

## 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 .....              | 30/11/2022 13:05 (SGT)   |
| Reported by .....                     | Both                     |
| Date of Accident .....                | 22/10/2022 07:00 (SGT)   |
| Exact Location of Accident .....      | Tuas Link 2, Singapore   |
| Additional Location Information ..... | TWDS MALAYSIA CHECKPOINT |
| Country/State of Loss .....           | Singapore                |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMS9933U |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | LIM THIAM GUAN        |
| NRIC No .....                  | S1588239E             |
| Email Address .....            | 9933LIMGUAN@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-82681855  |
| Alternative Phone No .....     | -                     |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Lexus                     |
| Model .....  | ES                        |
| 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 .....   | 2494                      |

#### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 2100504591-05                        |

#### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | LIM THIAM GUAN |
| NRIC No .....        | S1588239E      |
| Date Of Birth .....  | 06/09/1963     |
| Occupation .....     | Indoor         |

|  |                              |
|--|------------------------------|
| Date Of Driving Pass .....   | 10/02/1981                   |
| Driving experience .....   | 41 YEARS AND 8 MONTHS        |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-82681855         |
| Alt. Phone Number .....  | -                            |
| Email Address .....  | 9933LIMGUAN@GMAIL.COM        |
| Address .....  | 27 TAMPINES CENTRAL 7 #13-34 |
| Address complement .....   | -                            |
| Postcode .....   | 528611                       |
| 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 - Change/cross lane |
| 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) .....   | 3   |
| 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 .....   | AW   |
| Gender ..... | Male |

#### PASSENGER 2

|              |      |
|--------------|------|
| Name .....   | EDDY |
| Gender ..... | Male |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

ON 22/10/22 AT 7AM, I WAS ON THE SECOND LANE. I STOPPED MY CAR A WAITING TO CHANGE INTO LANE 1. SUDDENLY, CAR B WHICH WAS ON LANE 1 WANTED TO CHANGE HIS LANE INTO MY LANE AND HIT THE FRONT RH SIDE OF MY CAR A. DRIVER OF CAR B DID NOT STOP HIS CAR AND WE DID NOT EXCHANGE PARTICULARS. THEREFORE, I DID NOT FILE THE ACCIDENT REPORT TILL I RECEIVED A LETTER FROM LKK

#### 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 .....             | SKU82Y      |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | VEHICLE B   |
| No. Of Passenger (Including Driver) .....     | 3           |

**SKETCH PLAN**

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6. 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.
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:

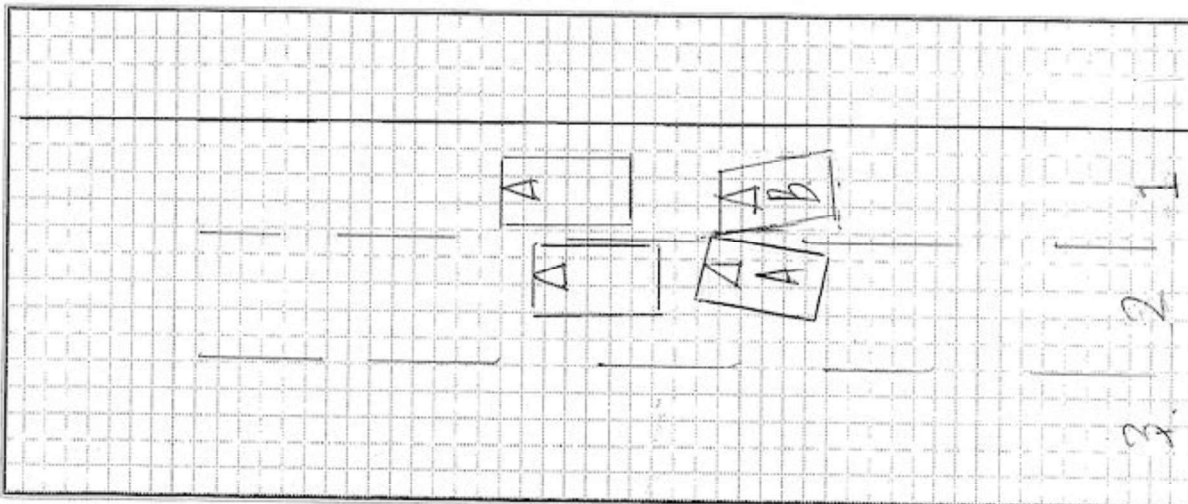
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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  
29/11/22

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

**Sketch Plan**



A -  
B -


Describe Circumstance of the Accident

On 22/10/22 at 7am, I was on the 2nd lane. I stopped my car (A) waiting to change into lane 1. Suddenly Car B which was on lane 1 wanted to change his lane into my lane and hit the front RH side of my car (A). Driver of Car B did not stop his car and we did not exchange particulars. Therefore, I did not file the accident report till I received a letter from LKK.

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 29/11/22.

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





























AUTOPLAN PRIVATE VEHICLE

Issued Date : 24 Feb 2022

### ABOUT THE POLICYHOLDER

Name of Policyholder : Lim Thiam Guan  
Address : Blk 27 Tampines Central 7  
#13-34  
SINGAPORE 528611  
Occupation/Nature of Business : Manager/Director/Management

## ABOUT THE VEHICLE

|                                       |                          |                            |               |
|---------------------------------------|--------------------------|----------------------------|---------------|
| Registration No                       | : SMS9933U               | Engine Capacity/Tonnage    | : 2,494.00 CC |
| Chassis No.                           | : JTHBW1GG902118003      | Engine No.                 | : 2AR1440381  |
| Seating Capacity                      | : 5                      | First Year of Registration | : 2016        |
| Make/Model                            | : LEXUS ES HYBRID        | Body Type                  | : Sedan       |
| Hire Purchase Company/Employer's Loan | : HONG LEONG FINANCE LTD |                            |               |

## ABOUT THE COVER

|                    |              |                        |     |
|--------------------|--------------|------------------------|-----|
| Sum Insured        | Market Value | Off Peak Car           | No  |
| Driver Restriction | NA           | Insuring with COE/PARF | Yes |

Person or Classes of Persons Entitled to Drive

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

You have to pay an additional sum of \$553.000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use

Mileage Declaration km

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

### Other Key Policy Benefits

Act of God, Solar Film Optional: \$1150, PA Insured: \$20000, Any Workshop, Medical Reimbursement: \$500, Key Replacement Cover: \$800, PA to Authorized Driver/Handsome Passengers: \$5000, Windscreen/Windows: Loss of Use: 15000c, 10000c Optional, In Car Camera Express Wiper, Straps, Bolts and Civil Commotions.

## EXCESS

## Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver

Lim Thiam Guan - \$800 (Own Damage), \$800 (Flood Cover)

**PREMIUM**

|         |   |    |          |
|---------|---|----|----------|
| Premium | : | \$ | 1,800.52 |
|---------|---|----|----------|

|          |      |        |
|----------|------|--------|
| GST (7%) | : \$ | 126.04 |
|----------|------|--------|

|       |    |          |
|-------|----|----------|
| Total | \$ | 1.926.56 |
|-------|----|----------|

Your Premium includes the following discount(s)

Safe Driver Discount - 5.00%, Loyalty Discount - 8.00%, No Claim Discount - 30%