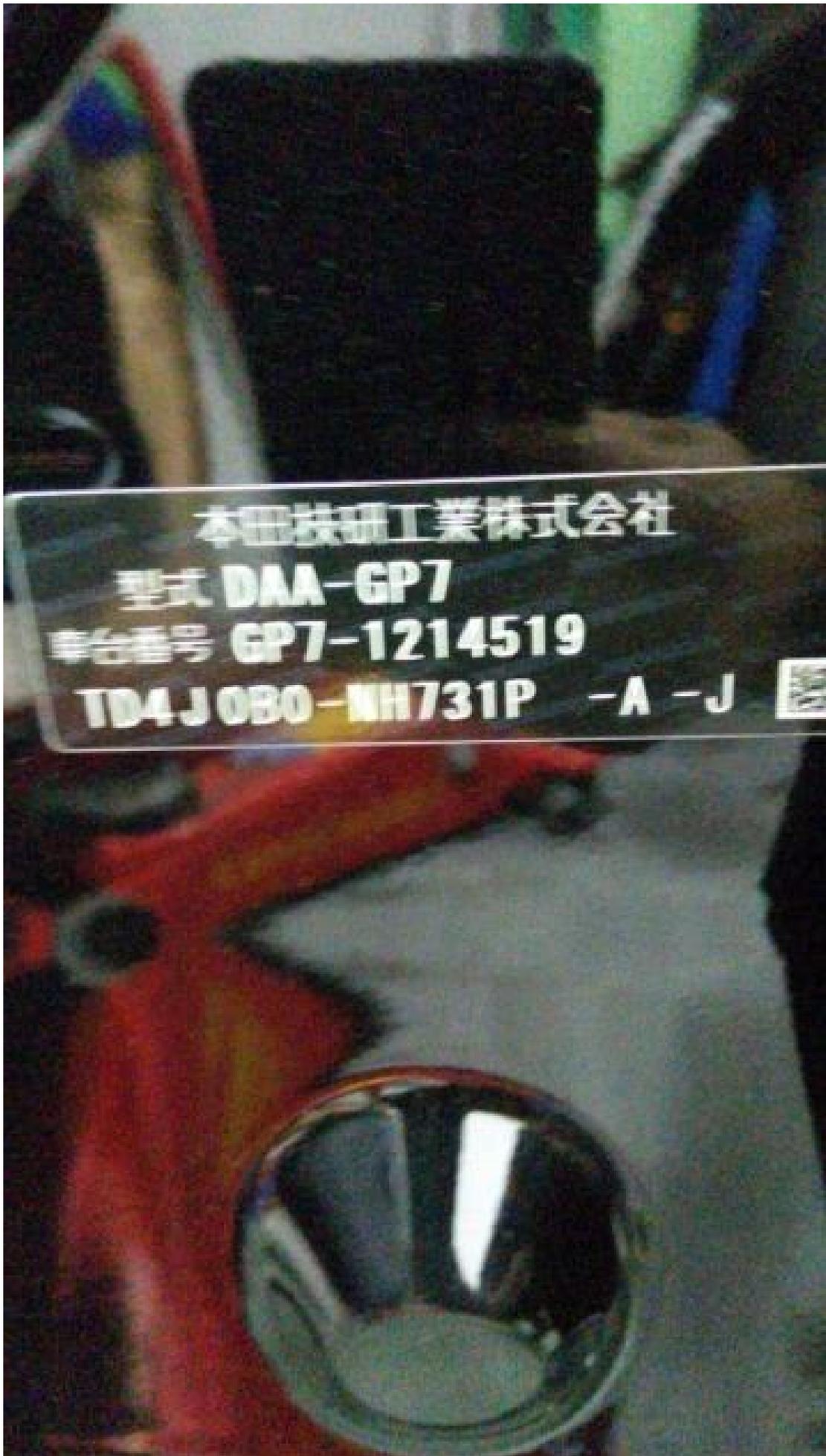
Accident Photo



Accident Photo



Accident Photo



Accident Photo

