

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	26/10/2020 12:24
Date Of Accident	25/10/2020 15:05
Exact Location Of Accident	SENGKANG WEST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EK448A
Insured/Policyholder	
Name Of Registered Owner	LIM AI HUA
NRIC No	S1549486G
Email Address	JLIMREAL448@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98449971
Alternative Phone No	Others-98449971

Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	BEETLE CABRIOLET 1.2 L TSI 77KW DSG
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2070119070
Cover Note Number	

Driver	
Name of Driver	LIM AI HUA
NRIC No	S1549486G
Date Of Birth	30/04/1962
Occupation	INDOOR
Date Of Driving Pass	05/10/1981
Driving Experience	39 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98449971
Fax Number	
Contact Number	OTHERS-98449971
EMail Address	JLIMREAL448@GMAIL.COM
Address	BLK 424 AMK AVE 3 #06-2404
Postcode	560424
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?	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)	2
Passenger 1	Name: : lim ai goon Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer police report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM3523X
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KHAIRIL
NRIC/Passport Number	
Contact Number	87481891
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	KHAIRIL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM3523X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM3523X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20201025/0137

I, SLT T170218 Amos
(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 Pico SD card / 16GB / 16GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S1549486G Lim Ai Hua
(Name, NRIC or Passport No. / Rank and No.)

of Blk 424 Ang Mo Kio Ave 3 #06-2404 S560424
(Address / Police Station / NPC / NPP)

on 25/10/20 at 1615hrs
(Date) (Time)

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

[Signature]
(Signature)
LIM AI HUA S1549486G
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
T170218
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO: Ivan
Ext: 65476170



**SINGAPORE
POLICE FORCE**



T/20201025/2053

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201025/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2020 19:14		Vide Report No.: F/20201025/0137		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: LIM AI HUA			Address: APT BLK 424 ANG MO KIO AVENUE 3 #06-2404 SINGAPORE 560424		
ID Type / ID No.: NRIC NO / S1549486G			Contact No.: Home/Office: Mobile: 98449971		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 30/04/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: REAL ESTATE AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2020 15:05	Type of Location: Straight Road
Location: SENGKANG WEST WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EK448A	Car	VOLKSWAGO N	BEETLE CABRIOLET 1.2 DSG	Orange	Slightly Damaged	1
FBM3523X	Motorcycle		BURGMAN 200	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #3



SINGAPORE POLICE FORCE



T/20201025/2053

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 4

Report No. T/20201025/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EK448A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070119070	14/08/2020	13/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM AI HUA	ID No.	S1549486G
Related Vehicle	EK448A (Car)	Contact No.	98449971
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
Other Person Involved			
Name	KHAIRIL	ID No.	NIL
Related Vehicle	FBM3523X (Motorcycle)	Contact No.	87481891
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	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	Slight

Brief Details.

On 25/10/2020, at about 1505hrs, I was driving on the third lane at Sengkang West Way towards Jalan Kayu. I wanted to turn left into Fernvale Palm. I slowed down and signaled left. As I was turning, a motorcycle rammed into the left front passenger side of my car. The motorcycle and a Malay couple which is on the motorcycle flung in front of my car. I was shocked. I alighted and checked on them. They are still conscious. Someone called for the ambulance.

A moment later, the ambulance and Traffic Police came to the scene. The ambulance conveyed the couple to Sengkang General Hospital. I am not sure the whole incident was captured in my in-car camera. The TP took the SD Card and I was told to meet IO Ivan on 26/10/2020 at 1130hrs.

I wish to state that I am not injured. The left front passenger side of my vehicle was slightly dented and my left side mirror was broken.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20201025/2053

3 of 4

Report No. T/20201025/2053

CONTINUATION OF REPORT

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20201025/2053

4 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201025/2053

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 3 MOHAMMAD AZUAN BIN MOHD KAMAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2020 19:14
Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187	Classification Of Case: SN 085
Authentication Stamp NP168 	Signature:

Singapore Police Force

Accident Sketch Plan

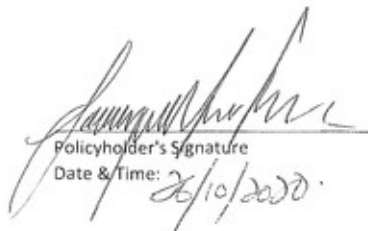
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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.

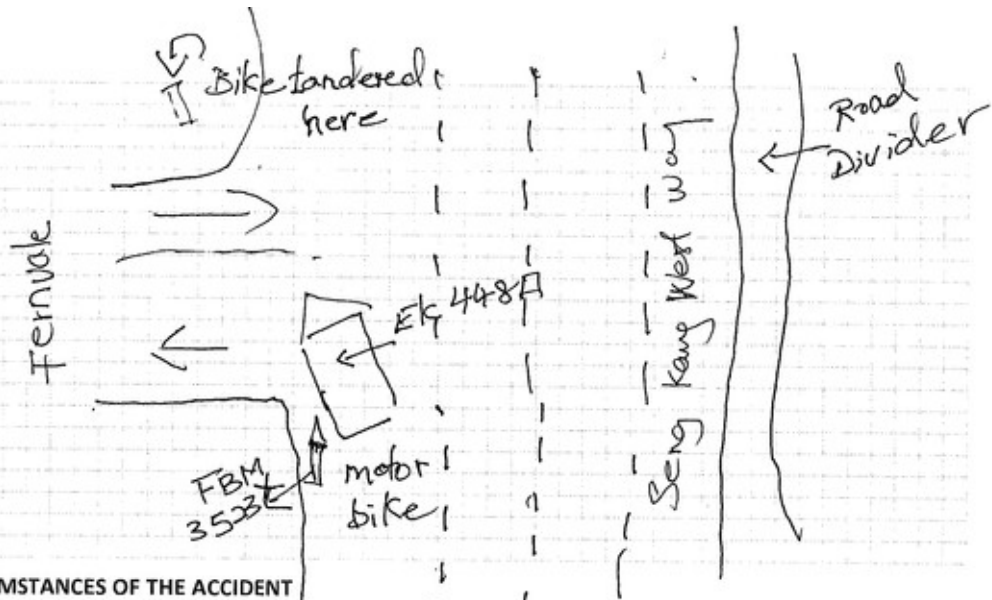

 Policyholder's Signature
 Date & Time: 26/10/2020

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

26 OCT 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I know the Road well as I just left the ~~Plk~~
my niece place who stay in 472 S Fernvale Sp and
on the way sending my sis Sister back back to B/K 434A
Fernvale Road.

whole.

There is a damage to my left side of my car -

- black bumper there a damage mark - hit by the
- motor bike ~~Accessary~~ Side accessary.

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.:

26 OCT 2020



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LIM AI HUA
Period of Insurance : 14 Aug 2020 To 13 Aug 2021
Engine No. : CYV613617
Chassis No. : WWWZZ16ZKM508286

Vehicle No. : EK448A
Policy No. : 2070119070
Endorsement No. : 000000000351205
Issued Date : 17 Aug 2020

ABOUT THE COVER

Make/Model : VOLKSWAGEN BEETLE 1.2
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

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.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM AI HUA - \$600 (Own Damage), \$600 (Flood Cover)

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.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

I/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).

0287001000

KOH TENG ENG

BLK 382 YUNG AN ROAD #09-125

SINGAPORE 610362 SP-ELLYKOH-NGEESIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPLJ

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1549486G



Name
LIM AI HUA
林 爱 华

Race
CHINESE

Date of birth
30-04-1962

Country/Place of birth
SINGAPORE

Sex
F

S1549486G



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1549486G

Name
LIM AI HUA

Birth Date 30 Apr 1962

Issue Date 01 Oct 2003



5744154



NRIC No. S1549486G



Date of issue
18-05-2017

Address
APT BLK 424 ANG MO KIO AVENUE 3
#06-2404
SINGAPORE 560424


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 05 Oct 1981

NP 428A

Licence No. S1549486G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

