

## 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             | 28/07/2020 10:38 |
| Date Of Accident           | 24/07/2020 22:05 |
| Exact Location Of Accident | KALLANG ROAD     |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFJ7887M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LIM LAM SEN LARRY    |
| NRIC No                     | S1765453E            |
| Email Address               | LLARRY31@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-96887887 |
| Alternative Phone No        | Office-96887887      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | AUDI           |
| Model  | A6 2.0T FSI    |
| 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                                       | 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             | 2100098322-11                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM LAM SEN LARRY     |
| NRIC No              | S1765453E             |
| Date Of Birth        | 15/09/1966            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 12/12/1985            |
| Driving Experience   | 34 YEARS AND 7 MONTHS |

|   |                                       |
|---|---------------------------------------|
| Gender  | MALE                                  |
| Mobile Number                                       | (LOCAL) +65-96887887                  |
| Fax Number  |                                       |
| Contact Number                                      | OFFICE-96887887                       |
| E-Mail Address                                      | LLARRY31@GMAIL.COM                    |
| Address   | BLK 458 ANG MO KIO AVENUE 10 #18-1584 |
| Postcode  | 560458                                |
| 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   | CHAIN COLLISION |
| 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                         | 3   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | YES |
| 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                       | 10 UBI AVENUE 3  |
| 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> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

Please refer to Sketch Plan & Police Report: T/20200727/2024

#### 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 | SLR4523U    |
| Vehicle Make/Model/Colour   | MAZDA 3     |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 UNKNOWN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLR4523U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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)**

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:

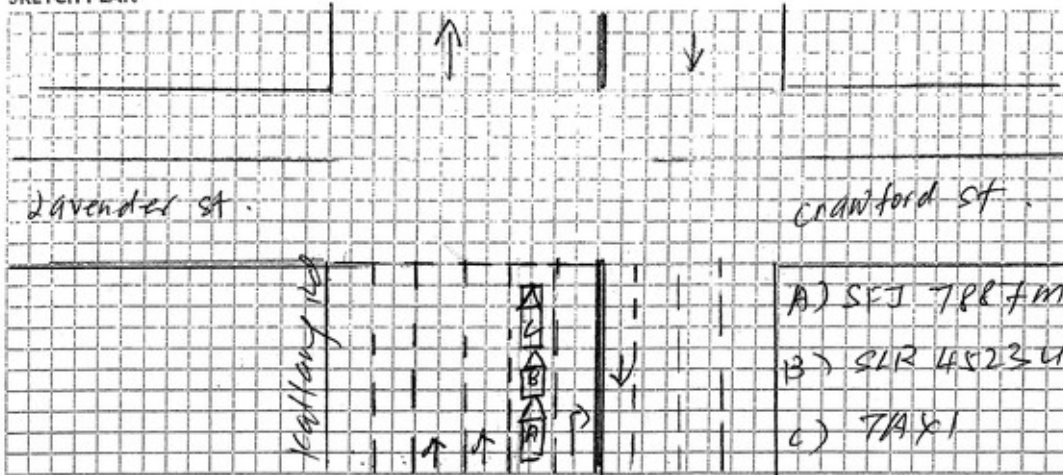
28 JUL 2020

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature  
Name: WALIA LOO  
Date & Time: 28 JUL 2020

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT  
T/20200727/2024

## DECLARATION


I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 28 JUL 2020

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

Reporting Centre Personnel's Signature  
Name: Tracia Low  
NRIC/FIN No.: 28 JUL 2020

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1765453E



Name  
LIM LAM SEN LARRY

林 南 生

Race  
CHINESE

Date of birth  
15-09-1966

Sex  
M

Country of birth  
SINGAPORE

S1765453E

STRICTLY  
FOR ACCIDENT P...ORTING  
FOR RENTAL C...VEHICLE

4536989



NRIC No. S1765453E



Date of issue  
04-03-2010

APT BLK 458 ANG MO KIO AVENUE 10 #18-1584  
SINGAPORE 560458

NRIC No. S1765453E Date: 15/08/2014 (R)

STRICTLY  
FOR ACCIDENT P...ORTING  
FOR RENTAL C...VEHICLE

Insurance Certificate



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Lim Lam Sen Larry  
**Period of Insurance** : 28 Aug 2019 To 27 Aug 2020  
**Engine No.** : BPJ107624  
**Chassis No.** : WAUZZZ4F88N155407

**Vehicle No.** : SFJ7887M  
**Policy No.** : 2100098322-11  
**Endorsement No.** :  
**Issued Date** : 22 Jul 2019

### ABOUT THE COVER

**Make/Model** : AUDI A6 2.0T FSI

**Engine Capacity/Tonnage** : 1,999.00 CC

**Driver Restriction** : NA

**Person or Classes of Persons Entitled to Drive\*** :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

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 and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Sum Insured** : Market Value

**Off Peak Car** : No

**First Year of Registration** : 2008

**Insuring with COE/PAF** : Yes

**Age Condition** : All Age Condition

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods 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 Optional**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Lim Lam Sen Larry - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329798

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

Seah Kit Ng

75 Shenton Way #07-15 AIG Building 8079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200727/2024

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

1 of 3

Report No. T/20200727/2024

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>27/07/2020 11:15 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>LIM LAM SEN LARRY    |            |                              | Address:<br>APT BLK 458 ANG MO KIO AVENUE 10 #18-1584 TECK<br>GHEE GRANDEUR SINGAPORE 560458 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1765453E   |            |                              | Contact No.:<br>Home/Office: Mobile: 96887887  |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                    |                            |
| Sex:<br>Male                               | Age:<br>53 | Date of Birth:<br>15/09/1966 | Type of Informant:<br>Driver   |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>OTHERS                      |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                                     |                    |                            |

|  |                                 |                                    |   |   |  |
|--|---------------------------------|------------------------------------|---|---|--|
| <b>General Information of the Accident</b> |                                 |                                    |   |   |  |
| Type of Accident:                          | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>24/07/2020 22:05 | Type of Location:                       |  |
| Location:<br>Along Road 1<br>KALLANG ROAD  |                                 |                                    |   |   |  |
| Weather:<br>Clear                          |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:                       |  |
| Traffic Flow:                              |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>No Traffic           |  |
| Type of Collision:                         |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |  |

|                                    |      |      |   |       |           |                 |
|------------------------------------|------|------|---|-------|-----------|-----------------|
| <b>Details of Vehicle Involved</b> |      |      |   |       |           |                 |
| Vehicle No.                        | Type | Make | Model   | Color | Condition | No of Passenger |
| SFJ7887M                           | Car  | AUDI | A6 2.0T FSI<br>MU CVT<br>ABS<br>D/AIRBAG<br>GAS/D | Grey  |           | 0               |

|                                     |                   |              |           |             |  |
|-------------------------------------|-------------------|--------------|-----------|-------------|--|
| <b>Details of Vehicle Insurance</b> |                   |              |           |             |  |
| Vehicle No.                         | Insurance Company | Insurance No | Effective | Expiry Date |  |





**SINGAPORE  
POLICE FORCE**



T/20200727/2024

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

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Report No. T/20200727/2024

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                      |               |            |             |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                    | Insurance No  | Effective  | Expiry Date |
| SFJ7887M                     | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100098322-11 | 28/08/2019 | 27/08/2020  |

| Details of Person Involved        |                   |                                |   |
|-----------------------------------|-------------------|--------------------------------|---|
| Any Pedestrian Involved: No       |                   |                                |   |
| No. of Pedestrians Injured: NIL   |                   | Use of Pedestrian Crossing: NA |   |
| Driver                            |                   |                                |   |
| Name                              | LIM LAM SEN LARRY |                                | ID No. S1765453E  |
| Related Vehicle                   | NIL               |                                | Contact No. 96887887  |
| Hospital/Clinic                   | NIL               |                                | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               |                                | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL               |                                | Degree of Injury NIL  |

**Brief Details.**

AT THE ABOVE MENTIONED DATE AND TIME,  
I WAS DRIVING HOME AFTER I HAVE FINISHED DRINKING. I WAS TRAVELLING ALONG KALLANG ROAD WHEN THIS CAR INFRONT OF ME SUDDENLY JAM BRAKED AND I JAM BRAKED AS WELL. I HIT THE REAR BUMPER OF HIS CAR. AFTER WHICH THE AMBULANCE CAME AND CONVEYED THE OTHER CAR DRIVER.  
THAT IS ALL



SINGAPORE  
POLICE FORCE



T/20200727/2024

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

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Report No. T/20200727/2024

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID  
Contact No.: 65476247

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/07/2020 11:15

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: 





**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: A/20200724/0157

I, Tang Siew Ding T06309  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Driving licence S1765453E Lim Lam Sen Larry
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Lim Lam Sen Larry S1765453E  
(Name, NRIC or Passport No. / Rank and No.)

of \_\_\_\_\_  
(Address / Police Station / NPC / NPP)

on 25/7/20 at 0520 HRS  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

(Signature)  
(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)  
Signature

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 37720 @ 0900HRS.  
Siew Ping 65476223

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

