

# 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 Submission ..... 29/01/2021 14:37 (SGT)  
Date of Accident ..... 28/01/2021 11:25 (SGT)  
Exact Location of Accident ..... Marine Parade Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ5691T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM WEE CHIEH (LIN WEIJIE)  
NRIC No ..... SXXXX792I  
Email Address ..... hamerlim@evergreenreno.com  
Mobile Phone No ..... (Phone) +65-98717579  
Alternative Phone No ..... +65-98717579

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Stinger  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 1800050393-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM WEE CHIEH (LIN WEIJIE)  
NRIC No ..... SXXXX792I  
Date Of Birth ..... 30/08/1975  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/04/1997
Driving experience .....	23 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98717579
Alt. Phone Number .....	+65-98717579
Email Address .....	hamerlim@evergreenreno.com
Address .....	BLK 339 CHOA CHU KANG AVENUE 3 #05-18
Address complement .....	-
Postcode .....	689873
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	PA6531A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

# SKETCH PLAN

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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.
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.

*[Signature]* 29/01/21  
Policyholder's Signature / Date & Time

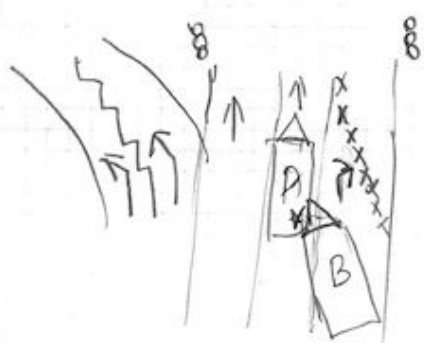
*[Signature]* 29/01/2021  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 29/01/2021  
Witnessed by Reporting Centre Personnel

## Sketch Plan

13:16 PM

MARINA PARADISE ROAD



*[Signature]* 29/01/21  
12:51 PM

A) SLZ5691T  
B) PA6531A

## Describe Circumstances of the Accident

ON 28/01/2021 AT ABOUT 11:25HRS I WAS AT MARINE PARADE ROAD TRAVELLING STRAIGHT, SUDDENLY I FELT A BUMP ON MY RIGHT A MINI BUS PA653/A HIT ON MY RIGHT REAR OF MY CAR & THE DRIVER DID NOT STOP. I WENT AT THE & I CHASE HER I STOP HER WITHIN 100M OF TRAFFIC LIGHTS TURN RHD. AND SHE THEN ASK ME TO STOP TRAFFIC & REFUSE TO GIVE THE PARTICULAR. SHE TOLD ME TO CLAIM INSURANCE BECAUSE IT IS THE COMPANY VEHICLE.

## Declaration

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

29/01/2021  
Witnessed by Reporting Centre Personnel

























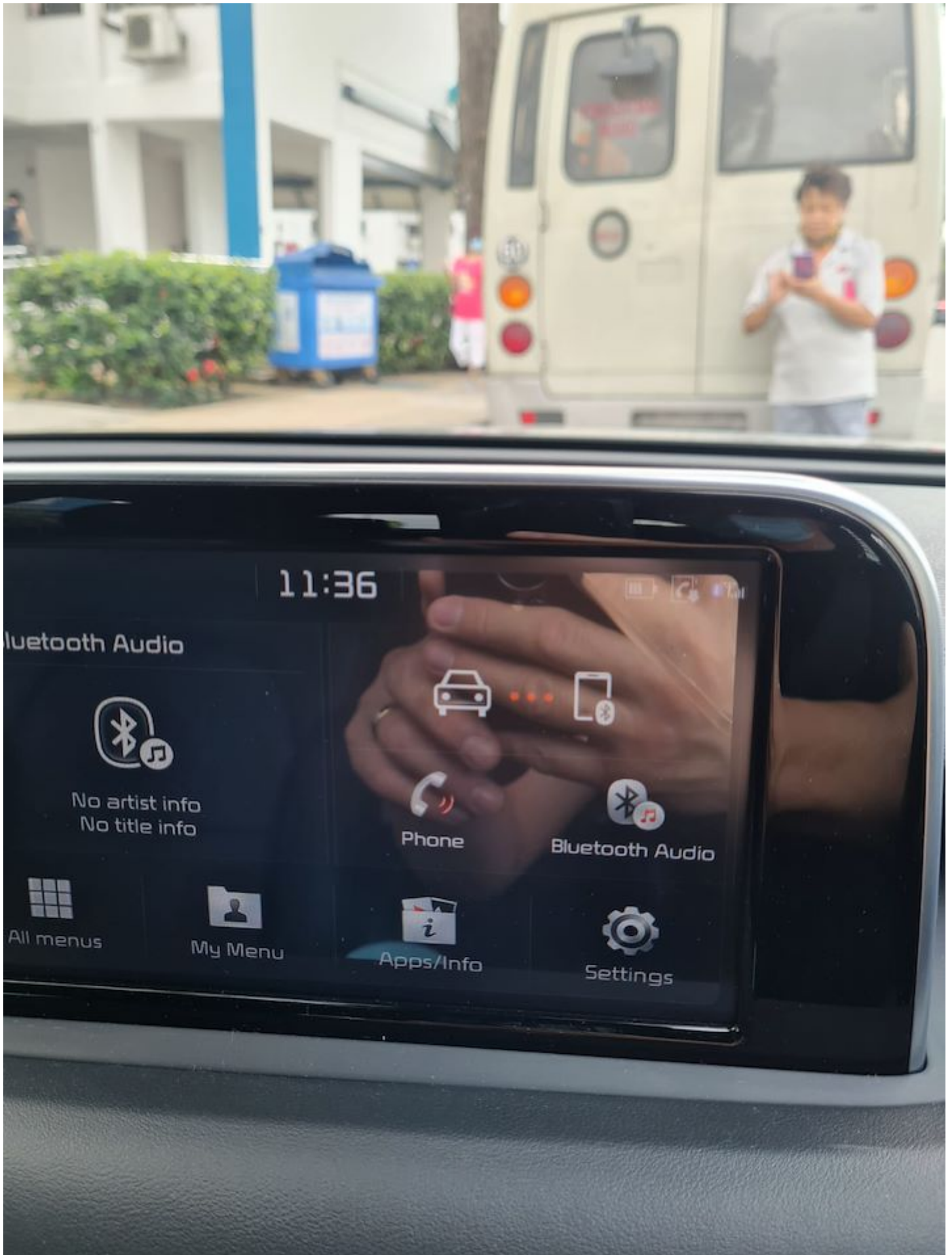
















Annex D

## NOTICE OF REPORTING

This is to confirm that Lim Wee Chieh, NRIC/FIN S7525792I, has reported to the Police a non-injury traffic accident which occurred at Marina Parade Road on 28/01/2021 at 1125am involving the following vehicles:

V1:SLZ5691T

V2:PA6531A

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

CHOA CHU KANG NPC  
20 CHOA CHU KANG ST #01  
SINGAPORE 689286  
TEL : 1800-7659999  
FAX : 67673651

Rank/Name of Issuing Officer: SGT(2) Liew Kian HowDate: 28/01/2021 Time: 2357HRSS/D Ref: 94Police Post/Unit: CHOA CHU KANG NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police