

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 | 31/08/2020 18:13 |
| Date Of Accident | 31/08/2020 07:20 |
| Exact Location Of Accident | BUKIT TIMAH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLQ7450G |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM GEK SER |
| NRIC No | SXXXX215D |
| Email Address | FRANCES_NEO@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81337258 |
| Alternative Phone No | OTHERS-81337258 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | 216 |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VPA/P2387239 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | LIM GEK SER |
| NRIC No | SXXXX215D |
| Date Of Birth | 23/07/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/04/1995 |
| Driving Experience | 25 YEARS AND 4 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-81337258 |
| Fax Number | |
| Contact Number | OTHERS-81337258 |
| EEmail Address | FRANCES_NEO@HOTMAIL.COM |

| | |
|---|------------------------------|
| Address | 463 RIVER VALLEY ROAD #02-11 |
| Postcode | 248348 |
| 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 | SIDE SWIPE |
| 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? | NO |
| 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: : NICOLE NEO GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | RIVER VALLEY NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2789999 - FAX NO: 62786427 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACH.

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 | SMH3339H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 3/18/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:



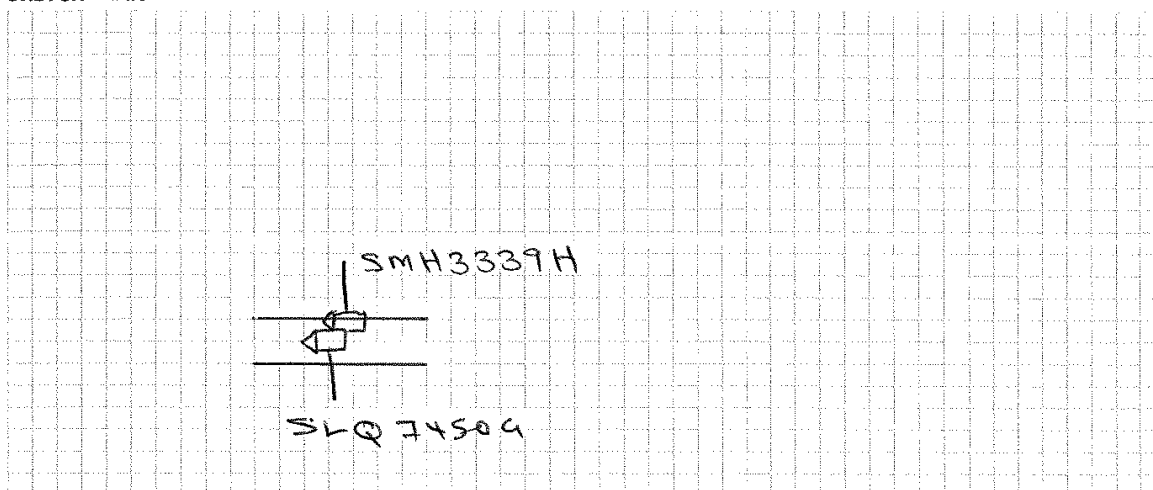
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Insurance Motors Limited
100, Alexandra Road
GIA Records Management Centre
Singapore 119941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

i was travelling along Bulkit Timah Road, a vehicle (SINH 3339H) squeezed on my right cause the collision.

DECLARATION

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

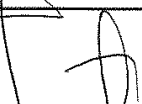

Policyholder's Signature

Policyholder's Signature _____

Date & Time: 31/8/2020

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

Date & Time:


 Alexander A/L. Muralasamy
 Singapore Airlines Limited
 40, Alexandra Road
 Reporting Centre Personnel's Signature
 Name: Time Delay Performance Centre
 NRIC/FIN No.: Singapore 159941

Reporting Centre Personnel's Signature

Name: 100 Alexandra Road

NRIC/FIN No.: 31036001B 159941



**SINGAPORE
POLICE FORCE**



T/20200831/2077

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200831/2077

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 31/08/2020 15:42 | | Vide Report No.: | | Station Diary No.: 47 |
| Informant's Particulars | | | | |
| Name of Informant: LIM GEK SER | | Address: 463 RIVER VALLEY ROAD #02-11 SINGAPORE 248348 | | |
| ID Type / ID No.: NRIC NO / S7126215D | | Contact No.: Home/Office: Mobile: 81337258 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Female | Age: 49 | Date of Birth: 23/07/1971 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: Housewife | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 31/08/2020 07:20 | Type of Location: Straight Road |
| Location: BUKIT TIMAH ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|--------------------------------------|-------|---------------------|-----------------|
| SLQ7450G | Car | BMW | 216D ACTIVE TOURER D/AB LED | White | Slightly Damaged | 1 |
| SMH3339H | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20200831/2077

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200831/2077

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLQ7450G | AXA INSURANCE SINGAPORE PTE LTD | P2387239 | 20/03/2020 | 19/03/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|-----|--|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LIM GEK SER | | ID No. | S7126215D |
| Related Vehicle | SLQ7450G (Car) | | Contact No. | 81337258 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL |

Brief Details.

On 31/08/2020 at about 0720hrs, I was driving along the side road of Bukit Timah Road in front of Coronation Plaza merging out to the main road of Bukit Timah Road.

While I was at the left of the merging lane, I saw from my side mirror that a vehicle (SMH3339H) was behind of me on the right. Suddenly I felt a hit from my right side and when I look again on my right side, the said vehicle had cut the road divider and speed off to the main road of Bukit Timah Road. I try to chase the vehicle and manage to take down the plate number however shortly the vehicle drove off and I did not manage to catch up.

No one was injured. My vehicle had a scratch on the rear right passenger side. I have a in car camera.



**SINGAPORE
POLICE FORCE**



T/20200831/2077

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200831/2077

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:

E /

Sgt 2 TEO JIE DONG, MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

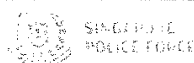
31/08/2020 15:42

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

