

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	17/07/2020 12:28
Date Of Accident	16/07/2020 16:15
Exact Location Of Accident	KIM KEAT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2992Z
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE KEONG
NRIC No	SXXXX221Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94853383
Alternative Phone No	OTHERS-94853383

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
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	1800095603
Cover Note Number	

Driver

Name of Driver	LIM CHEE KEONG
NRIC No	SXXXX221Z
Date Of Birth	18/05/1986
Occupation	INDOOR
Date Of Driving Pass	02/10/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94853383
Fax Number	
Contact Number	OTHERS-94853383
EEmail Address	NOEMAIL

Address	BLK 209B COMPASSVALE LANE #14-100
Postcode	542209
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT E/20200716/7027

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	SGQ8371D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM CHEE KEONG
Approximate Age	
Injuries Sustain	NECK, BACK SHOULDER AND ELBOW
Injured person in which vehicle?	SMD2992Z
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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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.

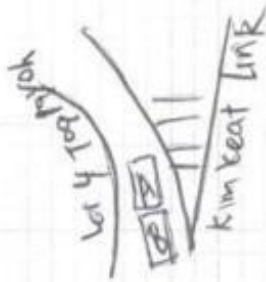
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A) SMD 2992Z
B) SGQ 8371D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the mention Date and time 3 Vehicle A
SMD 2992Z filter left to for 4 too payoh
Suddenly Vehicle B SGQ 8371D Rear ended my
Vehicle

Police Report E/20200716/7027

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 Person's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20200716/7027

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POLICE REPORT (NP299)

Report No. E/20200716/7027

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 16/07/2020 21:22	Vide Report No.	Station Diary No.
Name Of Informant LIM CHEE KEONG	Address APT BLK 209B COMPASSVALE LANE #14-100 SINGAPORE 542209	
ID Type / ID No. NRIC NO / S8680221Z	Contact No. Home/Office: Mobile: 94853383	
Nationality SINGAPORE CITIZEN	Email Address mikelim7231@hotmail.com	
Occupation sale	Sex Male	Age 34
Institution/School Name	Date of Birth 18/05/1986	Race Chinese
Date/Time Of Incident 16/07/2020 16:15	Location Of Incident KIM KEAT LINK	

Brief details.

on the mention date and time i vehicle SMD2992Z was going into filter lane suddenly vehicle SGQ8371D rear ended my vehicle my forehead hit again my steering and my neck back shoulder and my left elbow is in pain.

i was feeling giddy and feel like vomit i when to tan tock seng hospital and was given 7 day of mc

Subjects Involved Victim	
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: 16/07/2020 21:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20200716/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200716/7027

Person Name	LIM CHEE KEONG		
ID Type	NRIC NO	ID No	S8680221Z
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	sale	Address Type	
Address	APT BLK 209B COMPASSVALE LANE #14-100 SINGAPORE 542209		Mobile No 94853383
Is Informant A Victim?	Yes		
Person Name	LIM CHEE KEONG (Informant)		

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: 16/07/2020 21:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

