

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	10/04/2023 17:06 (SGT)
Reported by	Actual Driver
Date of Accident	09/04/2023 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP EXPRESSWAY TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN268Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH LAY LENG
NRIC No	SXXXX126Z
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-96657831
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220118779

DRIVER

Name of Driver	LIM KIM SEONG
NRIC No	SXXXX694H
Date Of Birth	27/03/1948
Occupation	Indoor

Date Of Driving Pass	13/06/1974
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96352010
Alt. Phone Number	-
Email Address	autohub325@gmail.com
Address	25 WEST COAST LANE
Address complement	-
Postcode	127755
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230410/2019

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH POLICE OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9405Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AHMAD KHALIS BIN AHMAD SORIBAH
NRIC No	SXXXX112F
Contact Number	(Phone) +65-96195912
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

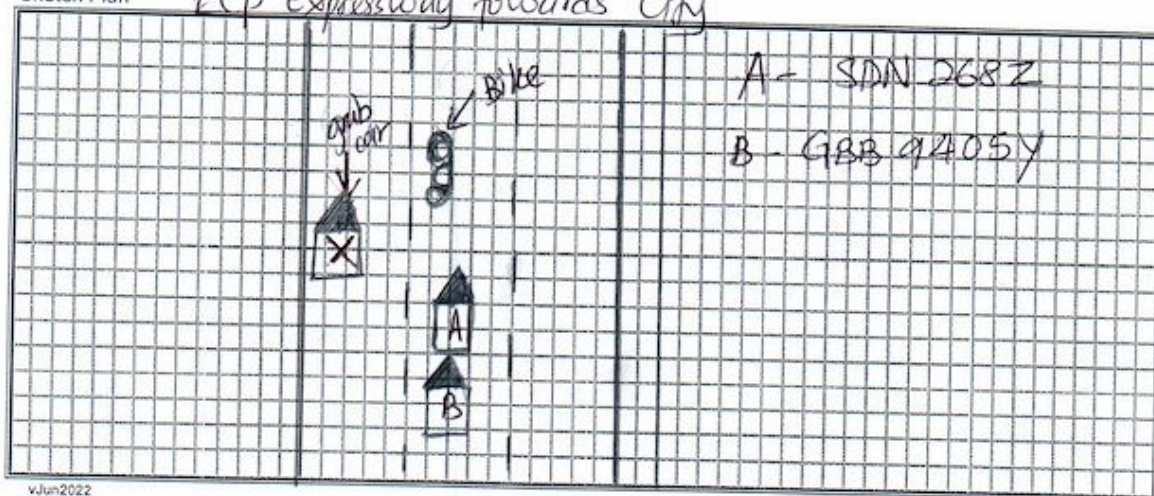
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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

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

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

Sketch Plan



Describe Circumstance of the Accident

Please Refer to the attached
police Report
— 7/2023 0410 /2019 —

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20230410/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20230410/2019

CONTINUATION OF REPORT**Brief Details.**

On 09 April 2023 at around 1630hrs, I was driving my vehicle (Plate no: SDN268Z) along ECP expressway towards city. I was travelling at about 70kmh on the 2nd lane before the exit at Fort Rd when I saw an accident between a motorcycle and a private hire vehicle around 20m in front of me. The motorcyclist fell down between lanes 2 and 3, prompting me to slow down my vehicle.

As I slowed down my vehicle, I heard and felt an impact from the back of my car. I discovered that my vehicle was hit by a van (Plate No: GBB9405Y). I then pulled over to the left side of the road while the van stopped in the middle of the road. I then checked the damage on the vehicles and exchanged particulars with him. My vehicle was seriously dented on its back, and the boot could not be closed back anymore while the van was seriously dented on its front. I did not suffer any injuries and the van driver did not have any injuries as well. Traffic Police then arrived at the incident to interview us, and took my SD Card from my carcam while issuing an acknowledgement slip for me.

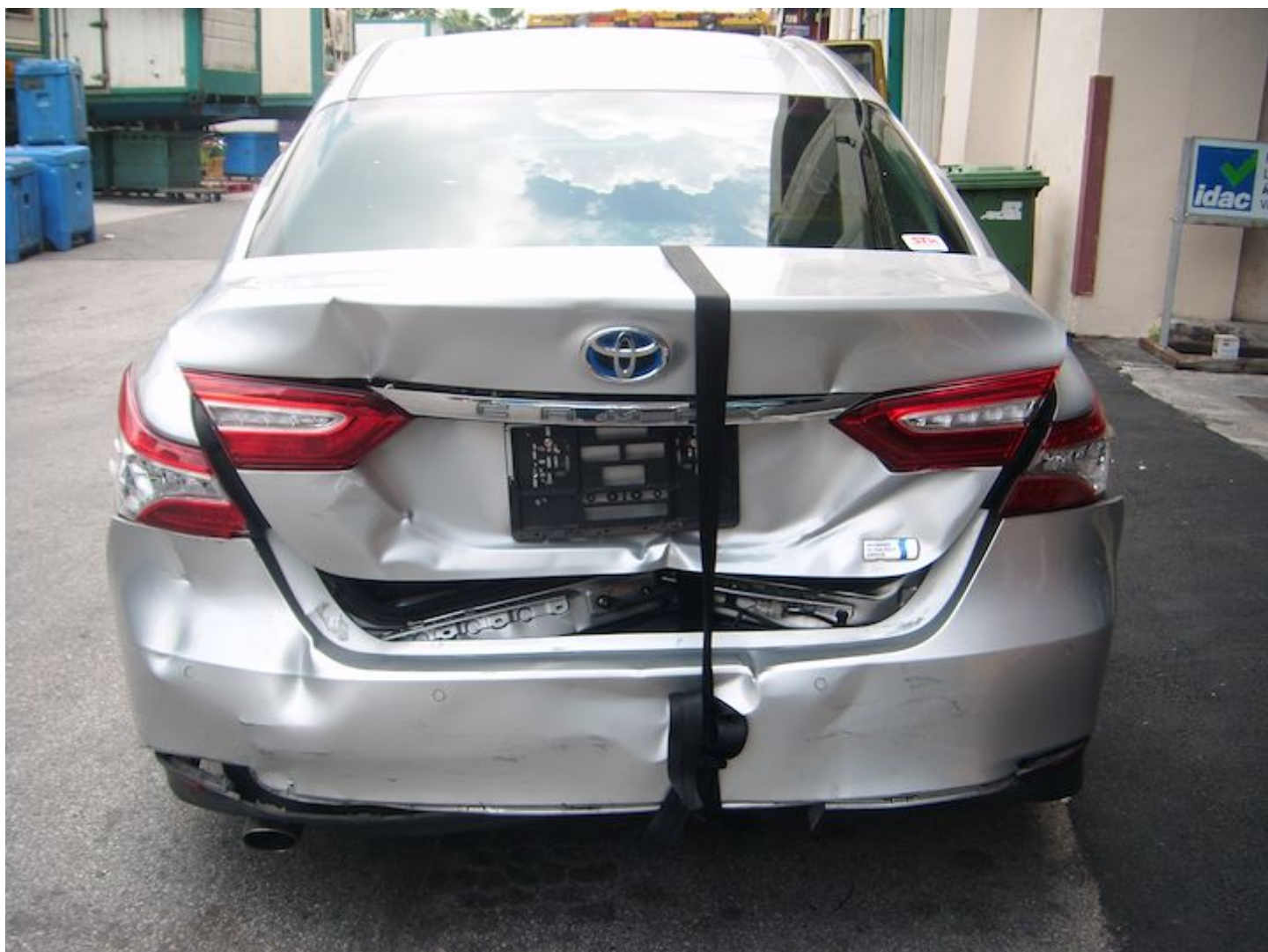
I am making this report under instructions by the Traffic Police officer that was attending to the incident involving the motorcycle and the private hire vehicle. I am making this report for insurance purposes as well.

The van driver's particulars are:

Name: Ahmad Khalis Bin Ahmad Soribah
NRIC: S9335112F
HP: 96195912
Plate No: GBB9405Y









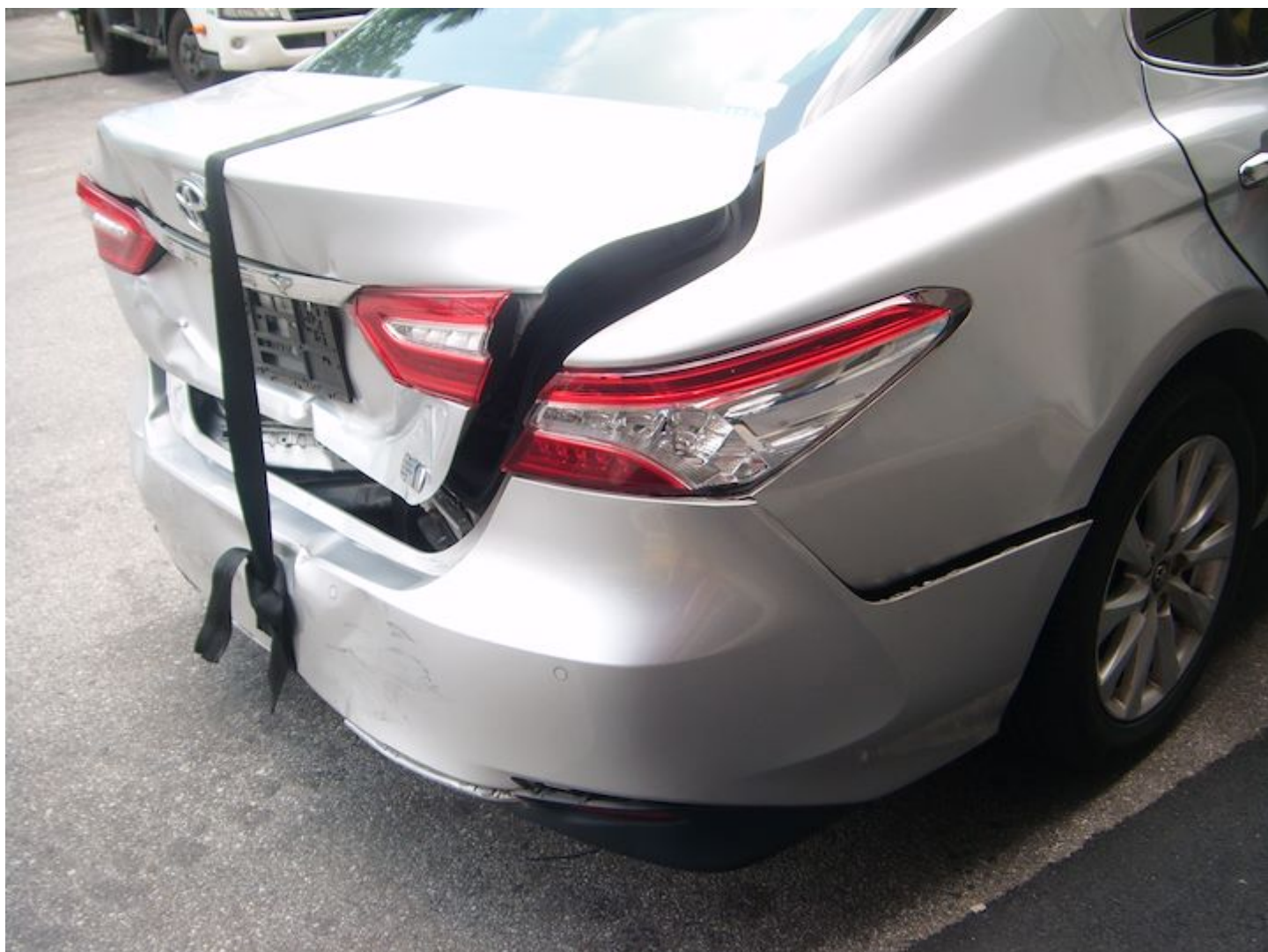




















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POLICE FORCE**



T/20230410/2019

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Clementi N.P.C
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Report No. T/20230410/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2023 11:17		Vide Report No.: G/20230409/0158		Station Diary No.: 53
Informant's Particulars				
Name of Informant: LIM KIM SEONG		Address: 25 WEST COAST LANE SINGAPORE 127755		
ID Type / ID No.: NRIC NO / S2536694H		Contact No.: Home/Office: Mobile: 96352010		
Nationality: SINGAPORE CITIZEN		Email: limks_48@yahoo.com.sg		
Sex: Male	Age: 75	Date of Birth: 27/03/1948	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Medical Doctor		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2023 16:30	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9405Y	Van				Seriously Damaged	0
SDN268Z	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230410/2019

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Clementi N.P.C
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POLICE FORCE**

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Clementi N.P.C
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Tel No: 1800-8729999



T/20230410/2019

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Report No. T/20230410/2019

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SC DARWISH SYAZWAN BIN
IMRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

NP168

Signature Of Informant:

Date/Time:
10/04/2023 11:17

Classification Of Case: