



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	07/06/2021 12:11 (SGT)
Date of Accident	06/06/2021 17:40 (SGT)
Exact Location of Accident	Sengkang W Way, Singapore
Additional Location Information	SENGKANG WEST WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH178A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SI PENG ANTHONY
NRIC No	SXXXX062B
Email Address	ANTHONY.LIMSP@GMAIL.COM
Mobile Phone No	(Phone) +65-96673936
Alternative Phone No	+65-96673936

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900077935-01
Cover Note Number	-

DRIVER

Name of Driver	LIM SI PENG ANTHONY
NRIC No	SXXXX062B



Date Of Birth	17/06/1991
Occupation	Indoor
Date Of Driving Pass	10/11/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96673936
Alt. Phone Number	+65-96673936
Email Address	ANTHONY.LIMSP@GMAIL.COM
Address	16 SUNRISE AVENUE
Address complement	-
Postcode	806678
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG XIN HUI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
COLLISION-HEAD TO SIDE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	MEMORY CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY:11

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

SBS5022E

Bus

THEVENTHARAN D MURUGESU
(Phone) +65-82626084

SBS BUS NO.86

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?

PEDESTRIAN

No
Yes

SKETCH PLAN

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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.

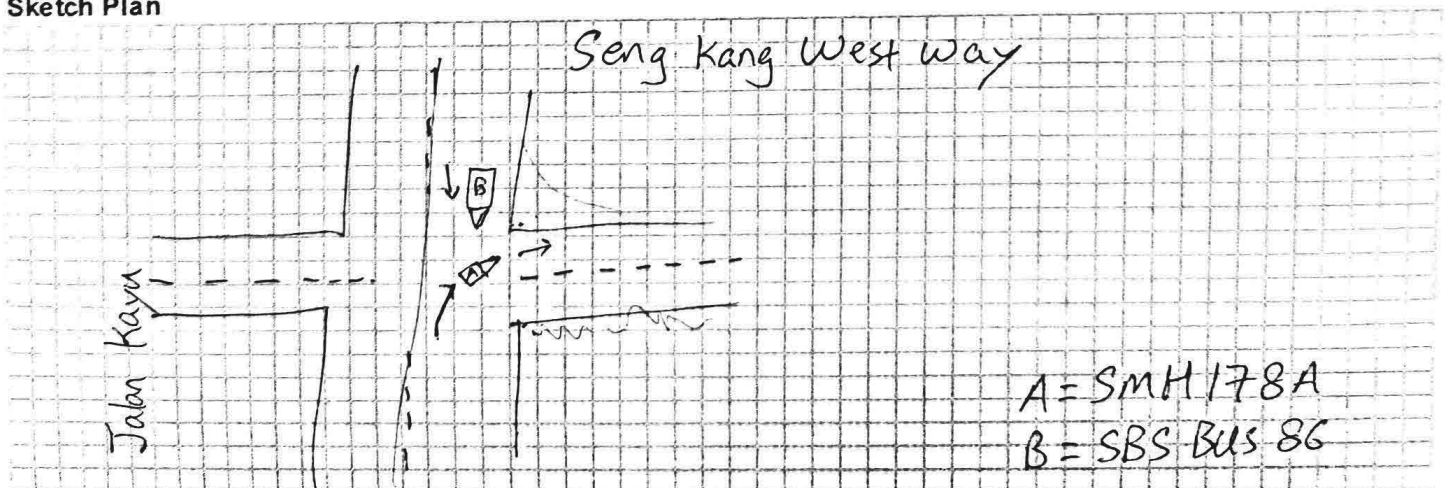
 06/06/2021 (17:40)
Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident


Refer to attachment

Declaration

We declare the foregoing particulars are true in every respect.

 06/06/2021 (17:40)
Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210606/7026

1 of 4

Report No. T/20210606/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/06/2021 23:28

Vide Report No.:
F/20210606/0212

Station Diary No.:

Informant's Particulars

Name of Informant:
LIM SI PENG ANTHONY

Address:
16 SUNRISE AVENUE SINGAPORE 806678

ID Type / ID No.:
NRIC NO / S 062B

Contact No.:
Home/Office: Mobile: 96673936

Nationality:
SINGAPORE CITIZEN

Email:
ANTHONY.LIMSP@GMAIL.COM

Sex: Male Age: 29 Date of Birth: 17/06/1991

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Engineer Programmer

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident: Injury Attended by Police

Drink Drive:
No

Date/Time of Accident:
06/06/2021 17:40

Type of Location:
X-Junction

Location:

SENGKANG WEST WAY

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Side Swipe - Opposite Direction

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMH178A	Car	KIA	STINGER 2.0A 2WD SUNROOF	Red		0
	SBS Bus No. 86					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210606/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210606/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH178A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900077935-01	26/03/2021	25/03/2022

Details of Person Involved				
Any Pedestrian Involved: Yes				
No. of Pedestrians Injured: 2			Use of Pedestrian Crossing: Used	
Passenger				
Name	NG XIN HUI		ID No.	NIL
Related Vehicle	SMH178A (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	LIM SI PENG ANTHONY		ID No.	S 062B
Related Vehicle	SMH178A (Car)		Contact No.	96673936
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	THEVENTHARAN D MURUGESU		ID No.	G 358T
Related Vehicle	(SBS Bus No. 86)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



SINGAPORE POLICE FORCE



T/20210606/7026

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210606/7026

CONTINUATION OF REPORT

Pedestrian			
Name	Unknown Pedestrian		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Pedestrian			
Name	Unknown Pedestrian		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

Incident happen at Jalan kayu, sengkang West way cross junction.

I was driving a red car at Jalan kayu road beside ju eng home traffic light, about to make a right turn, it was green light, I check on the right side for Pedestrian and saw there was people crossing, so I waited for the path to be clear, when I accelerate my car to move forward I notice the bus was still at a far distance, so I accelerate to the cleared path to make the right turn into sengkang west way, the next thing I notice the bus was moving very fast heading towards my direction, and in a split second the bus ramp into the rear of my car, I felt my car spinning. And I stop everything. I turn left to check if my wife is ok, and notice my cars airbag was activated on the left side. Next I went down to see if everything is OK, but I was shocked to see a man lying at the side of the curb at sengkang West way roadside, his wife and 2 daughters were with him, and later on many pedestrian came to help out. One of the passerby came to help out and called 995. After which the ambulance and traffic police came to assist on this accident.

I have photos of my car's condition, and video of the incident happen, capture by my car dashcam, my car memory card was taken away by a traffic police officer after that.



**SINGAPORE
POLICE FORCE**



T/20210606/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210606/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL MUHAJMIN BIN HUSSAIN
Contact No.: 65476090

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/06/2021 23:28

Classification Of Case: