

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 10/09/2021 10:15 (SGT)
Date of Accident 09/09/2021 14:00 (SGT)
Exact Location of Accident Boundary Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU462G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM JIESHENG
NRIC No SXXXX153J
Email Address tylerjiesheng@gmail.com
Mobile Phone No (Phone) +65-92236855
Alternative Phone No +65-92236855

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100470367-05
Cover Note Number -

DRIVER

Name of Driver LIM JIESHENG
NRIC No SXXXX153J

Date Of Birth	18/10/1988
Occupation	Indoor
Date Of Driving Pass	03/05/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92236855
Alt. Phone Number	+65-92236855
Email Address	tylerjiesheng@gmail.com
Address	25-4 BOUNDARY ROAD
Address complement	-
Postcode	549961
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?	No
Was any other vehicle 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	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

PLS REFER TO THE ATTACHED STATEMENT.

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	FBS5330R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM JIESHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGU462G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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:

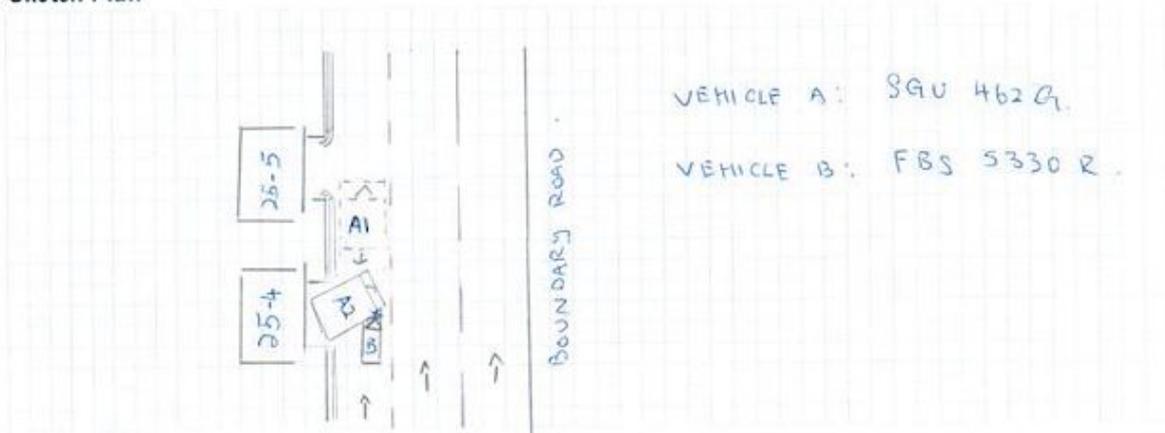
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 10/09/21
 Witnessed by Reporting Centre Personnel

Sketch Plan



On the stated date and time, i was driving my vehicle SGU462G back home to Boundary road, i stopped with the intent of reversing back into my housing unit 25-4 Boundary road and I had turned on the hazard light and made sure that there is clear traffic from the rear view mirror behind my lane.

I then slowly proceeded to reverse into my unit.

I saw suddenly a motorbike appearing on my side view mirror and side window while i was almost done reversing into my unit.

I stopped my reversing immediately and heard a crash into the driver side of the vehicle.

I stopped my engine and exited to ensure the bike rider was ok.



**SINGAPORE
POLICE FORCE**



T/20210909/7035

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

2 of 3
Report No. T/20210909/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU462G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100470367-05	16/06/2021	15/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TYLER JIE SHENG LIM	ID No.	S8840153J
Related Vehicle	SGU462G (Car)	Contact No.	92236855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On 09/09/2021 at about 2pm, I was going to reverse into my home as that is the only way to park at my place.

I had stopped and put on the hazard light. I have checked that there was no vehicle behind before I slowly reverse my vehicle back into my home.

As I was almost done reversing in, I saw a motor bike appearing suddenly from my side window and side mirror.

I stopped immediately and he crashed into my vehicle on the driver's side.

I had turned off my engine and alighted to check if he is okay.

Traffic police was informed and attended to us for statement.

I had developed a neck discomfort subsequently and went to see a doctor. I was given 7 days of medical leave due to the nature of my work and also the condition.























**SINGAPORE
POLICE FORCE**



T/20210909/7035

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

1 of 3

Report No. T/20210909/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2021 19:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TYLER JIE SHENG LIM			Address: 25-4 BOUNDARY ROAD SINGAPORE 549961		
ID Type / ID No.: NRIC NO / S8840153J			Contact No.:		Mobile: 92236855
Nationality: SINGAPORE CITIZEN			Email: TYLERJIESHENG@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 18/10/1988	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: General practitioner/physician			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: 09/09/2021 14:00	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS5330R	Motorcycle					0
SGU462G	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Red		0



**SINGAPORE
POLICE FORCE**



T/20210909/7035

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

2 of 3
Report No. T/20210909/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU462G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100470367-05	16/06/2021	15/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TYLER JIE SHENG LIM	ID No.	S8840153J
Related Vehicle	SGU462G (Car)	Contact No.	92236855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On 09/09/2021 at about 2pm, I was going to reverse into my home as that is the only way to park at my place.

I had stopped and put on the hazard light. I have checked that there was no vehicle behind before I slowly reverse my vehicle back into my home.

As I was almost done reversing in, I saw a motor bike appearing suddenly from my side window and side mirror.

I stopped immediately and he crashed into my vehicle on the driver's side.

I had turned off my engine and alighted to check if he is okay.

Traffic police was informed and attended to us for statement.

I had developed a neck discomfort subsequently and went to see a doctor. I was given 7 days of medical leave due to the nature of my work and also the condition.



**SINGAPORE
POLICE FORCE**



T/20210909/7035

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

3 of 3

Report No. T/20210909/7035

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 / PHUA TIAK YEE Contact No.: 65472077

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 09/09/2021 19:46
Classification Of Case:

NP168