

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 | 14/04/2021 09:14 (SGT) |
| Date of Accident | 13/04/2021 17:10 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS JURONG NEAR WHITLEY ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMQ1699J |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LIM LARK |
| NRIC No | S7834808I |
| Email Address | limlark@gmail.com |
| Mobile Phone No | (Phone) +65-96819066 |
| Alternative Phone No | +65-96819066 |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Nissan |
| Model | Serena |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1200 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1900232720 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-----------|
| Name of Driver | LIM LARK |
| NRIC No | S7834808I |

| | |
|--|-----------------------|
| Date Of Birth | 03/11/1978 |
| Occupation | Indoor |
| Date Of Driving Pass | 03/01/2003 |
| Driving experience | 18 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96819066 |
| Alt. Phone Number | +65-96819066 |
| Email Address | limlark@gmail.com |
| Address | NA |
| Address complement | - |
| Postcode | - |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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 | Kampong Java Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002959999 |
| Alt. Police Station Phone No | (Fax) +65-63913442 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHE STATEMENT AND VIDEO

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 | SMR5051X |
| Vehicle Manufacturer | Audi |
| Vehicle Model | A3 |
| Vehicle Variant | - |
| Vehicle Colour | Black |
| Vehicle Category | Private car |

| | |
|---|-----------------------|
| Name of Driver | DARREL KHOO WEI CHONG |
| NRIC No | S9147263E |
| Contact Number | (Phone) +65-87483978 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | ACCIDENT |
| Details of property damaged in accident | REAR RIGHT PORTION |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

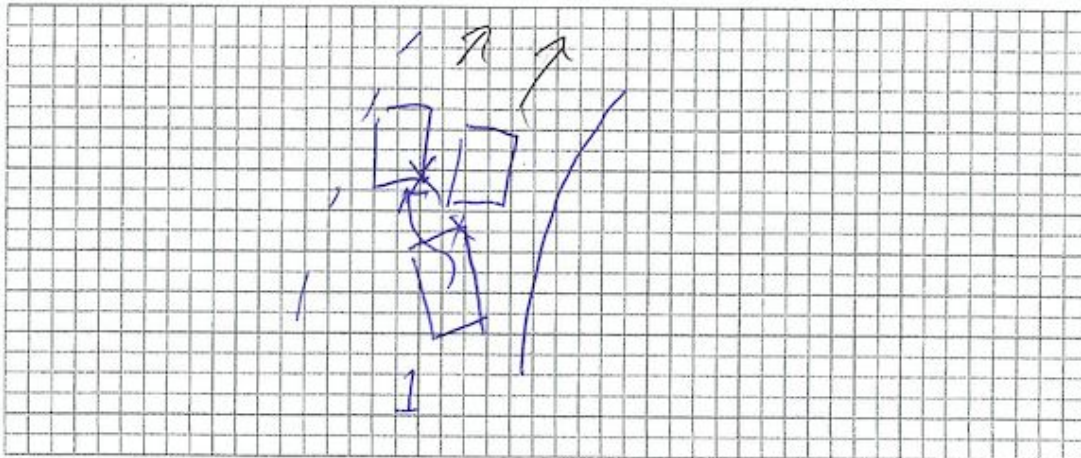
| | |
|---|-----------------|
| Vehicle Registration Number | SME6946B |
| Vehicle Manufacturer | Mazda |
| Vehicle Model | 3 |
| Vehicle Variant | - |
| Vehicle Colour | BlueGreen |
| Vehicle Category | Private car |
| Name of Driver | SIM JUNG CHUNG |
| NRIC No | S7125192F |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | ACCIDENT |
| Details of property damaged in accident | REAR RH PORTION |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | | | | |
|---|---------------------------------------|------------------|----------------|-------|
| Accident Date: | 13/4/2021 | Accident Time: | 1710 | AM/PM |
| Accident Location: | PIE towards Tuas near Whitley flyover | | | |
| - Details of circumstances - | | | | |
| <p>I was driving home, and just filtered to the right most lane. The vehicle in front of me SMR5051 was adequately distanced. We were travelling at about 70kph. SMR5051 suddenly braked and swerved to the left to avoid SME6946B. I have also applied the brakes but was not able to stop in time. I've also tried to swerve to the left to avoid SME6946B. My vehicle hit SMR5051 at the rear right bumper. Upon alighting and confirming no injuries to all parties, I also realised that there is slight indentation on the rear left bumper of SME6946B. SME6946B had made an emergency stop to avoid a further collision in front.</p> | | | | |
| Third Party Details: - | | | | |
| (B) Veh No: | SMR5051 | (C) Veh No: | SME6946B | |
| (B) Veh Model: | Audi A3 | (C) Veh Model: | Used Mazda 3 | |
| (B) Driver Name: | Parrel Khoo Wei Chong | (C) Driver Name: | Sim Jung Chung | |
| (B) ID No: | S9147263E | (C) ID No: | S7125192F | |
| (B) Contact No: | 87483978 | (C) Contact No: | | |

DECLARATION

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

Policyholder's Signature

Date & Time: 14/4/2021 8:49 am

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

14/4/21 P. Lim

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

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


























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20210415/2038

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Report No. T/20210415/2038

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| SMQ1699J | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1900232720 | 31/10/2019 | 30/10/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|------------------------|--|--|------------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | SIM JUNG CHUNG | | ID No. | S7125192F |
| Related Vehicle | SME6946B (Car) | | Contact No. | NIL |
| 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 LARK | | ID No. | S7834808I |
| Related Vehicle | SMQ1699J (Car) | | Contact No. | 96819066 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | DARREL KHOO WEI CHIANG | | ID No. | S9147263E |
| Related Vehicle | SMR5051X (Car) | | Contact No. | 87483978 |
| 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 |



SINGAPORE POLICE FORCE



T/20210415/2038

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Report No. T/20210415/2038

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 15/04/2021 12:20 | Vide Report No.: | Station Diary No.: 26 |
|--|------------------|--------------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: LIM LARK | | Address: APT BLK 556 JURONG WEST STREET 42 #10-431 SINGAPORE 640556 | |
| ID Type / ID No.: NRIC NO / S78348081 | | Contact No.: Home/Office: Mobile: 96819066 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 42 | Date of Birth: 13/11/1978 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: IT CONSULTANT | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| | | | | |
|--|------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 13/04/2021 17:10 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
|-------------|------|--------|------------------------------------|-------|------------------|------------------|
| SME6946B | Car | MAZDA | 3 | Blue | Slightly Damaged | 1 |
| SMQ1699J | Car | NISSAN | SERENA 1.2L HIGHWAY STAR PREMIUM E | White | Slightly Damaged | 1 |
| SMR5051X | Car | AUDI | A3 | Black | Slightly Damaged | 3 |



**SINGAPORE
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21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20210415/2038

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Report No. T/20210415/2038

CONTINUATION OF REPORT

Brief Details.

On the 13/04/2021 at about 1710hrs, I was travelling along PIE towards Tuas highway on the first lane near to whitely flyover, on my vehicle bearing: SMQ1699J. There was one Audi A3 vehicle bearing the number plate : SMR5051X in front of me. The Audi A3 vehicle was avoiding a stationary vehicle in front of him which was a Mazda 6 bearing the number plate : SME6946B which also tried to avoid collision in front of him. I then tried to avoid collision of the car in front SMR5051X by E-braking however I could not stop in time as such I collided with the Audi A3 from the rear. I wish to state that at that point of time, I did not realize that I hit the Mazda 6 rear as well.

I then alighted to check with the other driver. When I was alighting, I realized that I had collided with the Mazda 6 as well. There were no injuries to all parties. I then exchanged my particulars with the other parties. At about 1730hrs, LTA arrived at the scene location and informed all parties to settle the case at our own convenience.

As for now, I am feeling fine and I do not required any immediate medical attention. I wish to state the damages sustained on my vehicle were the front left bumper was slightly damaged and the right bumper was heavily damaged. There is also an in-car camera in my vehicle that recorded the whole incident. No government property was damaged.

I am lodging this report for insurance claim.





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20210415/2038

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Report No. T/20210415/2038

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 /
SC2 MOHAMED ABUFIRNAS MOHAMED
YUNUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt **WONG SIEU HUI**

Contact No: **5474885**

SN 72

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
15/04/2021 12:20

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : ST0X214E0001 Vehicle Registration No: SMQ1699J
Name (as shown in NRIC) : LIM LARK NRIC/FIN/Passport No : NA
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : NA Singapore ()
Contact (Tel) : _____ Mobile No. : 96819066
Email Address : limlark@gmail.com
Date of Accident : 13/04/2021 Time of Accident : 1710hrs
Place of Accident : PIE TOWARDS JURONG NEAR WHITLEY
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSERT POLICE REPORT T/20210415/2038

Policyholder / Driver's Signature
Date: 15/04/2021

Reporting Centre Personnel's Signature
Name: SAYEDINAH ALI
NRIC/FIN No.: _____
Date: 15/04/2021