VERSION: 1 (06/09/2022 15:37 (SGT))



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 Actual 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 06/09/2022 15:37 (SGT) Reported by Date of Accident 05/09/2022 11:13 (SGT) Exact Location of Accident Singapore Additional Location Information 806 TAMPINES AVE 4 CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND151K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GIBSTON LIM** NRIC No. S9338019C Email Address GIBSTONLIM@GMAIL.COM Mobile Phone No (Phone) +65-93824043 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A5 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 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number AIS/2022/AAC/000501

DRIVER

Name of Driver **GIBSTON LIM** NRIC No S9338019C Date Of Birth 07/10/1993 Occupation Indoor

Date Of Driving Pass	20/02/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93824043
Alt, Phone Number	•
Email Address	CIPCTONI IM@CMAIL COM
Address	GIBSTONLIM@GMAIL.COM
	54 CHAI CHEE STREET#07-879 S(460054)
Address complement	-
Postcode	-
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	110
verification region and in remote verification by Billion	_
Insurance Company of Other Vehicle Owned by Driver	
incuration company of caron vollidio carinda by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Time of Assident	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	NU
	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	_
Translator's email	
	•
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Manufacture and design and the state of the Control	
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?	INO
ii yoo, agailist wiloin:	-
CIRCUMSTANCES OF ACCIDENT	
OFF ATTACHED BOLICE SERVET	
SEE ATTACHED POLICE REPORT	
ATTACHMENT(S)	
(0)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	FP1005A
Vehicle Manufacturer	i i ioour
, omore municulation	
Vehicle Model	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF7213B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 PLAN

MPORTANT NOTICE

- Please report <u>correctly</u> 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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:

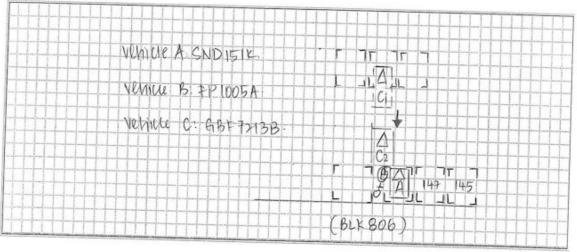
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

Pecyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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Declaration

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

Policy holder's Since hure / Date 2 Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220906/7131

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: /09/2022 13:42		Vide Report No.:	Station Diary No.:		
Informa	nt's Partici	ulars				
Name of GIBSTO	Informant: N LIM		Address: 54 CHAI CHEE STREET #07-879 SINGAPORE 460054			
ID Type NRIC NO	/ ID No.: D / S93380	19C	Contact No.: Home/Office: Mobile: 93824043			
National	ity: ORE CITIZ	EN	Email: GIBSTONLIM@GMAIL.0	СОМ		
Sex: Male	Age: 28	Date of Birth: 07/10/1993	Type of Informant: Vehicle Owner			
Race: Chinese		Language: English	Institution / School Name:			
Occupation:			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2022 11:10	Type of Location: Car Park
Location: TAMPINES A	VENUE 4	Road Surface:		Road Speed Limit:
Weather:				rtodd Opood Eirint.
Clear		Dry		
Weather: Clear Traffic Flow: Two Way				Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FP1005A	Motorcycle				Seriously Damaged	0
GBF7213B	Lorry	тоуота	DYNA	Blue	Slightly Damaged	0
SND151K	Car	AUDI	A5		Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20220906/7131

CONTINUATION OF REPORT

A De de etelese I	avaluadi Na					
Any Pedestrian I						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner						
Name	GIBSTON LIM		ID No.		S9338019C	
Related Vehicle	SND151K (Car)		Conta	ct No.	93824043	
Hospital/Clinic	NIL			Class Driving Licence Expiry	1	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

ON 05/09/2022 AT ABOUT 11:50HR, MY FAMILY WERE INFORMED BY MY NEIGHBOUR THAT MY VEHICLE HAD BEEN DAMAGED BY A MOTORCYCLE WHICH HAD FALLEN ON MY VEHICLE'S FRONT LEFT PORTION. WHEN MY WIFE WENT TO MY CAR, SHE THEN SAW MOTORCYCLE NUMBER - FP1005A, HAD FALLEN ON IT RIGHT ONTO MY VEHICLE. WHEN I CAME HOME, I REVIEWED MY IN-CAR CAMERA, AND SAW THAT AT 11:13HR, THERE WAS A LORRY -GBF7213B, REVERSED INTO THE MOTORCYCLE AND HIT ONTO IT, CAUSING IT TO FALL ON ITS RIGHT AND DAMAGED MY VEHICLE. THE LORRY THEN PROCEEDED TO DRIVE OFF.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220906/7131

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 06/09/2022 13:42
Classification Of Case: