



# 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	09/01/2023 16:00 (SGT)
Reported by	Both
Date of Accident	07/01/2023 11:35 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	CROSS JUNCTION WITH PUNGGOL ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM666G
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WEI JIAN
NRIC No	SXXXX449B
Email Address	weijian12009@hotmail.com
Mobile Phone No	(Phone) +65-81254043
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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	1496

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220004244

### DRIVER

Name of Driver	LIM WEI JIAN
NRIC No	SXXXX449B
Date Of Birth	07/10/1985
Occupation	Indoor

Date Of Driving Pass .....	29/10/2005
Driving experience .....	17 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81254043
Alt. Phone Number .....	-
Email Address .....	weijian12009@hotmail.com
Address .....	BLK 167A PUNGGOL EAST #06-409
Address complement .....	-
Postcode .....	821167
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

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 .....	GBH9825L
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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	LIM WEI JIAN
Gender .....	Male
Phone No .....	(Phone) +65-81254043
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY PAIN
Injured person in which vehicle? .....	SMM666G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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:

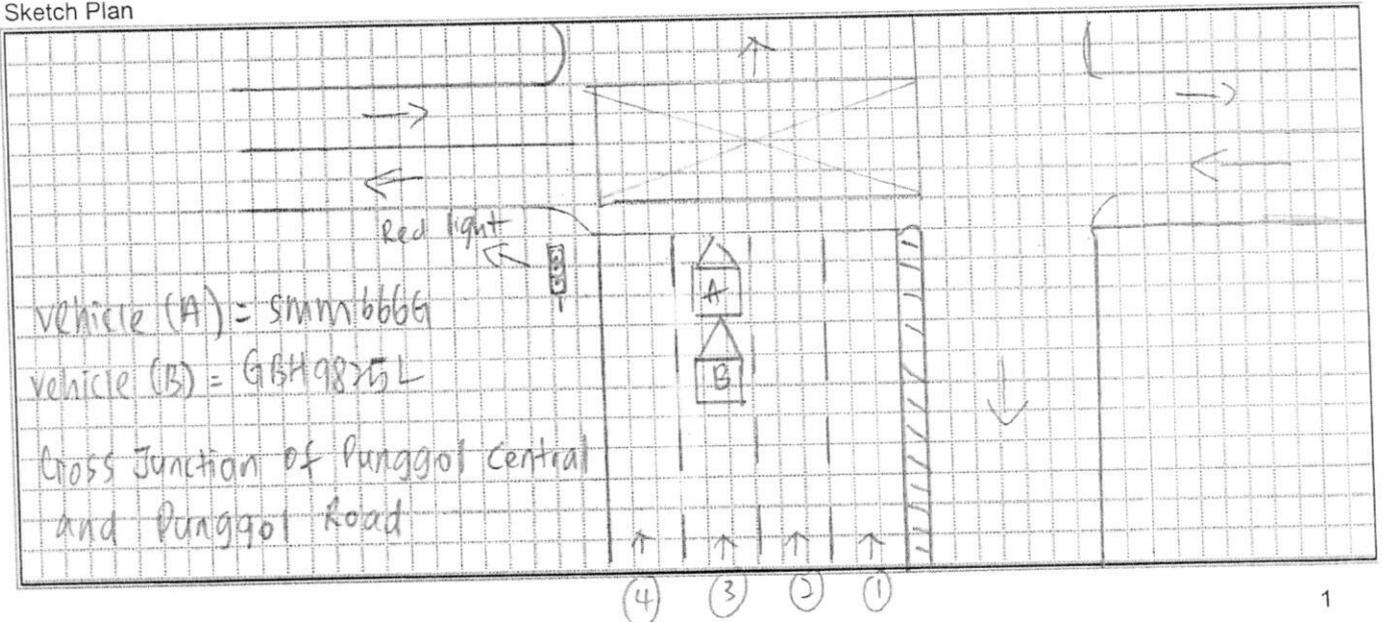
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

09/01/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

refer to attached

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



09/01/2023

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

On 07.01.2023 at about 11:35 hours along Cross Junction of Punggol Central and Punggol Road, I was stationary on lane 3 (along Punggol Central towards Sumang Walk) and waiting for the traffic light to turn green.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion on my vehicle (A).

Vehicle (A): SMM 666G

Vehicle (B): GBH 9825L

*pen* 09/01/2023



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SINGAPORE ACCIDENT STATEMENT

Accident Date:	7/1/23	Time:	11:35 a.m.	(hh:mm) 24 hr format
Location	Cross Junction of Punggol Central and Punggol Road			
Vehicle Number	SMM 6667			
Insured Name	Lim Wei Jian			
NRIC /FIN	S8577449B	Contact Number	8125 4043	
Make	Honda	Model	Vezel	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	AIG			
Type of Policy	( ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only	
Policy Number	7220004244			
Name of Driver	Lim Wei Jian	( / ) Same as Insured		
NRIC /FIN	S8577449B	Contact Number	8125 4043	
Date of Birth	7/10/1985			
Driving Pass Date	29/8/2005			
Occupation	( / ) Indoor	( ) Outdoor		
Gender	( / ) Male	( ) Female		
Email Address	WEI JIAN 12009 @ hotmail .com	( ) NO EMAIL		
Address of Driver	APT BIK167A Punggol East # 06-409 Singapore 821167			
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No				
If No, Relationship of the Driver with the Insured				
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No				
If Yes , Vehicle Registration Number of Driver's Own Vehicle -				
Insurance Company of Driver's Own Vehicle -				
Weather Conditions ( / ) Clear ( ) Raining ( ) Others				
Road Surface ( / ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( / ) Yes ( ) No				
If yes , injured detail Driver - Body Pain				
Was there any video captured by Car Camera? ( ) Yes ( / ) No				
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	GBH 9875L			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only



# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LIM WEI JIAN  
 Period of Insurance : 11 Jan 2022 To 10 Jan 2023  
 Engine No. : LEB6739848  
 Chassis No. : RU31319835

Vehicle No. : SMM666G  
 Policy No. : 7220004244  
 Endorsement No. :  
 Issued Date : 11 Jan 2022

### ABOUT THE COVER

Make/Model : HONDA VEZEL  
 Engine Capacity/Tonnage : 1,496.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 Insuring with COE/PARF : Yes

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission  
 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 S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised 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\* :

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 business or use for any purpose in connection with Motor Trade.

\* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM WEI JIAN

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0691184000

GOH KIM HONG

3 TAMPINES GRANDE #05-48 AIA TAMPINES

SINGAPORE 528799 SP-IDYADVISORY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

KIM HONG GOH