

## 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	06/05/2020 11:52
Date Of Accident	06/05/2020 05:00
Exact Location Of Accident	140 BEDOK NORTH STREET 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2586G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM LYE HOE
NRIC No	S1376810B
Email Address	BINLIGN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82281824
Alternative Phone No	Office-97548841

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1900018906-01
Cover Note Number	

### Driver

Name of Driver	LIM WEI JIE SHAYN
NRIC No	S9248358d
Date Of Birth	26/12/1992
Occupation	INDOOR
Date Of Driving Pass	11/02/2016
Driving Experience	4 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97548841
Fax Number	
Contact Number	
EEmail Address	BINLIGN@HOTMAIL.COM
Address	207 ANG MO KIO AVENUE 1, ANG MO KIO 22
Postcode	560207
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### Circumstances of Accident

WSVC20000758 Accident\_Description I was reversing at a speed of less than 5km/h and hit the right rear wheel side white van. The van was park around 5m away from me.

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address

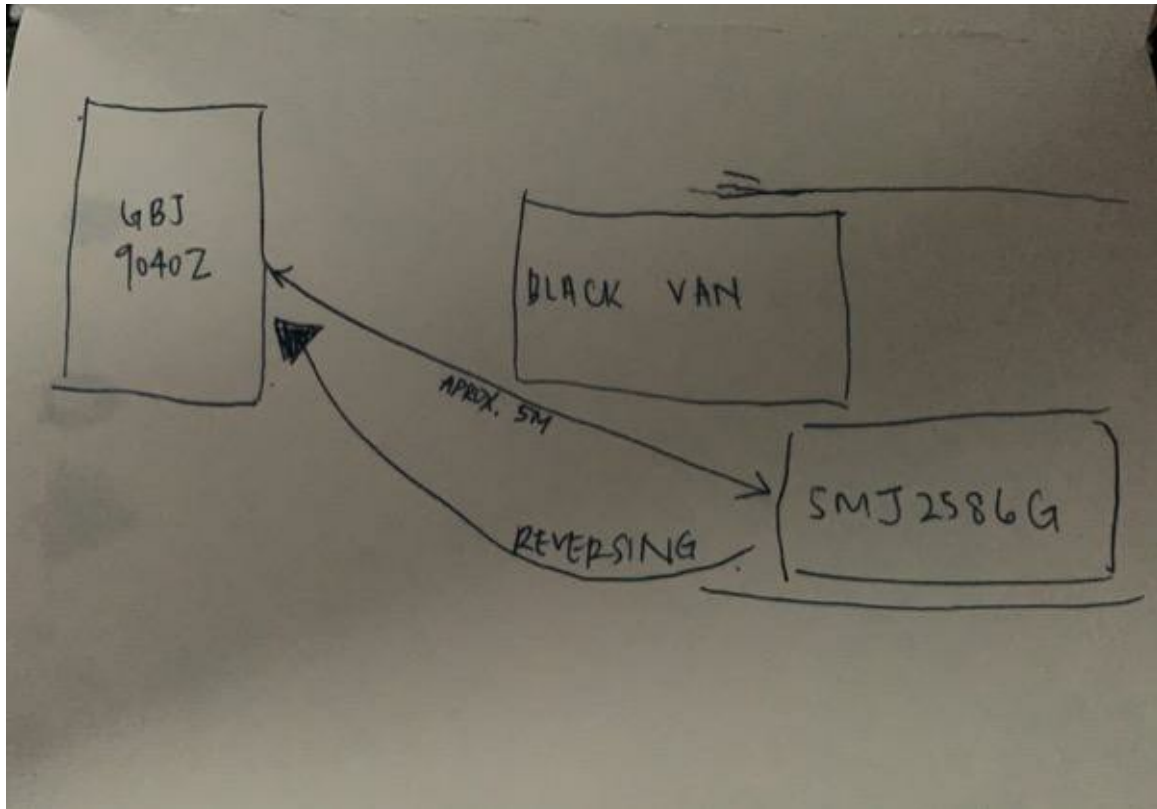
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Driving License





# Driving License



Identification Card

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S9248358D



Name  
**LIM WEI JIE SHAYN**  
**林 偉 傑**

Race  
**CHINESE**

Date of birth  
**26-12-1992**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



Identification Card



5194928



NRIC No. S9248358D



Date of issue  
19-07-2013

Address

APT BLK 207 ANG MO KIO AVENUE 1  
#09-1029  
SINGAPORE 560207