

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	03/10/2022 15:43 (SGT)
Reported by	Both
Date of Accident	01/10/2022 12:30 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	UPPER BUKIT TIMAH & GOMBAK DRIVE JUNCTION, MY CAR WAS WAITING/ AT TRAFFIC LIGHT @HALT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8190S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BAK CHIM
NRIC No	SXXXXX949A
Email Address	BLKCHIM.LIM@SEALANDMAERSK.COM
Mobile Phone No	(Phone) +65-91387770
Alternative Phone No	(Office) +65-98172976

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SEDAN 1.0 TFSI
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800022296-04

DRIVER

Name of Driver	LIM BAK CHIM
NRIC No	SXXXXX949A
Date Of Birth	24/06/1969

Occupation	Indoor
Date Of Driving Pass	11/09/1990
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91387770
Alt. Phone Number	(Office) +65-98172976
Email Address	BLKCHIM.LIM@SEALANDMAERSK.COM
Address	20 CHOA CHU KANG ST 64
Address complement	#14-02
Postcode	689093
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR989D
Vehicle Manufacturer	Honda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Motorcycle
Name of Driver	KHAIRUL NIZAM JASNI
Contact Number	(Phone) +65-97220751
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBH998E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Motorcycle
Name of Driver	RAMADOSS PURUSHOTHAMAN
Contact Number	(Phone) +65-97899354
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KAIRUL NIZAM JASNI
Gender	-
Phone No	(Phone) +65-97220751
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR989D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	KONG HOCK BENG
Phone	(Phone) +65-91257997
Email	-

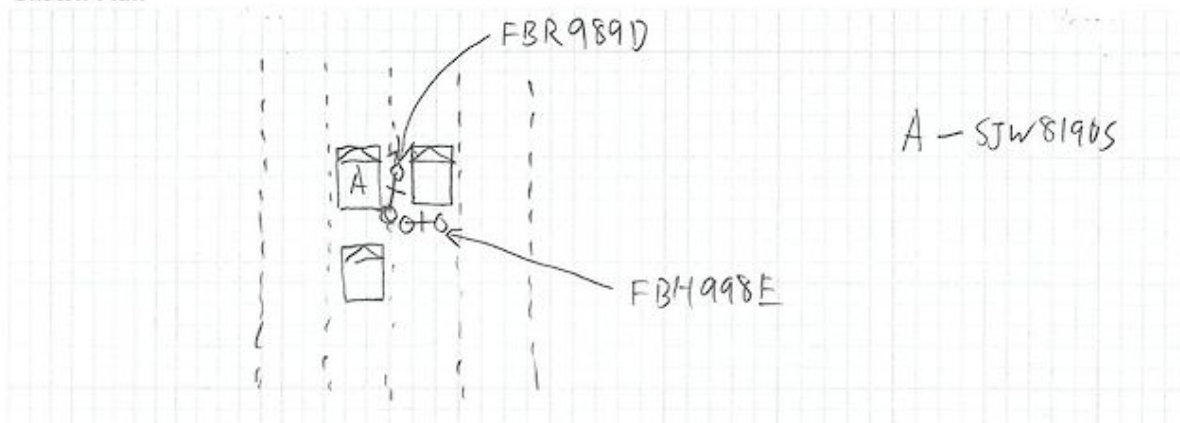
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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.
(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.

[Signature]
05.10.22 / 1010am
Policyholder's Signature / Date &
Time

[Signature]
05.10.22 / 1010am.
Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel *Tony Pang*

Sketch Plan

Describe Circumstances of the Accident

↓ Please refer to attached traffic Police Report for details.

Declaration

We declare the foregoing particulars are true in every respect.



03.10.2022

Policyholder's Signature / Date & Time



03.10.2022

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



Witnessed by Reporting Centre
Personnel *Tay Fong*



**SINGAPORE
POLICE FORCE**



T/20221001/7037

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

3 of 4

Report No. T/20221001/7037

CONTINUATION OF REPORT

Driver			
Name	LIM BAK CHIM		ID No. S6920949A
Related Vehicle	SJW8190S (Car)		Contact No. 91387770
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KONG HOCK BENG		ID No. S1163066I
Related Vehicle	NIL		Contact No. 91257997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

accident happened along Upper Bukit Timah / Gombak Drive at about 1215pm. Collusion involved 2 motorcycle and 1 car.

My vehicle was on a stand-still, waiting in lane at the traffic light junction, as it is red light. FBR 989D *Byline*
Suddenly a motorcycle colluded onto the right hand side of my car - Motorcycle number FBR 9890.

Motorcyclist identified as Mr Khairul Nizam Jasni, driver license S7808341G.

He claimed there was another motorcycle that try to cut into his lane, Mcycle number FBH 998E .

motorcyclist identified as Mr Ramadoss Purushothaman driver license S8567997Z

As a result, my vehicle (SJW 8190S) suffered following damages : RHS mirror dented, not working.

RHS rear bumper, RHS rear and front door all suffered collusion dents and stretch marks.

A taxi besides me SHF 571S also claim to suffer bumper damages. Drive identified as Mr Kong Hock

Beng, contact number 91257997. driver license S1163066I

Ambulance arrived to take Mr Khairul to hospital. Subsequently. Traffic Police came to investigate. IO officer Ahmad.













































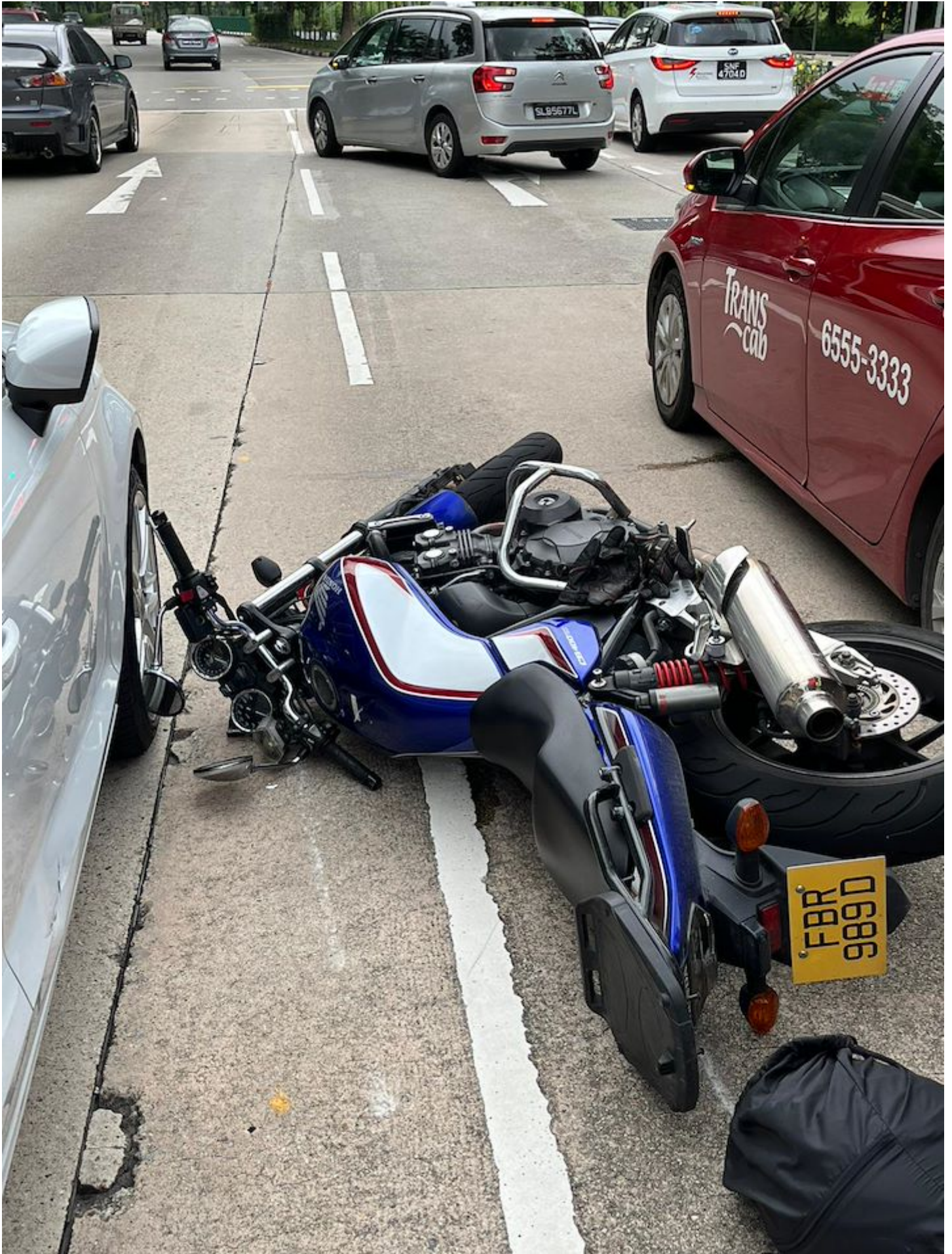


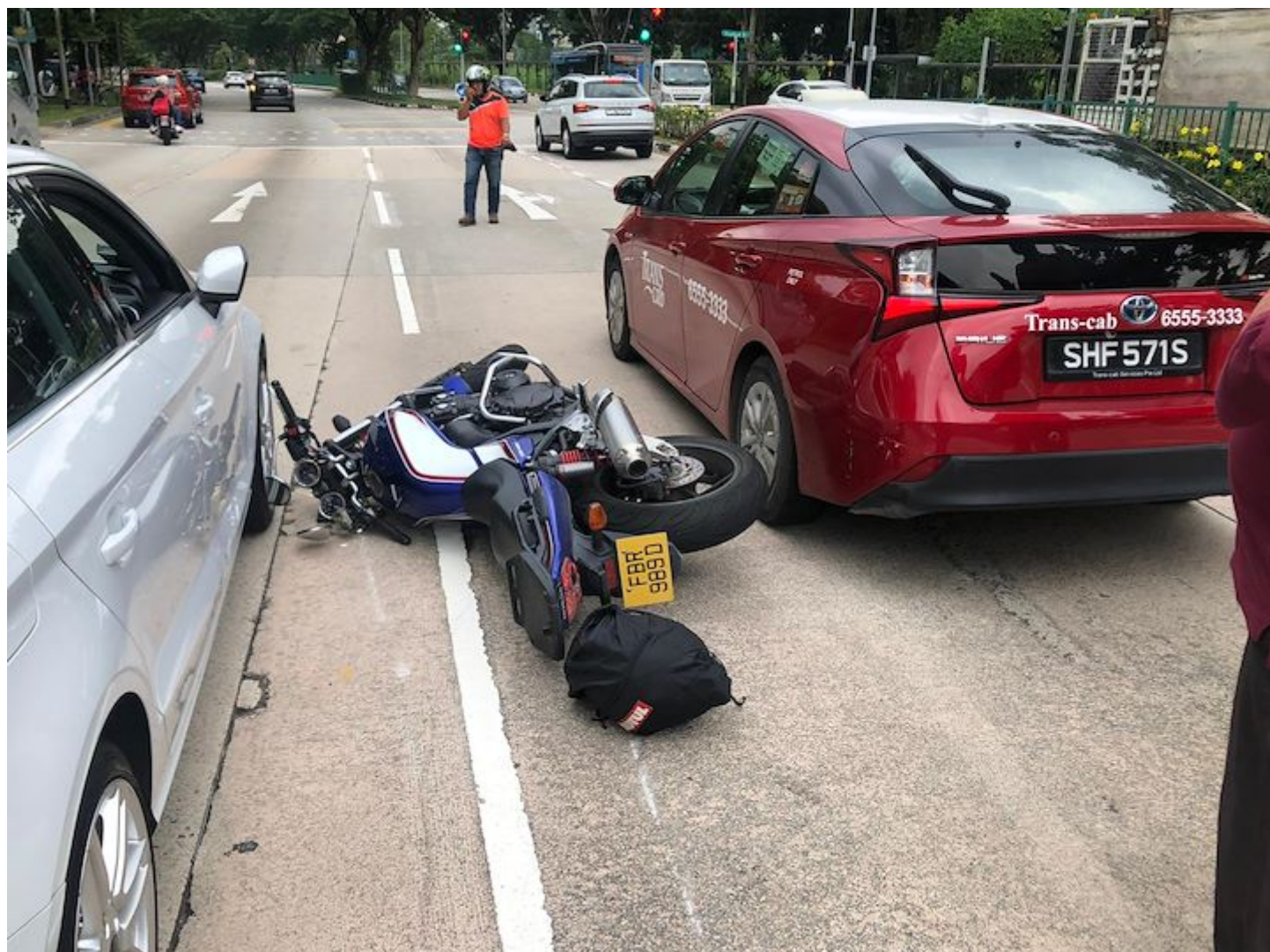





















**SINGAPORE
POLICE FORCE**


T/20221001/7037

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

1 of 4

Report No. T/20221001/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2022 21:47	Vide Report No.: J/20221001/0076	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM BAK CHIM			Address: 20 CHOA CHU KANG STREET 64 #14-02 SINGAPORE 689093		
ID Type / ID No.: NRIC NO / S6920949A			Contact No.: Home/Office: Mobile: 91387770		
Nationality: SINGAPORE CITIZEN			Email: bakchim.lim@sealandmaersk.com		
Sex: Male	Age: 53	Date of Birth: 24/06/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 01/10/2022 12:15	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: my car was stationary hit by an ongoing motorcycle side sweep				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH998E	Motorcycle	A-BIKE		Black	No Damage	1
FBR9890	Motorcycle	A-BIKE		Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221001/7037

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

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Report No. T/20221001/7037

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJW8190S	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
<i>FBR 989D</i> SJW8190S	NTUC Income Insurance Co-Operative Limited				
	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800022296-04	08/03/2022	07/03/2023	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	RAMADOSS PURUSHOTHAMAN		ID No.	S8567997Z	
Related Vehicle	FBH998E (Motorcycle)		Contact No.	97899354	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Rider					
Name	KHAIRUL NIZAM JASNI		ID No.	S7808341G	
Related Vehicle	(Motorcycle) <i>FBR 989D</i>		Contact No.	97220751	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20221001/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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3 of 4

Report No. T/20221001/7037

CONTINUATION OF REPORT

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Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KONG HOCK BENG		ID No. S1163066I
Related Vehicle	NIL		Contact No. 91257997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

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As a result, my vehicle (SJW 8190S) suffered following damages : RHS mirror dented, not working.

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Ambulance arrived to take Mr Khairul to hospital. Subsequently. Traffic Police came to investigate. IO officer Ahmad.



**SINGAPORE
POLICE FORCE**

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



T/20221001/7037

4 of 4

Report No. T/20221001/7037

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/10/2022 21:47

Classification Of Case:



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 : SP1422A30002 Vehicle Registration No: SJW8190S
 Name (as shown in NRIC) : LIM BAK CHIM NRIC/FIN/Passport No : SXXXX949A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 91387770
 Email Address : _____
 Date of Accident : 01/10/2022 Time of Accident : 12:30
 Place of Accident : UPPER BUKIT TIMAH & GOMBAK DRIVE JUNCTION,
 Insurance Company: BLKCHIM.LIM@SEALANDMAERSK.COM
BAKCHIM.LIM@sealandmaersk.com

(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:

CONVERT THIRD PARTY CLAIM TO CLAIM OWN INSURANCE

Policyholder / Driver's Signature

Date: 22.11.2022



Reporting Centre Personnel's Signature

Name: Yong Pong

NRIC/FIN No.:

Date: 22/11/22