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.

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 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 01/10/2021 15:33 (SGT) Date of Accident 30/09/2021 18:30 (SGT) Exact Location of Accident New Upper Changi Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8997

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lim Tow Leong NRIC No. S7231397F Email Address albertlim@yahoo.com Mobile Phone No (Phone) +65-96265220 Alternative Phone No +65-96265220

VEHICLE PARTICULARS

Manufacturer Audi Model A6 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 1798

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900252193-01 Cover Note Number

DRIVER

Name of Driver Lim Tow Leong NRIC No. S7231397F

Date Of Birth 01/09/1972 Occupation Indoor Date Of Driving Pass 14/08/1995 Driving experience 26 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96265220 Alt. Phone Number +65-96265220 Email Address albertlim@yahoo.com Address 99 Parbury Avenue Address complement Postcode 467331 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 No Collision Weather Conditions Drizzling Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Bedok Neighbourhood Police Post Police Station Phone No (Phone) +65-18002419999 Alt. Police Station Phone No (Fax) +65-64431687 Police Station Address Blk 15 Bedok South Road #01-117 Singapore 460015 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the police report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBJ1109M Vehicle Manufacturer

Motorcycle

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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	Mark Hoe Male
Phone No	(Phone) +65-88086715
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ1109M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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, acknow ledge, 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' law yers/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.

EN UPPER CHANGI

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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

Witnessed by Reporting Centre

Sketch Plan

20AN

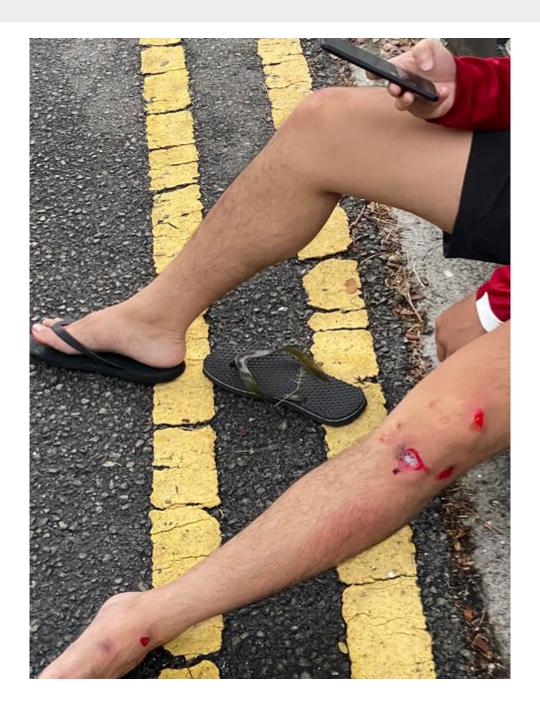
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Angie Soh

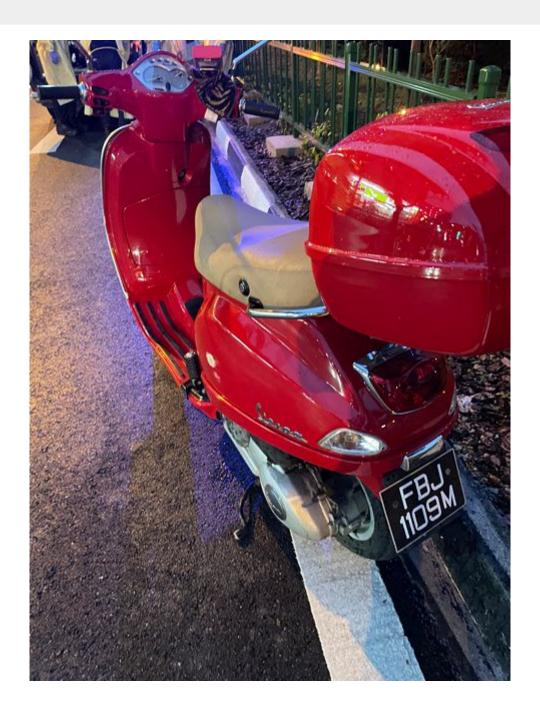
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holder's Signature / Date	& Driver's Signature (If driver is	s not the policyholder) / Pate	Witnessed by Reporting Ce	ntre
		o not the pointy floridary / Date	Personnel	
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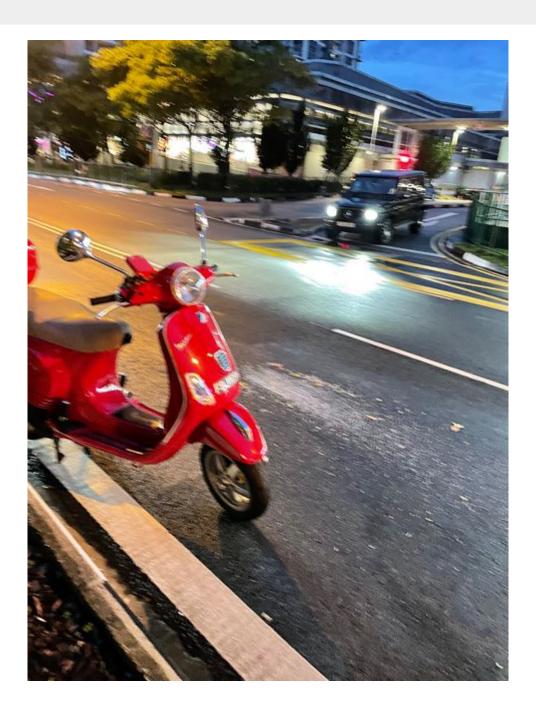


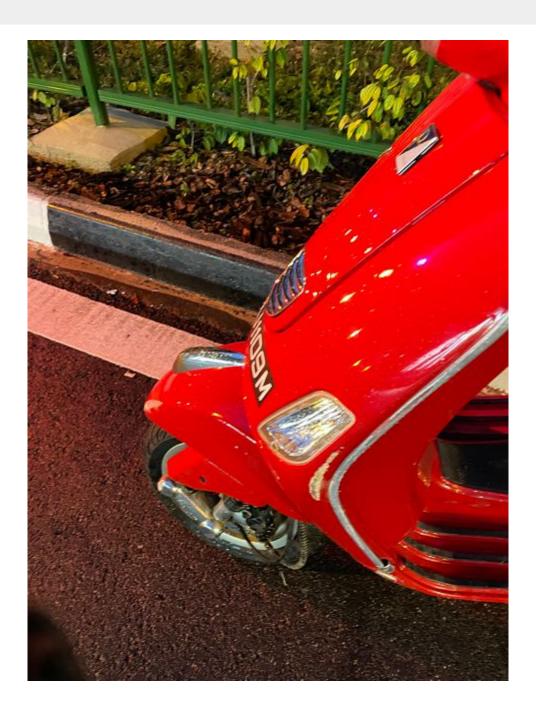


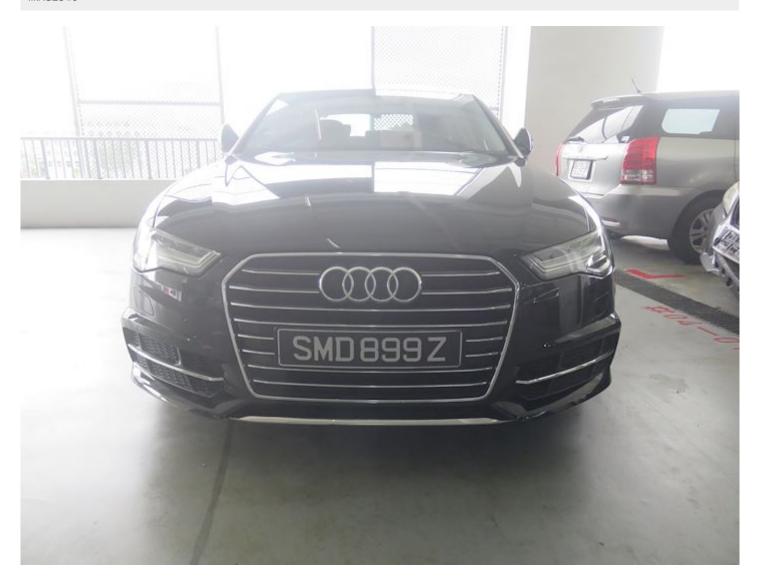














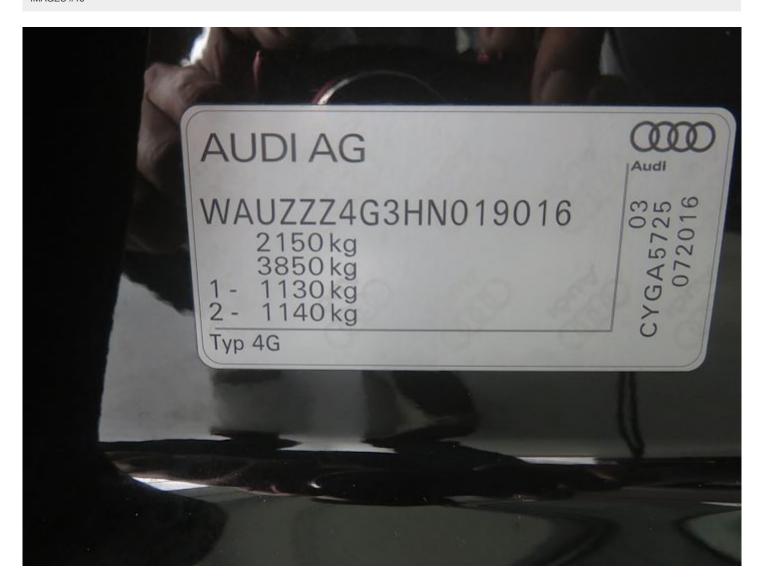












Officer- In -Charge	Name: Lim Tow Leong
Investigation Section	NRIC No: S7231397F
Traffic Police Department	Add: No: 99 Parbuby Avenue
10 Ubi Avenue 3	Singapore 467331
Singapore 408865	Hp: 96265220

Dear Sir/Mdm,

Report of an accident involving SMD899Z and FBJ1109M along New Upper Changi Road

On 30/09/2021 (date) at 1955hrs (time), I lodged a traffic accident report vide: T/20210930/2119

I wish to make an amendment as follows:

I wish to state that in the general information of the accident box, I would like to amend from "Between Moving Vehicles – Side Swipe – Same Direction" to "Others" – No Collision.

Yours faithfully,

Signature

If a police officer records this amendment, please complete the following;

Name / Rank No: SS T6349 Paul Ong

Station Diary No. 07 (01/10/2021)

Signature/

NGAPORE 570025 U.: 1800-4529909





1 of 3

Report No. T/20210930/2119

Police Station Of Origin: Bedok NPP 15 Bedok South Road #01-117 SINGAPORE 460015

Tel No: 1800-2419999

REPORT OF A TRAFFIC ACCIDENT

	9/2021 19:55 Vide Report No.: Station 9/2021 19:55 G/20210930/0194 23					
Informa	nt's Partic	ulars	AND SHAPE	"表现是不是现在,我们还是		
Name of Informant: LIM TOW LEONG			Address: 99 PARBURY AVENUE SINGAPORE 467331			
ID Type / ID No.: NRIC NO / S7231397F		97F	Contact No.: Home/Office: Mobile: 96265220			
Nationality: SINGAPORE CITIZEN		ΈΝ	Email:	921		
Sex: Age: Date of Birth: Male 49 01/09/1972			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Energy manager			Driving Licence Information: Class:	Date of Expiry:		

Type of	Injury	Drink	Date/Time of	Type of Location:
Accident: Attended by Police		Drive: No	Accident: 30/09/2021 18:30	Straight Road
Location: NEW UPPER Weather:	CHANGI ROAD	Road Surface:		Road Speed Limit:
[[[] [[] [] [] [] [] [] [] [] [] [] [] [
Drizzling		Wet		
Drizzling Traffic Flow:		Traffic Control:		Traffic Volume: Moderate

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ1109M	Motorcycle				Slightly Damaged	0
SMD899Z	Car	AUDI	A6 1.8 TFSI ULTRA (PI) (NAV)	Black	No Damage	1

Details of Vo	ehicle Insurance			5 (10) 100
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD899Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900252193-01	30/11/2020	29/11/2021





Police Station Of Origin: Bedok NPP 15 Bedok South Road #01-117 SINGAPORE

Report No. T/20210930/2119

2 of 3

460015 Tel No: 1800-2419999

CONTINUATION OF REPORT

Details of Perso	n Involved		100/4/2015			
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider	and the second second second second			A SEC.		
Name	MARK HOE			ID No.		S9341927H
Related Vehicle	FBJ1109M (Motorcycle)			Conta	ct No.	88086715
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Discharge NIL			
No. of Days gran	ted Medical Leave	NIL		Degree of Injury Slight		
Driver						
Name	LIM TOW LEONG		ID No		S7231397F	
Related Vehicle	SMD899Z (Car)	317 77	Conta	ct No.	96265220	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	w Talent	Date Disc	Date Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the 30 Sept 2021 at about 1830 hrs., I exited the carpark of Blk 209 New Upper Changi Rd and wanting to make a U-Turn near Bedok MRT station. I had exited the carpark and cut across 3 lanes to make the U-Turn however I did not see the motorcycle. After changing lanes, I heard the skidding of tires and subsequently heard a crash. I made a check and realized that a motorcycle had skidded and fell behind me. I did not collide with the motorcycle when attempting the lane change.





Police Station Of Origin: Bedok NPP 15 Bedok South Road #01-117 SINGAPORE

Report No. T/20210930/2119

3 of 3

460015

Tel No: 1800-2419999

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 Recordi G / Sr Staff Sgt SHAHARALAM ABDUL RAZAK		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 30/09/2021 19:55
Officer In Charge Of Case:		Classification Of Case:
TP / GIT / Sgt 3 MUHAMMAD AFIQ B Contact No.: 65476171	IN RAHMATNGAPORE POLICE FORCE	
Authentication Stamp NP168	SIGN	ATURE

