

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 Actual 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	28/11/2022 12:03 (SGT)
Reported by	Both
Date of Accident	26/11/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 6 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9150U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOO HSIEN, GEORGE
NRIC No	SXXXX041G
Email Address	hyeon629@icloud.com
Mobile Phone No	(Phone) +65-98716855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220049868

DRIVER

Name of Driver	LIM BOO HSIEN, GEORGE
NRIC No	SXXXX041G
Date Of Birth	29/06/1980
Occupation	Indoor

Date Of Driving Pass	30/04/2013
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98716855
Alt. Phone Number	-
Email Address	hyeon629@icloud.com
Address	BLK 86 DAWSON ROAD #22-15
Address complement	-
Postcode	141086
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-1800295999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE6980G
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)	-

SKETCH PLAN

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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 lodging 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:

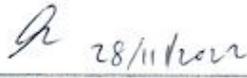
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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

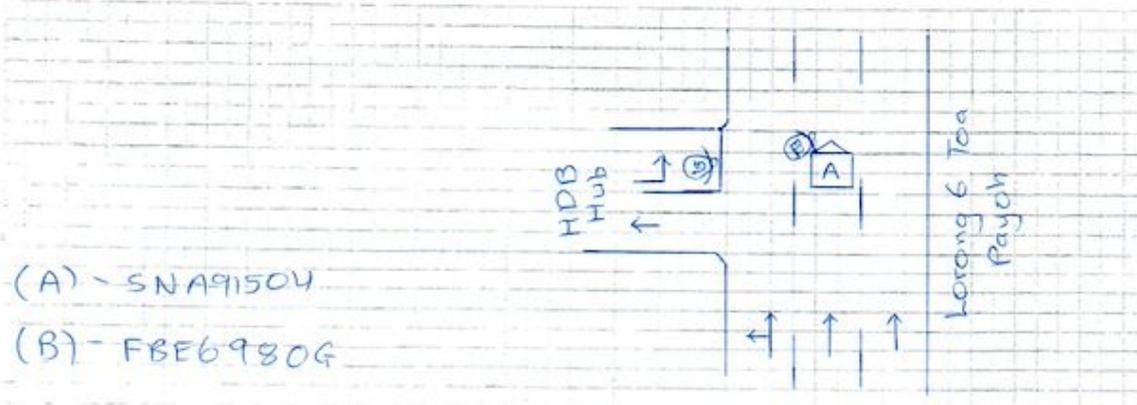
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 28/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- Refer to police report attached -

Report No. : T/2022/1126/2070



Declaration

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

 28/11/2022
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221126/2070

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20221126/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA9150U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220049868	18/05/2022	17/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Mohamed As'yrafz Bin Mohamed Ro'hizal	ID No.	S9829727H
Related Vehicle	FBE6980G (Motorcycle)	Contact No.	86477590
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/11/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIM BOON HSIEN, GEORGE	ID No.	S8019041G
Related Vehicle	SNA9150U (Car)	Contact No.	98716855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

I am the above-mentioned person residing at the above mentioned address.

On 26/11/2022 at about 1130hrs, I was driving my wife to her workplace, and she was seated beside me at the time. Our daughter was in the car with us, seated in the backseat. We were driving along the road of Lor 6 Toa Payoh, and we reached a turn in that lead into a small road entering HDB hub. There was a larger black car ahead of us at the time.

As the car ahead was turning in, I intended to carry on driving straight, and thus I attempted to do so. A motorcyclist deliveryman then dashed out of turn in and I tried to brake in time as he caught me by surprise. My car then collided with his motorcycle, and it fell on its side along with its rider. I immediately got out of my car to make a check on the fallen rider, and another bystander (HP no. 98186878) came over to make a check as well. There was also a driver (HP no. 92761579) driving a mini cooper who was driving on my right who assisted in making a check. My wife then got out of the car to ensure all was okay. Both vehicles suffered minor damage, with my car had slight scratches on left front side, and the



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Report No. T/20221126/2070

CONTINUATION OF REPORT

motorcycle had slight dents and a slightly bent carplate.

The motorcyclist who fell informed that he only sustained bruises on his left shoulder, and that this was not the first time he encountered such an accident. He also did not want for any ambulance conveyance. As I felt he needed to go to a hospital, I offered to bring him to Tan Tock Seng Hospital A&E. The motorcyclist accepted, and I rolled his motorcycle to the HDB hub carpark nearby. I then had him seat in the backseat before resuming bringing my wife to her workplace, then brought him to Tan Tock Seng Hospital at about 1330hrs. I informed him that we both should report the matter to the police. However, he did not wish to go.

As I was worried about the matter, I called my insurance agent, and he recommended that I go to the police for a formal record. I am lodging this report for record purposes and I affirm the above to be true and correct.










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T/20221126/2070

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Report No. T/20221126/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2022 15:38	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: LIM BOON HSIEN, GEORGE		Address: APT BLK 86 DAWSON ROAD #22-15 SINGAPORE 141086	
ID Type / ID No.: NRIC NO / S8019041G		Contact No.:	Mobile: 98716855
Nationality: SINGAPORE CITIZEN		Email: hyeon629@icoud.com	
Sex: Male	Age: 42	Date of Birth: 29/06/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ASSISTANT MANAGER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2022 11:30	Type of Location: Straight Road
Location: LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6980G	Motorcycle				Slightly Damaged	1
SNA9150U	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Mohamed As'yrafz Bin Mohamed Ro'hizal	ID No.	S9829727H
Related Vehicle	FBE6980G (Motorcycle)	Contact No.	86477590
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/11/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
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T/20221126/2070

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Report No. T/20221126/2070

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 /
SCSGT(1) JOEL PRESTON GN
YONG ERN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/11/2022 15:38

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168