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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.

- 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

foresaid.	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
Country/State of 2555	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD2992Z
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE KEONG
	SXXXX221Z
NRIC No	NOEMAIL
Email Address	(LOCAL) +65-94853383
Mobile Phone No	OTHERS-94853383
Alternative Phone No	
Vehicle Particulars	KIA
Manufacturer	CERATO K3
Model	). The Table 10 (10 th 10 th 1
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	TO THE PART LAND
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
	NOEMAII

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

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO.

soliciting/offering accident claims assistance. 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?

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

Page 2 of 15

## DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM CHEE KEONG

NECK, BACK SHOULDER AND ELBOW

SMD2992Z

YES

NO

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 willul 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

l 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)
  - (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
  - 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 F

Name NRIC/FIN No.:



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Suddenly Vehicle B	SG@ 8371D Regrended my
Vehicle	
your organ	£ 20200116 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 P

Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

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AME DRIVER :	
	CONTACT:
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	1: 18-05-1986
	DATE: 02-10-7014 (1/2)INDOOR ( )OUTDOOR
CCUPATION:	(V) Interest
ENDER:	( / NO EMAIL
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1012

Report No. E/20200716/7027

## POLICE REPORT (NP299)

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

I GI INO. 1000 00	E2017-2-1-24 12/2/2/11			Station Diary No.	
Date/Time Report Made 16/07/2020 21:22	Vide Report No.			Citation Living (1)	
Name Of Informant LIM CHEE KEONG	Address APT BLK 2096 COMPASSVALE LANE #14-100 SINGAPORE 542209			E#14-100	
ID Type / ID No. NRIC NO / S8680221Z	Contact I Hame/O		Mobile: 94853383		
Nationality SINGAPORE CITIZEN	Email Address mikelim7231@holmail.com				
Occupation	Sex Male	Age 34	Date of Birth 18/05/1986	Race Chinese	
sale Institution/School Name	Language English				
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 streeing 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

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 16/07/2020 21:22
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200716/7027

Gender Male	3110	ID No Age	S8680221Z
Gender Male	1	Age	[34
Gender			10 4
	ese	Language	English
LYCKIG		Address Type	
Address APT COM	BLK 209B MPASSVALE LANE #14-100 GAPORE 542209	Mobile No	94853383
Is Informant A Yes Victim?			

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this		
Not applicable	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



# CERTIFICATE OF INSURANCE

#### KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM CHEE KEONG

Period of Insurance

: 13 Aug 2018 To 12 Aug 2020

Engine No. Chassis No. : G4FGJH703565 : KNAF3416MK5013335 Vehicle No.

: SMD2992Z

Policy No.

: 1800095603

Endorsement No. Issued Date

: 000000000224268 : 28 Aug 2018

#### ABOUT THE COVER

Make/Model

: KIA Cerato K3 1.6 EX

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018 Insuring with COE/PARF

Driver Restriction : NA Person or Classes of Persons Entitled to Drive\* :

4) The Policyholder
b) Any other parson who is driving on the Policyheider's order ar with his/her parmission.
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 anafor inexperienced Driver Excess" ("YIDR") If You are or Your Authorised Driver Indirect or unnamed) is under the age of 23 and/or has less than

Age Condition

: All Age Condition

Limitation as to use\*

Use only for social, domestic, and pleasure purposes and for the Policyholder's flustness.

This Policy does not cover use for his or reward, driving lest, racing page-making, reliability his or speed-testing, the carriage of grads 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

\* Legitalinia modered imperative by Section 8 of the Motor Vehicles (Thint-Party Ricks and Compensation) Act (Cap. 189) and Section 55 of the Road Transport Act, 1997 (Melayina), are not to be included under these headings.

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LM CHEE KEONG - \$660 (Own Damage)

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

Cycle & Carnage Hody & Paint Centre: Add: 209 Pandon Gurdeire Singapine 609339 66684501
 Cycle & Carnage Authorised Service Centre: Add. 241 Alexandra Road Gingapine 130931 642218001
 Cycle & Carnage Authorised Service Centre (For windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408559 67461000.

For other Approved Reporting Centres/AIC Authorised Repairers, please contact our 24-hour accident emergency hotime at +55-5238 5200. Alternatively, you may refer to AIC watcile www.aig.com.sg or AIC BIS Mobile App. Simply search and dawnload \*AIC BC from Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

We hereby certify that the pulsey to which this Certificate of Insurance robbes is issued in accordance with the provisions of the Moint Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1997 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Makeysia) and 1959 (Makeysia) an

0504622222

C&CKICP2 - WINYEO 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pto. Ltd.

AIG Asia Pacific Insurance Pte, Ltd. AUTHORISED REPRESENTATIVE