

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 18/01/2022 16:18 (SGT)
Date of Accident 17/12/2021 19:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information KJE SLIP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV8628C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM THIN CHAI
NRIC No S1510170I
Email Address andylim8628@gmail.com
Mobile Phone No (Phone) +65-96526981
Alternative Phone No +65-96526981

VEHICLE PARTICULARS

Manufacturer Toyota
Model Rav4
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 1987

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070176605-01
Cover Note Number -

DRIVER

Name of Driver LIM JIA AN
NRIC No S9517900B

Date Of Birth	19/05/1995
Occupation	Indoor
Date Of Driving Pass	07/02/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90226280
Alt. Phone Number	-
Email Address	limjareth@gmail.com
Address	703 CHOA CHU KANG STREET 53 #07-54
Address complement	-
Postcode	680703
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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 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	PEH YI YAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT T/20211218/2055

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	FILE TOO BIG (WITH OWNER)
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP6613C
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Vehicle Manufacturer	BMW
Vehicle Model	520i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIN JUN XIAN
NRIC No	S8509461J
Contact Number	(Phone) +65-91882242
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

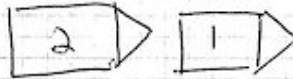
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/1/22

Reporting Centre Personnel's Signature
Name: Seiamatshahn
NRIC/FIN No.:

SKETCH PLAN

1 - SJV 8628C
2 - SKP 6613C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached BGce Report.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input checked="" type="checkbox"/>	Reporting Only
	<input type="checkbox"/>	Claim OD
	<input type="checkbox"/>	Claim TP
	<input type="checkbox"/>	Claim OD / TP at other workshop

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

















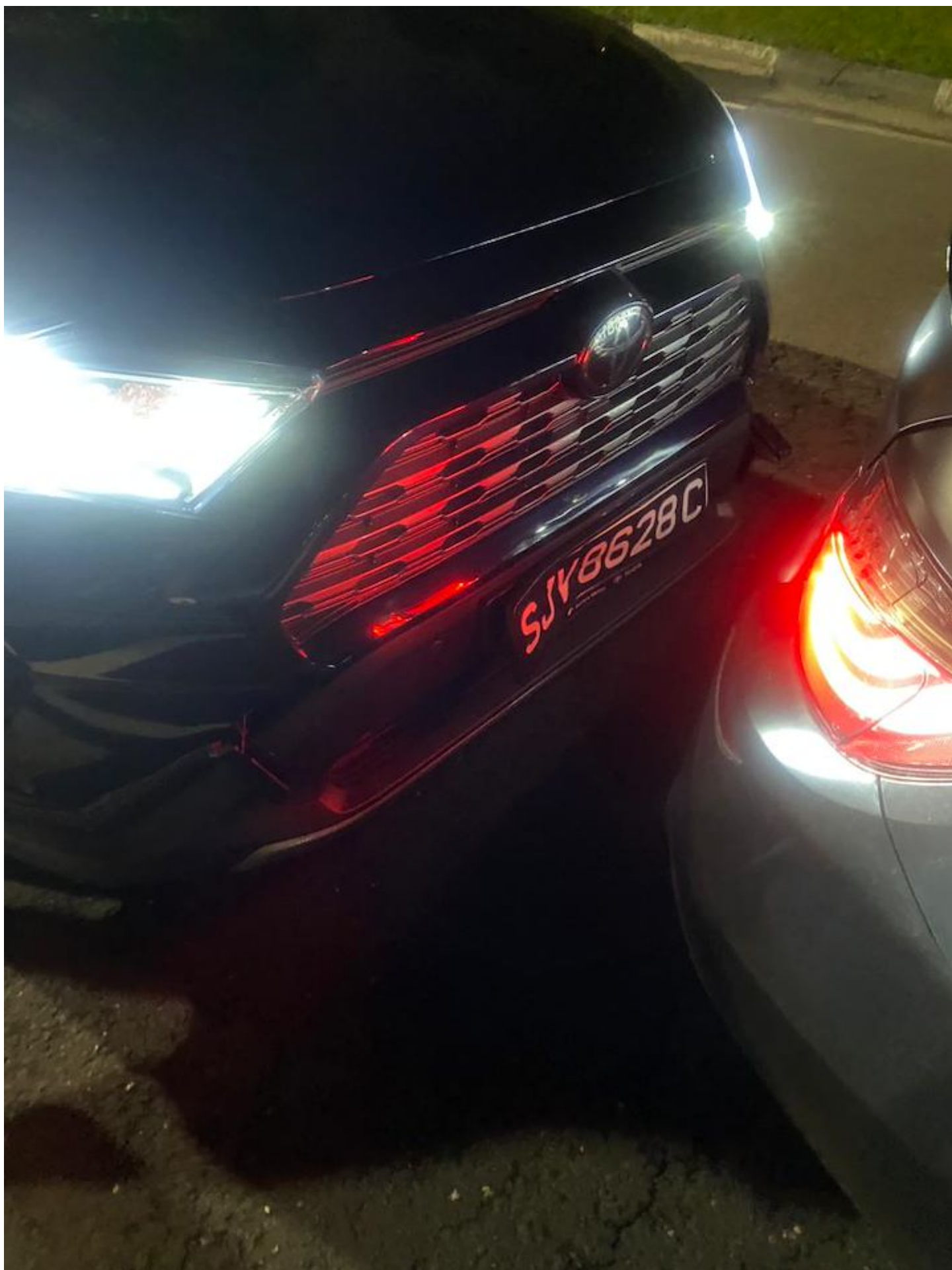


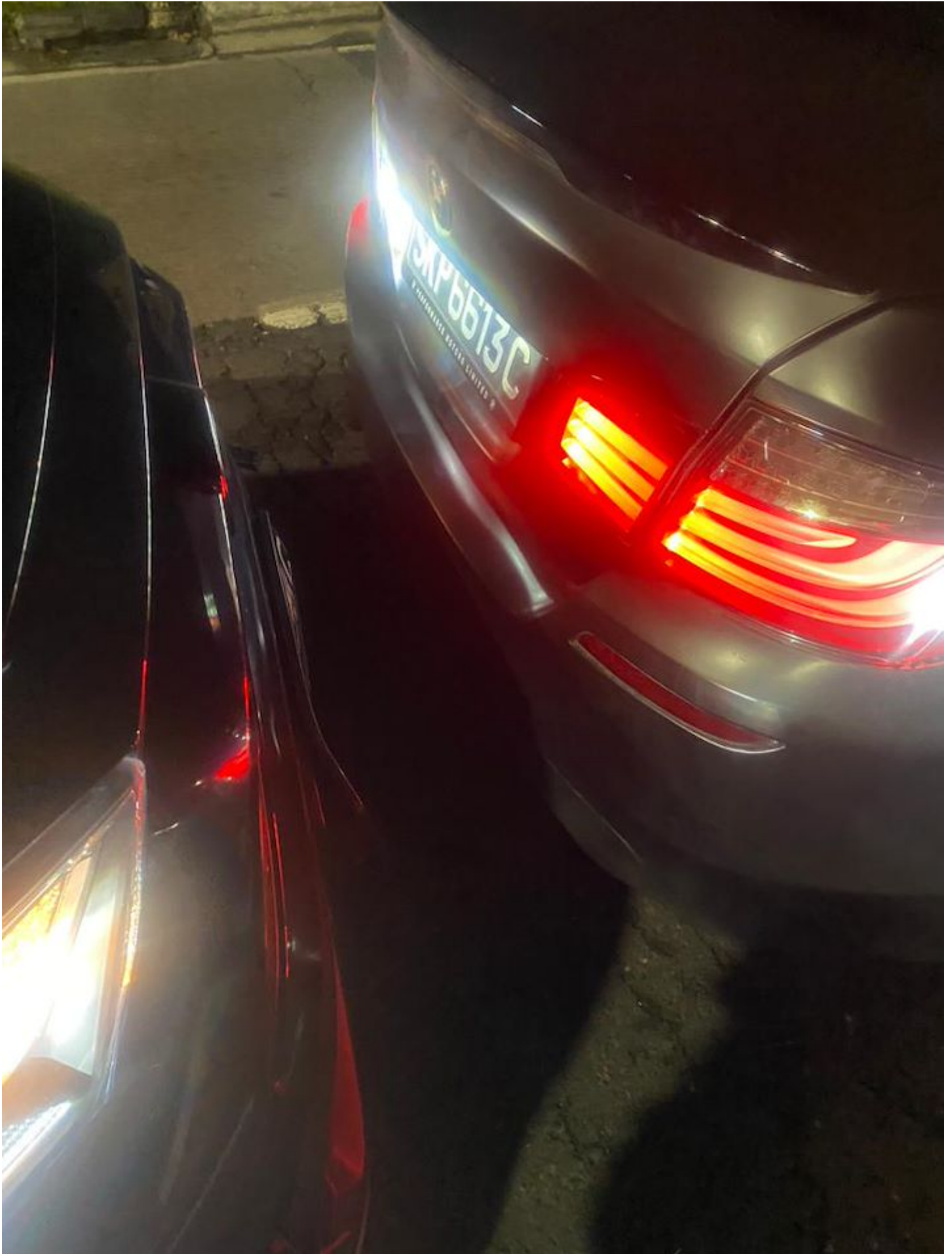















**SINGAPORE
POLICE FORCE**


T/20211218/2055

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20211218/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2021 13:51	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: LIM JIA AN	Address: APT BLK 703 CHOA CHU KANG STREET 53 #07-54 SINGAPORE 680703		
ID Type / ID No.: NRIC NO / S9517900B	Contact No.: Home/Office: Mobile: 90226280		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 26	Date of Birth: 19/05/1995	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SUPERVISOR	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/12/2021 19:50	Type of Location: Bend
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV8628C	Car				Slightly Damaged	1
SKP6613C	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211218/2055

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20211218/2055

CONTINUATION OF REPORT

Driver			
Name	LIM JIA AN	ID No.	S9517900B
Related Vehicle	SJV8628C (Car)	Contact No.	90226280
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
Driver			
Name	LIN JUNXIAN	ID No.	S8509461J
Related Vehicle	SKP6613C (Car)	Contact No.	91882242
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 17/12/2021 at about 1950hrs, I was driving along the bend at KJE exit towards Warren Country Club, in my vehicle SJV8628C together with my girlfriend.

I came to complete stop at the bend and waited for the traffic to move. When I observed that the vehicle in front of mine, SKP6613C, started to move, I accelerated my vehicle. Whilst doing so, the vehicle in front of mine jammed his brakes causing my vehicle to hit onto his rear.

Both of us came to stop and exchanged our particulars. Both of our vehicles were slightly damaged due to the accident.



**SINGAPORE
POLICE FORCE**



T/20211218/2055

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20211218/2055

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

J /
Staff Sgt RANI HAINDERA BIN
ABDUL RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/12/2021 13:51

Officer In Charge Of Case:
TP / GIA /  SINGAPORE
POLICE FORCE
DSP (2) YIP YEN SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE



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: S66550020G / 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 : SE00221I0003 Vehicle Registration No: SJV8628C
 Name (as shown in NRIC) : LIM THIN CHAI NRIC/FIN/Passport No : SXXXX170I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 703 CHOA CHU KANG STREET 53 #07-54 Singapore (680703)
 Contact (Tel) : _____ Mobile No. : 96526981
 Email Address : andylim8628@gmail.com
 Date of Accident : 17/01/2022 Time of Accident : 19:50
 Place of Accident : KJE SLIP ROAD
 Insurance Company : AIG Asia Pacific Insurance Pte. Ltd

(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:

1) Amend on date of accident from 17/01/2022 to 17/12/2021

Policyholder / Driver's Signature
Date:


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