

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	27/07/2020 16:53
Date Of Accident	25/07/2020 10:40
Exact Location Of Accident	PIE TWDS JURONG B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4022B
Insured/Policyholder	
Name Of Registered Owner	ZAINAL BIN ASMORE
NRIC No	SXXXX767G
Email Address	TIENWEN99@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96663549
Alternative Phone No	OTHERS-96663549

Vehicle Particulars

Manufacturer	MAZDA
Model	CX5
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	2070100968
Cover Note Number	

Driver

Name of Driver	ZAINAL BIN ASMORE
NRIC No	SXXXX767G
Date Of Birth	16/01/1963
Occupation	INDOOR
Date Of Driving Pass	12/06/1996
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96663549
Fax Number	
Contact Number	OTHERS-96663549
E Mail Address	TIENWEN99@YAHOO.COM

Address	BLK 230D TAMPINES ST 24 #10-55
Postcode	527230
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: : TAN CHIH LAN GERALDINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20200725/7051

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	SMQ3064C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM TECK JOHNNY
NRIC/Passport Number	SXXXX708F
Contact Number	98344649

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

DETAILS OF INJURED PERSON 1

Name ZAINAL BIN ASMORE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SMT4022B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN CHIH LAN GERALDINE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SMT4022B
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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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 solving 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 no copies of the report being made available elsewhere.

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 relation to my personal data and/or dealing with my claims (collectively the "Purposes").
- (b) All Insurer(s) who have insured vehicle(s) involved in this accident and their lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above stated purpose(s).
- (c) My Personal Information may/are collected and/or used by any of the Insurers and/or their third party service providers or agents including their lawyers/law firms, which may be other outside of Singapore, for one or more of the above stated purposes.
- (d) My Personal Information will be transferred and used to handle claims through the packages of record disclosure, investigation and management, as provided by the Insurers.
- (e) The Personal Information collected under this Form may be stored / disclosed:
 - (i) to all Insurers and/or any other third parties that are involved in, or responsible for, controlling or managing claims, litigation, 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:

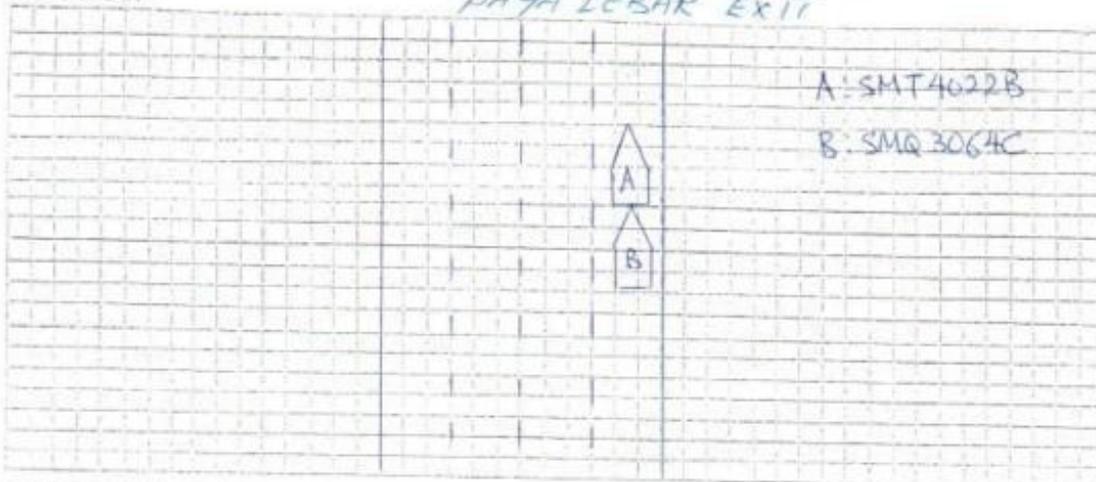

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 27/07/20
 Insurer's Representative's Signature
 Name:
 NRIC/PRN No.:

Accident Sketch Plan

PIE TWDS JURONG B4
PAYA LEBAR EXIT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report: G/20200705/7051

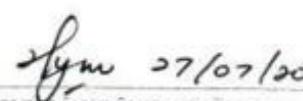
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



G/20200725/7051

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200725/7051

At about 3.45 pm on the same day, my wife and I went to Raffles Medical clinic at Tampines 1 as we were experiencing neck and back pain since the accident. After medical examination by the doctor on duty, we were given 3 days of medical leave (25 - 27 Jul 2020). In addition, we were scheduled to go for X-ray at the same clinic on Monday 27 Jul 2020 for further assessment.

Subjects Involved			
Suspect			
Person Name	Lim Kim Teck Johnny		
ID Type	NRIC NO	ID No	S1531708F
Gender	Male	Age	57-58
Race	Chinese	Language	English
Address	324C Sengkang East Way #07-609 SINGAPORE 543324	Mobile No	98344649
Victim			
Person Name	ZAINAL BIN ASMORE		
ID Type	NRIC NO	ID No	S1598767G
Gender	Male	Age	57
Race	Javanese	Language	English
Occupation	Counsellor (drugs and alcohol)	Address Type	
Address	APT BLK 230D TAMPINES STREET 24 #10-55 SINGAPORE 527230	Mobile No	96663549
Is Informant A Victim?	Yes		

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: 25/07/2020 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



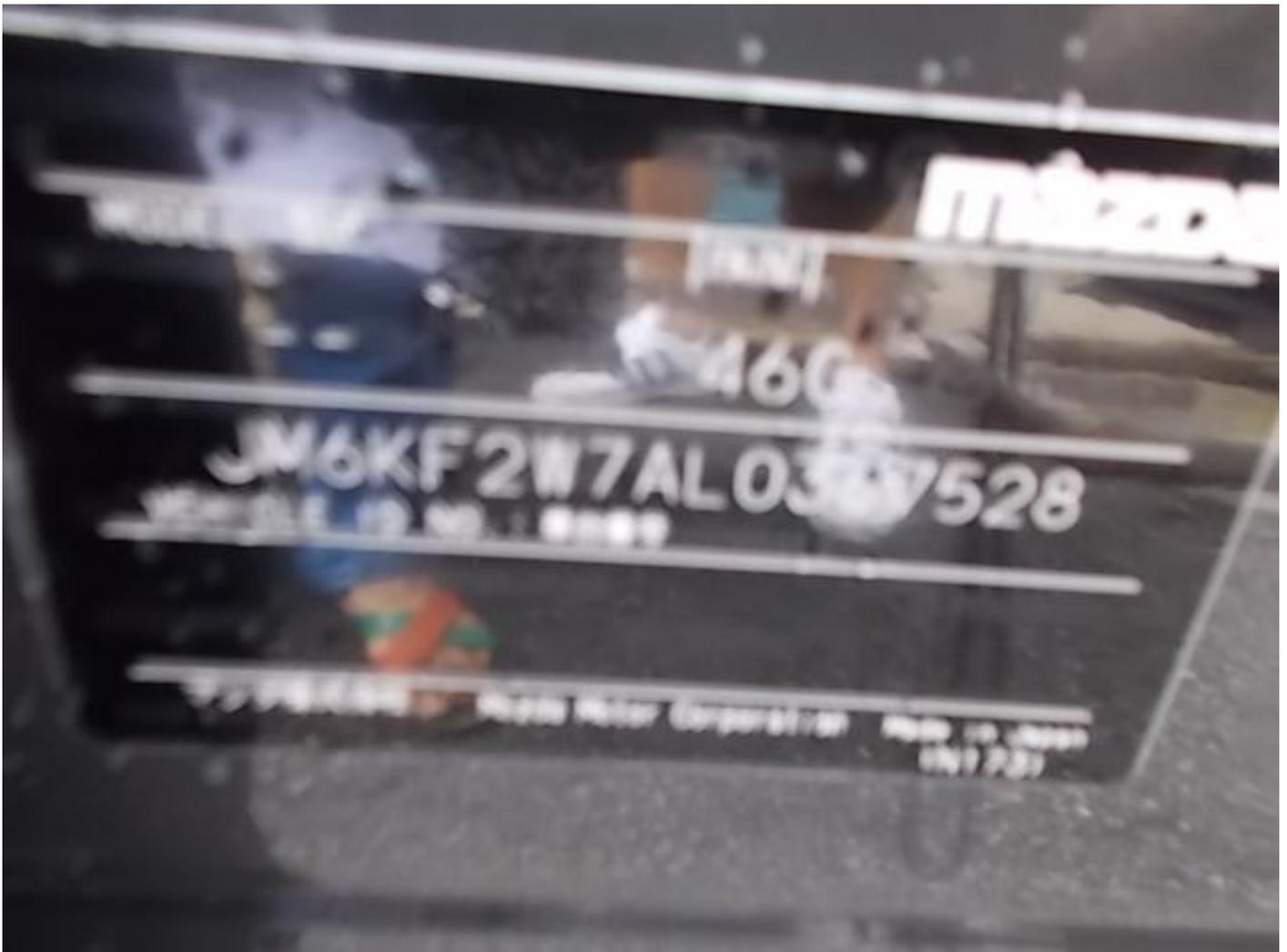
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



G/20200725/7051

1 of 3

POLICE REPORT (NP299)

Report No. G/20200725/7051

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No. 1800-2440000

Date/Time Report Made 25/07/2020 21:31	Video Report No.	Station Diary No.
Name Of Informant ZAINAL BIN ASMORE	Address APT BLK 230D TAMPINES STREET 24 #10-65 SINGAPORE 527230	
ID Type / ID No. NRIC NO / S1598767G	Contact No. Home/Office:	Mobile: 96663549
Nationality SINGAPORE CITIZEN	Email Address tanwen99@yahoo.com	
Occupation Counsellor (drugs and alcohol)	Sex Male	Age 57
Institution/School Name	Date of Birth 16/01/1963	Race Javanese
Date/Time Of Incident 25/07/2020 10:40 - 25/07/2020 11:15	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On 25 Jul 2020 at about 10:40 am, I was travelling along PIE towards Jurong in my car (licence plate no SMT 4022B, Mazda CX5). While I was waiting for the traffic near to Paya Lebar Exit 11 to be cleared before driving off, suddenly a car with licence plate SMQ 3064C (Renault), which was driven by Mr Lim Kim Teck Johnny, hit the back of my car. My wife Tan Chih Lan Geraldine was my passenger at that time. After taking photographs of the accident, we exchanged particulars and proceeded back on our journey.

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: 25/07/2020 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



G/20200725/7051

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No: G/20200725/7051

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Address	324C Sengkang East Way #07- 603 SINGAPORE 543324	Mobile No	98344649
Victim			
Person Name	ZAINAL BIN ASMORE		
ID Type	NRIC NO	ID No	S1598767G
Gender	Male	Age	57
Race	Javanese	Language	English
Occupation	Counsellor (drugs and alcohol)	Address Type	
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Is Informant A Victim?	Yes		

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Police Report



SINGAPORE
POLICE FORCE



G/20200725/7051

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200725/7051

Person Name	ZAINAL B.N ASMORE (Informant)
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