#### 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 witholding 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	19/10/2020 15:05
Date Of Accident	16/10/2020 18:25
Exact Location Of Accident	JALAN BUKIT MERAH OUTSIDE NEA BUILDING
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS3446U
Insured/Policyholder	
Name Of Registered Owner	LIM GEOK LIN
NRIC No	SXXXX677I
Email Address	LIMMORGAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96809886
Alternative Phone No	OTHERS-96614671
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100009202-13
Cover Note Number	
Driver	

Name of Driver LIM HUNG YEOW NRIC No SXXXX219F Date Of Birth 07/08/1954 Occupation **OUTDOOR Date Of Driving Pass** 25/07/1985 **Driving Experience** 

35 YEARS AND 2 MONTHS

Gender MALE

Mobile Number +65-96809886

Fax Number

OTHERS-96614671 Contact Number

**EMail Address** LIMMORGAN@GMAIL.COM Address BLK 621 YISHUN RING ROAD

#09-3162

Postcode 760621

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Vehicle

.

Insurance Company of Driver's Own Vehicle

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**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 YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201016/2102

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 FBF4477B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver MOHAMAD SAFARI BIN ZAINUDIN

NRIC/Passport Number GXXXX579X Contact Number 94655793

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### 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.
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- 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.
- 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.
- 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:
  - 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 policy

Date & Time:

Reporting Centre Per

Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN	T J D J
2.1606481170	
3) FBF 4477B	
(A) SGS 3446U	
	1 1 1 1 1 1 1 1
DESCRIBE CIRCUMSTANCES (	
REFER TO PO	Mich (41,002). 7/20201016/2102
DECLARATION /We declare the foregoing particu	ulars are true in gvery respect.
And a Spanish ball river	mar , 2/10/70 To un 19/10/2000 1
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)  Date & Time  Nego / Fin No.

## **POLICE REPORT**



T/20201016/2102

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456

1 of 3 Report No. T/20201016/2102

Tel No: 1800-8522999

# REPORT OF A TRAFFIC ACCIDENT

16/10/2	me Report   020 21:33	Made:	Vide Report No.:	Station Diary No.
Informa	int's Partic	ulars		93
Name o	f Informant NG YEOW		Address: APT BLK 621 YISHUN RING	ROAD #09-3162 SINGAPORE
NRIC N	/ ID No.: O / S02322	19F	760621 Contact No.: Home/Office:	
National SINGAP	ity: ORE CITIZ	EN	Email:	Mobile: 96614671
Sex: Male	Age: 66	Date of Birth: 07/08/1954	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupat DELIVE	ion: RY DRIVER	₹	Driving Licence Information: Class:	Date of Expiry:

Type of	Non-Injury	ent Drink	Date/Time of		T
Accident:	- 22 77	Drive:	Accident:		Type of Location Straight Road
Location:		No	16/10/2020 18:2	5	
Clear		Road Surface:		Road	Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control:		Traffi	Volume:
Weather: Clear Traffic Flow: One Way Type of Collisi HEAD TO SID	on:	Dry		Traffi	Volume:

Details of V	ehicle Involve	d	CONTRACTOR AND			
Vehicle No.	Туре	Make	Model	Calas	10	
FBF4477B	Motorcycle		ivioudi	Color	Condition	No of Passenger
11 000 10 000 10 10 10 10 10 10 10 10 10	Motorcycle				No	0
SGS3446U	Car				Damage	
					Slightly Damaged	1

#### POLICE REPORT





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

2 of 3 Report No. T/20201016/2102

CONTINUATION OF REPORT

## Brief Details.

On the 16 October 2020 at 1825hrs, I was driving my vehicle bearing plate number SGS 3446U along Jin Bukit Merah (infront of the NEA building). I wanted to make a U-turn as I wanted to enter Bukit Merah Lane 4. As the vehicle from the opposite direction were at stand still(yellow box, not sure if the traffic light was red or green), I slowly make a u turn. Suddenly a motorcycle from Sarpinos Pizza bearing plate number FBF 4477B from the opposite direction hit onto the front left side bumper of my car which caused it to dislodge. We then parked at the side and both of us were not injured. I would like to said that he managed to balance himself after hitting the front left side of my car.

Both of us then exchanged particular. We also take photos of the damages. There were also no damages on the motorcycle. We then proceed to my workshop located at Blk 1005 Jln Bukit Merah. The mechanic informed that they will fixed the bumper for me. The rider then told the mechanic that he will motorcycle outside the workshop so that his company will activate tow truck to tow his

I am lodging the Police report as the rider informed that the motorcycle that he rode was a rental one and his company need a Police report. I would like to state that I did not have any in car camera in my

## POLICE REPORT





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 3 Report No. T/20201016/2102

CONTINUATION OF REPORT

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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. L / Staff Sgt NASRI BIN JUMARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2020 21:33
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





























## **Addendum Sheet**

RECORDS NAKAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE — GRaffles Quay #10-00 Singapore 048550
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 = 17:00
UEN: S665500206 / GST Reg. No.: Mes00017735

IIWPORTANT NOTE: Please submit the completed Addendum form to the same A

	ADDENDUM
4)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MND 10091387 Vehicle Registration No: SUS 34464
	Name(25 shown in NRIC): WING YOUN NRIC(5) NRIC
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore(
	Contact (Tel) :Mobile No.: 9661467/
	Email Address :
	Date of Accident : 16 (19/2070 Time of Accident: 18'25
	Place of Accident : JUN BUKI) MAROH CUISION WHA BUILDING
	Insurance Company: 019
()	ADDITIONALINFORMATION / AMENDMENTS:
g	ADDITIONALITY ON A AMEND MENTS:
	I have made a separate and heart
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:
	make the following amendments:
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	make the following amendments:
	Vrylicy (A) SGS 3446U & Vrylicy (B) FBF 487713 ON
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	Vrylicy (A) SGS 3446U & Vrylicy (B) FBF 487713 ON
	Vrylicy (A) SGS 3446U & Vrylicum (B) FBF 447713 OM
	VALUE (A) SGS 3446U & VALUEM (B) FBF 487713 DM SKARAL PLAN
	MALICIA (A) SGS 3446U of VAHICIA (B) FBF 447713 DM SIGNAL PLAN  MAN 20 11/2020
	SKARAL PLAN