

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	11/09/2020 12:49
Date Of Accident	09/09/2020 19:05
Exact Location Of Accident	ALONG CTE TOWARDS CITY BEFORE BALESTIER ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5294U
Insured/Policyholder	
Name Of Registered Owner	LIM KOON HUI (LIN KUNHUI)
NRIC No	SXXXX759D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90477442
Alternative Phone No	HOME-90477442

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	1800140203-01
Cover Note Number	

Driver

Name of Driver	LIM KOON HUI (LIN KUNHUI)
NRIC No	SXXXX759D
Date Of Birth	04/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1993
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90477442
Fax Number	
Contact Number	HOME-90477442
Email Address	NOEMAIL

Address	BLK 178A RIVERVALE CRESCENT #05-435
Postcode	542178
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: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200910/2072

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ4561M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE DONG
NRIC/Passport Number	SXXXX283F

Contact Number	98508875
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM KOON HUI (LIN KUNHUI)
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMG5294U
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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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:

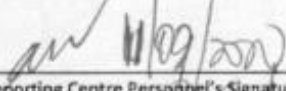
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



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

ALONG CRK TOWARDS CITY B/L BALMAIN
FOOT



A: SMG5294U

B: SJR4561M

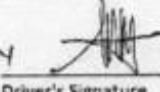
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

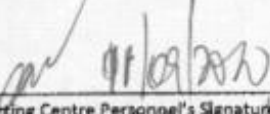
Please refer to police report T/20200910/2072

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.:

Version: 1.0 (2019/01/01)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200910/2072

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200910/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2020 16:18	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: LIM KOON HUI	Address: APT BLK 178B RIVERVALE CRESCENT #05-435 SINGAPORE 542178
ID Type / ID No.: NRIC NO / S7107759D	Contact No.: Home/Office: Mobile: 90477442
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 49 Date of Birth: 04/03/1971	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Shipping Management	Driving Licence Information: Class: 3,4,5 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2020 19:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ4561M	Car				No Damage	2
SMG5294U	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200910/2072

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200910/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG5294U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800140203-01	24/12/2019	23/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Lee Dong		ID No.	S8238283F
Related Vehicle	SJQ4561M (Car)		Contact No.	98508875
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	LIM KOON HUI		ID No.	S7107759D
Related Vehicle	SMG5294U (Car)		Contact No.	90477442
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/09/2020		Date Discharge	NIL
No. of Days granted Medical Leave		04	Degree of Injury	Slight

Brief Details.

On 09/09/2020 at about 7.05pm, I was driving my vehicle Honda Shuttle bearing SMG5294U on the first lane along CTE heading towards City before Balestier Exit when I emergency brake as the vehicle in front of me jammed brake. This resulted in the vehicle behind me driven by Lee Dong, S8238283F cttd:98508875 a Hyundai bearing plate number SJQ4561M hitting the back of my car. My car rear was dented due to the impact. During the accident, there was one grab passenger in my vehicle and the other party has a female subject and a kid with him. Initially, there was no injury, however, I felt pain on my neck a few hours later and went to the Sengkang General Hospital to get it checked and was given 4 days MC. It was a chain collision involving about 6-7 vehicles.

I did not manage to get the details of the other vehicles. I have in car camera in my vehicle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200910/2072

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200910/2072

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200910/2072

Police Station Of Origin:
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200910/2072

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:

F /

Sgt 2 SYAZWANI BINTE RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/09/2020 16:18

Officer In Charge Of Case:

TP / AEFT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

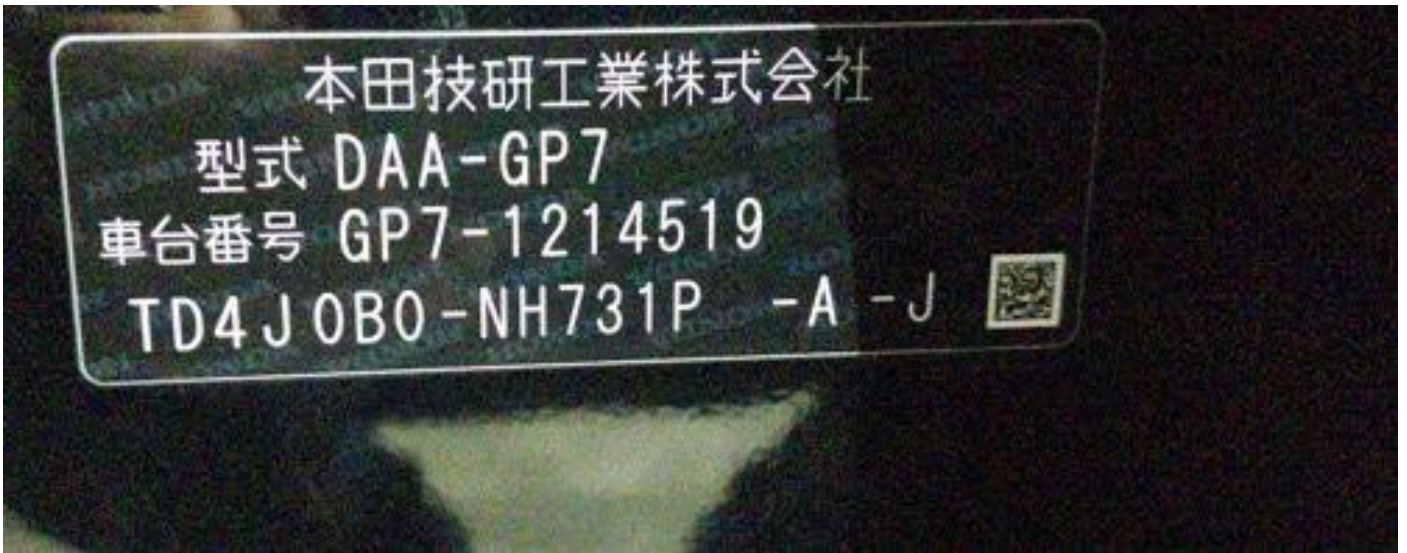
Signature:

Singapore Police Force

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

