

## 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 .....	28/04/2023 15:58 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/04/2023 12:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TOWARDS YIO CHU KANG ROAD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA2811R
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM JIT HIN
NRIC No .....	SXXXX083H
Email Address .....	jithin1966@gmail.com
Mobile Phone No .....	(Phone) +65-93839726
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
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 .....	1991

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220013282-01

#### DRIVER

Name of Driver .....	LIM JIT HIN
NRIC No .....	SXXXX083H
Date Of Birth .....	13/01/1966
Occupation .....	Indoor

Date Of Driving Pass .....	13/01/2003
Driving experience .....	20 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93839726
Alt. Phone Number .....	-
Email Address .....	jithin1966@gmail.com
Address .....	APT BLK 50 SIMS DRIVE
Address complement .....	# 23-146
Postcode .....	380050
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 .....	Side Swipe
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 .....	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

PLEASE REFER TO THE THE ATTACHED STATEMENT

#### 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 .....	WITH TP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBU7391R
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	R15M ABS MANUAL

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	FADZLI
Contact Number .....	(Phone) +65-88151251
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**

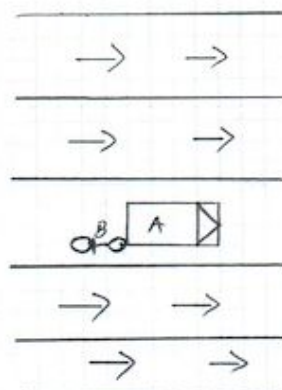
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. 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)**  
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

Witnessed by Reporting Centre Personnel

Sketch Plan CTE Towards 410 Chu Kang Road Exit



A: SCA 281R

B: PB47391R

On 28/04/23 at about 1200hrs, I was travelling straight at the 3rd lane of location, and vehicle B was in the forth lane, tried to skip lane and turn right into lane 2 and collided to onto the right rear of car portion. Video was captured but was taken by traffic police.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20230428/7090

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

2 of 3  
Report No. T/20230428/7090

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA2811R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220013282-01	16/04/2023	15/04/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FADZLI	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	Slight
Vehicle Owner			
Name	LIM JIT HIN	ID No.	S1735083H
Related Vehicle	NIL	Contact No.	93839726
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

**Brief Details.**

I was travelling straight on the 3rd lane of CTE towards Yio Chu Kang Rd exit 15. Motorcycle tried to skip lane and collided into the right rear of my car. Video was captured and taken by Traffic Police.



























**SINGAPORE  
POLICE FORCE**



T/20230428/7090

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

1 of 3  
Report No. T/20230428/7090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/04/2023 21:00		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: LIM JIT HIN		Address: 50 SIMS DRIVE #23-146 SINGAPORE 380050		
ID Type / ID No.: NRIC NO / S1735083H		Contact No.: Home/Office:                      Mobile: 93839726		
Nationality: SINGAPORE CITIZEN		Email: Jithin1966@gmail.com		
Sex: Male	Age: 57	Date of Birth: 13/01/1966	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English		
Occupation: Primary school teacher		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: 28/04/2023 12:00	Type of Location: Straight Road
Location:  SUNRISE DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU7391R	Motorcycle	A-BIKE				0
SLA2811R	Car	MERCEDES BENZ	E200	Blue	Slightly Damaged	1

**Details of Vehicle Insurance**





**SINGAPORE  
POLICE FORCE**



T/20230428/7090

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

2 of 3

Report No. T/20230428/7090

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA2811R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220013282-01	16/04/2023	15/04/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FADZLI	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	Slight
Vehicle Owner			
Name	LIM JIT HIN	ID No.	S1735083H
Related Vehicle	NIL	Contact No.	93839726
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

## Brief Details.

I was travelling straight on the 3rd lane of CTE towards Yio Chu Kang Rd exit 15. Motorcycle tried to skip lane and collided into the right rear of my car. Video was captured and taken by Traffic Police.





**SINGAPORE  
POLICE FORCE**



T/20230428/7090

3 of 3

Report No. T/20230428/7090

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

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

NP168

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

Date/Time:  
28/04/2023 21:00

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09234S0006 Vehicle Registration No: SLA 2811R  
 Name (as shown in NRIC): Lim Jit Hin NRIC/FIN/Passport No: S1735083H  
 (~~Vehicle Driver/Policyholder~~) (\*) Please delete as appropriate  
 Address: Apt Blk 50 Sims Drive # 23-146 Singapore (380050)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9383 9726  
 Email Address: jithin1966@gmail.com  
 Date of Accident: 28/04/2023 Time of Accident: 12:00  
 Place of Accident: C16 towards 410 chukong Road exit  
 Insurance Company: \_\_\_\_\_

**(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:

Amend upload police Report - Yes.  
Amend sketch plan.

Policyholder / Actual Driver's Signature  
 Date: \_\_\_\_\_

Amend 2/5/23  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): \_\_\_\_\_  
 Date: \_\_\_\_\_