

## 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 ..... 22/07/2021 13:40 (SGT)  
Date of Accident ..... 08/07/2021 14:10 (SGT)  
Exact Location of Accident ..... Geylang, Singapore  
Additional Location Information ..... GEYLANG BAHRU  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP1897J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIA YEK LIM ANDREW  
NRIC No ..... SXXXX668C  
Email Address ..... GAVINCKH@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-97338148  
Alternative Phone No ..... (Home) +65-97338148

#### 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 - Reporting only  
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 ..... 1900150720  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHIA YEK LIM ANDREW  
NRIC No ..... SXXXX668C

Date Of Birth .....	22/12/1939
Occupation .....	Indoor
Date Of Driving Pass .....	20/02/1963
Driving experience .....	58 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97338148
Alt. Phone Number .....	(Home) +65-97338148
Email Address .....	GAVINCKH@SINGNET.COM.SG
Address .....	10E BRADDELL HILL #05-17
Address complement .....	-
Postcode .....	579424
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 .....	Collided into Parked Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NAH MEW KHENG DORIS
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Boon Teck Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002549999
Alt. Police Station Phone No .....	(Fax) +65-63554310
Police Station Address .....	Blk 207 Toa Payoh North #01-1231 Singapore 310207
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

OWNER NOT AWARE OF THIS HAPPEN. REFER TO POLICE REPORT.

#### 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 .....	SFB188K
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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 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 &amp; Time:

21/7/2021

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

21/7/2021



Reporting Centre Personnel's Signature

Name: WUHAM

NRIC/FIN No.:

[illegible]

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

4.4 / pm

Date & Time:

NRIC/FIN No.:















**SINGAPORE  
POLICE FORCE**



T/20210716/2115

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20210716/2115

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/07/2021 17:47		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: CHIA YECK LIM ANDREW			Address: 10E BRADDELL HILL #05-17 SINGAPORE 579724		
ID Type / ID No.: NRIC NO / S0284668C			Contact No.: Home/Office: 96786870      Mobile: 97338148		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 81	Date of Birth: 22/12/1939	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2021 14:10	Type of Location: Straight Road
Location:  GEYLANG BAHRU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Not aware				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMP1897J	Car	KIA	CERATO 1.6(A) EX	Grey	No Damage	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210716/2115

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20210716/2115

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHIA YECK LIM ANDREW	ID No.	S0284668C
Related Vehicle	SMP1897J (Car)	Contact No.	96786870
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
<b>Passenger</b>			
Name	NAH MEOW KHENG, DORIS	ID No.	S0337140I
Related Vehicle	SMP1897J (Car)	Contact No.	63521329
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

**Brief Details.**

On 16/07/2021, I discovered a letter from Traffic Police, ref no: TP/IP/33433/2021 stating that I was involved in a traffic accident involving my car, SMP1897J along Geylang Bahru on 08/07/2021 at 2.10pm. I wish to inform that at the stated date and time, I went to Geylang Bahru Market and Food Centre. I was together with my wife at the point of time. I wish to inform that I was not involved in any accident with a person or any vehicle.



**SINGAPORE  
POLICE FORCE**



T/20210716/2115

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

3 of 3

Report No. T/20210716/2115

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 / Sr Staff Sgt MUHAMMAD AFIQ BIN SAIFUL BAHRY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/07/2021 17:47
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 6547615	Classification Of Case:  SN 62
Authentication Stamp NP168 	





**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 14 Jul 2021

Your Ref :  
Our Ref : TP/IP/33433/2021

CHIA YECK LIM ANDREW  
APT BLK 10E BRADDELL HILL  
#05-17  
SINGAPORE 579724

000010



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SMP1897J ALONG GEYLANG BAHRU ON 08 JUL 2021  
@ 2.10 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer NEO ZHI YUAN at his / her office number: 65476079 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

LIM KIAN HENG (SUPT)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.



51 CUBA LANE #01-25 PAVILION INDUSTRIAL PARK, SINGAPORE 498933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC6/AIG21007583/Ara3

16 July, 2021

**CHIA YECK LIM ANDREW**  
10E BRADDELL HILL BRADDELL VIEW  
#05-17  
SINGAPORE 579724

Dear Sirs,

**ACCIDENT INVOLVING SMP 1897J AND SFB 188K ON 08/07/2021 14:10  
ALONG/ 69 GEYLANG BAHRU SINGAPORE 330069**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD-PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centers. You may refer to your Certificate of Insurance for the list of the reporting centers.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

**Jaslin Kok**  
Claims  
Tel : 6841 2157  
Fax: 6741 4108  
Email : Jaslinkok@lkkauto.com

*c.c. Claims Manager  
AIG Asia Pacific Insurance Pte Ltd  
(Motor Claims Dept)*



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD  
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED  
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED  
COMPANY NO. 196400304H

## Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

## Motor Accident Repair Basic Information

Date of Accident	8/07/2021 8/7/2021
Time of Accident (24hr format)	2.10 PM
Exact Location of Accident	Geylang Bahru

## Own Vehicle Details

Vehicle Registration Number	SMP 1897 J
INSURED/ POLICY/HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company Chia Yeck Lim Andrew
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 0284668C

## Vehicle Particulars (Own Vehicle)

Model	KIA CERATO 1.6 (A) EX
Exact purpose for which vehicle was being used at the time of accident	Normal Driving / Personal
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

## Insurance Company (Own Vehicle)

Insurance Company	AI & Asia Pacific Insurance Pte Ltd
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1900150720

## Driver

Name of Driver	Chia Yeck Lim Andrew
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 0284668C
Date of Birth	22/12/1939
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Driving Pass Date	20/02/1963
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	97338148
Office / Home / Other Numbers	
Home Address	APT. BK 10 E Braddell Hill #05-17
Email Address	
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: owner
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:

Ver. Jun 2018/B&amp;P



General Information Of The Accident	
Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	TWO
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, against whom?	
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	2
Passenger (Name and Gender)	NAH MEW KHEAG DORIS Female
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SFB 188 K		
Vehicle Make/ Model/ Colour			
Details of Property Damaged in Accident			
Vehicle Category			
Name Of Driver			
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN		
Contact Number			
Name of Insurance Company			
Nature of Damage			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

Details of Injured Person	
Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE: 