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 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 14/12/2022 16:31 (SGT) Reported by Date of Accident 13/12/2022 18:15 (SGT) Exact Location of Accident Singapore Additional Location Information Along AYE towards Tuas before Clementi Road exit Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMP9288P

Toyota

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Lim Kang Soon (Lin Jiangshun) NRIC No SXXXX728I Email Address bryan 920@yahoo.com.sg Mobile Phone No (Phone) +65-98319505 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sienta 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900150764-03

DRIVER

Name of Driver Lim Kang Soon (Lin Jiangshun) NRIC No SXXXX728I Date Of Birth 20/09/1978 Occupation Indoor



Date Of Driving Pass 11/11/2005 Driving experience 17 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98319505 Alt. Phone Number Email Address bryan_920@yahoo.com.sg Address Blk 461C Bukit Batok West Avenue 8 Address complement #02-734 Postcode 653461 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 Collision - Head to Rear 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? 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 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to the attached statement. 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 GBC4185J 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 acciden	nt
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code	Lim Kang Soon Male (Phone) +65-98319505 Blk 461C Bukit Batok West Avenue 8 #02-734 653461
Approximate Age Years Old	44
Injuries Sustained Injured person in which vehicle?	Back and Neck pain SMP9288P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

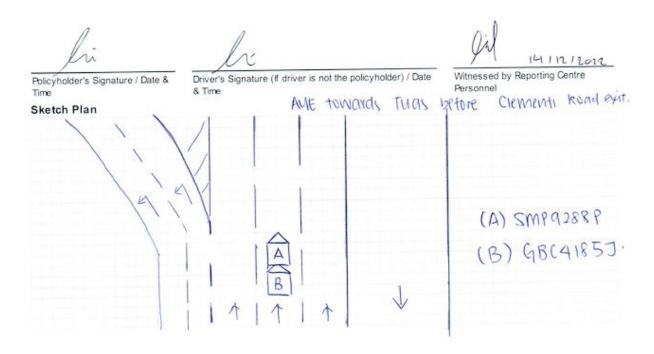
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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.



Describe Circumstances of the Accident
ON 13/12/2022 at about 1815Mrs at along AyE towards TUAS
before comenti Road exist. I was travelling on lane 2 on the
above mentioned road and when my front renicle ston
down and stop due to heavy traffic, hence I follow Suit.
Suddenly, I felt a great impalt from the rear and when I
alight. I realise it was venicle (B) who hit unto the
near portion of my vertice (A) coursing damages to my vertice.
After the accidenty I went to consult a doctor and was
given 2 days mc for my insury.
(A) SMP 9288 P
(B) GB(4185)
X
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under you
your own comprehensive policy. Please check your policy for more information.

Declaration

VWe 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

Witnessed by Reporting Centre Personnel

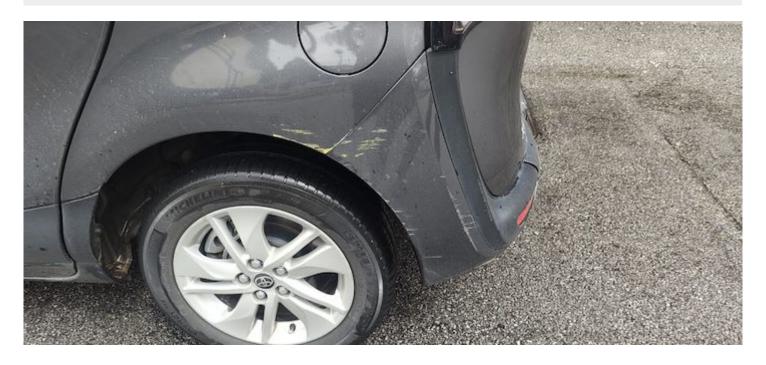




































ProHealth Medical Group@Bukit Batok

4 Bukit Batok Street 41 #01-76 Le Quest Singapore 657991 Tel: 6970 8330 Fax: 6970 8332 GST Reg. No. 202026915C RCB No. 202026915C



MEDICAL CERTIFICATE

MC No: OD-BB0000104609

NAME: LIM KANG SOON(LIN JIANGHUN)

PID: BB06864

NRIC: \$78277281

This is to certify that the above patient name is Unfit for Duty for a period of 2 day/s from 14-12-2022 to 15-12-2022 inclusive.

Patient is advised to stay at home for the duration of the MC, unless seeking medical attention.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Andy Lo M10068D

Issued by

Printed on 13/12/2022 07:46 PM

Signature

13/12/2022

Date

DR LO ANDY 罗安德医生 Senior Family Physician 新黎東医生

M.B.B.S. (S'pore)

MMed (Family Mentione, Sipole) PROHEALTH MELICAL GROUP