SN0821710001-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 01/07/2021 11:54 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (01/07/2021 15:03 (SGT))

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 Submission	01/07/2021 11:54 (SGT)
Date of Accident	30/06/2021 10:30 (SGT)
Exact Location of Accident	183 Toa Payoh Central, Singapore 310183
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7312R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM JUN KAI
NRIC No	SXXXX403C
Email Address	bo_junkai@hotmail.com
Mobile Phone No	(Phone) +65-91177580
Alternative Phone No	+65-91177580

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900189929
Cover Note Number	-

DRIVER

Name of Driver	LIM JUN KAI
NRIC No	SXXXX403C

Date Of Birth	22/09/1989
Occupation	Indoor
Date Of Driving Pass	10/06/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-91177580
Alt. Phone Number	+65-91177580
Email Address	bo_junkai@hotmail.com
Address	BLK 596A ANG MO KIO STREET 52 #13-313
Address complement	-
Postcode	561596
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	Collision - Major/Minor Rd
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?	No
Was any other vehicle 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	LOW GEOK ENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquaters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT E/20200630/7040

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	SLE1654M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	FWD Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM JUN KAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMP7312R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
6. 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.
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.

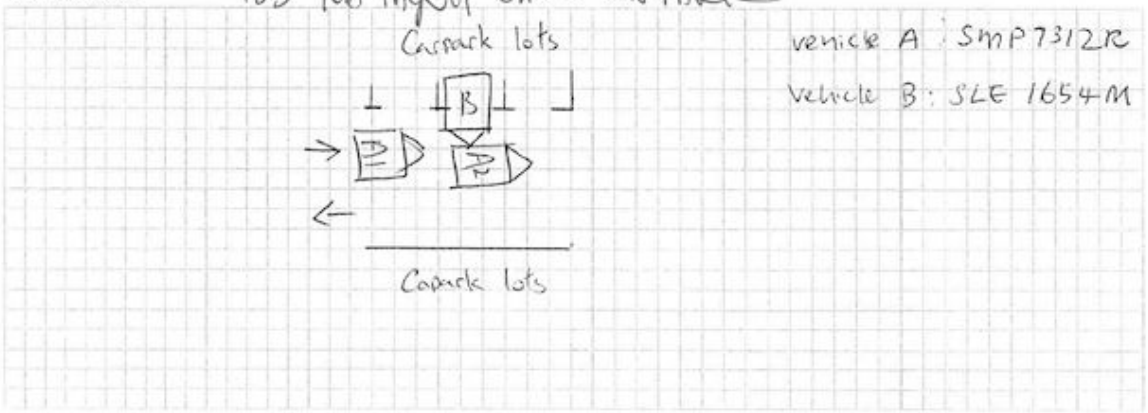
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		01/07/2021

Sketch Plan 183 Toa Payoh Ctrl Carpark



Describe Circumstances of the Accident

On the stated date & time, 1 vehicle 'A' was travelling straight in the carpark compound. suddenly vehicle 'B' came out of his parking lot abruptly. causing a collision between both vehicles. This accident caused the left portion of my vehicle to be damaged severly

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

01/07/2021

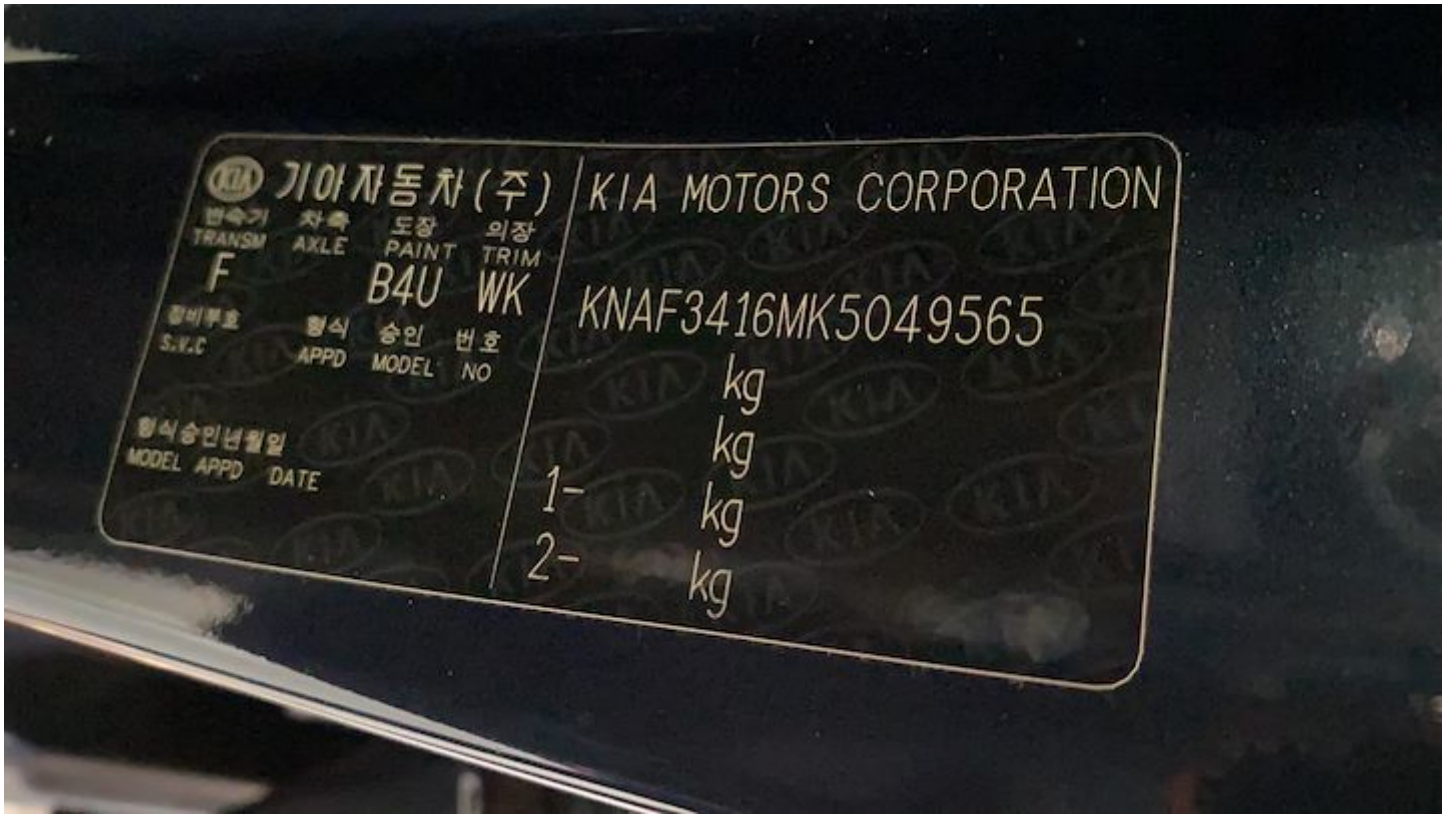
Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4


기아자동차(주)
KIA MOTORS CORPORATION
변속기 TRANSM
차축 AXLE
도장 PAINT
의장 TRIM
F
B4U
WK
S.V.C
형식 APPD
승인 MODEL
번호 NO
KNAF3416MK5049565
형식승인년월일
MODEL APPD DATE
kg
kg
1- kg
2- kg

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

E/20210630/7040

POLICE REPORT (NP299)

Report No. E/20210630/7040

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made	Vide Report No.	Station Diary No.
30/06/2021 22:40		

Name Of Informant	Address
LIM JUN KAI	596A ANG MO KIO STREET 52 #13-313 SINGAPORE 561596
ID Type / ID No. NRIC NO / S8932403C	Contact No. Home/Office: Mobile: 91177580
Nationality SINGAPORE CITIZEN	Email Address bo_junki@hotmail.com

Occupation	Sex	Age	Date of Birth	Race
Recruitment	Male	31	22/09/1989	Chinese

Institution/School Name	Language
	English

Date/Time Of Incident	Location Of Incident
30/06/2021 10:30	LORONG 6 TOA PAYOH

Brief details.

On the mention date and time I was driving car plate bearing SMP7312R with passenger at the front left passenger seat By the name of Low Geok Eng (S1150640B) we were all belted

I was driving straight at the car park suddenly Vehicle SLE1654M accelerate out of his parking lot and hit onto my left portion of my vehicle.

After the accident I head home I rested and In the evening I felt soreness at my chest neck shoulder back

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2021 22:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

E/20210630/7040

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. E/20210630/7040

and my right arm i when to nearby clinic silver cross family clinic at 846 yishun and was given 3 day of mc

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2021 22:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: S66SS0020G / 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 : SN0821710001 Vehicle Registration No: SMP 7312R

Name(as shown in NRIC) : Lim Jun Kai NRIC/FIN/Passport No : S9932403C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 596A Ank St 52 #13-313 Singapore(561596)

Contact (Tel) : Mobile No. : 9117 7580

Email Address :

Date of Accident : 30-06-2021 Time of Accident : 10:30hrs.

Place of Accident : 183 TPY Central CP

Insurance Company : AIG

(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:

Attached Police Report No: E/20210630/7040

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 01/07/2021