

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	03/05/2023 16:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/05/2023 06:56 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TOWARDS LOYANG BEFORE LORONG HALUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7438D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YOUN BOON ALEX
NRIC No	SXXXX739B
Email Address	LIMYBALEX@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97304885
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	SEDAN 2.0 TFSI
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900010033-03

DRIVER

Name of Driver	LIM YOUN BOON ALEX
NRIC No	SXXXX739B
Date Of Birth	06/11/1968
Occupation	Indoor

Date Of Driving Pass	22/09/2000
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97304885
Alt. Phone Number	-
Email Address	LIMYBALEX@HOTMAIL.COM
Address	29 FERNVALE CLOSE
Address complement	#02-19
Postcode	797464
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?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JST7703
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

DUE TO TRAFFIC JAM AHEAD, I SLOW DOWN MY VEHICLE AND A BIKE HIT ME FROM BEHIND.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JST7703
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

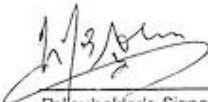
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8. Consent under the Personal Data Protection Act (PDPA)

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.

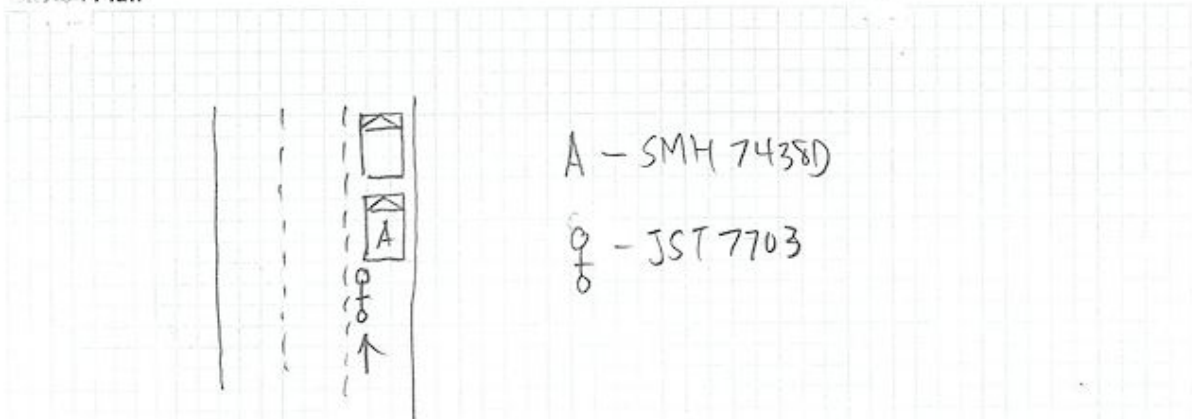
 2 MAY 2023
Policyholder's Signature / Date & Time
2 pm

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



Witnessed by Reporting Centre
Personnel Tony Fong

Sketch Plan

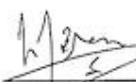


Describe Circumstances of the Accident

TRAFFIC JAM
 DUE TO ~~CONJUNCTION~~ AHEAD, I SLOW DOWN
 MY VEHICLE AND A BIKE HIT ME FROM
 BEHIND

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 2 MAR 2023
 2 PM

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



Witnessed by Reporting Centre
 Personnel Tony Foong

















































Allianz General Insurance Company (Malaysia) Berhad
(200601015674)


LEVEL 20, MENARA ALLIANZ SENTRAL, 203, JALAN TUN SAMBANTHAN,
KUALA LUMPUR SENTRAL 50470 KUALA LUMPUR
E-Mail: general@allianz.com.my

Customer Service

GROUND FLOOR, BLOCK 2A, PLAZA SENTRAL, JALAN STESEN SENTRAL 5,
KUALA LUMPUR SENTRAL, 50470 KUALA LUMPUR
E-Mail: customer.service@allianz.com.my

Tel: 03-22641188
Fax: 03-22641199

Tel: 03-2264 0700
Fax: 03-2264 0602
Toll Free No: 1-300-88-1028


Allianz 

RTD CODE : 13

CERTIFICATE OF INSURANCE
SIJIL INSURANS

ORIGINAL COPY
SALINAN ASAL

M.Y.3

ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1969 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS & COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD PARTY RISKS) ACT (CAP 90) NEGARA BRUNEI DARUSSALAM			
CERTIFICATE NO. No. Sijil	POSB-597820	NCD Diskon Tanpa Tuntutan	15.00 %
1. Index Mark and Registration Number of Vehicle Tanda Indeks Dan Nombor Pendaftaran Kenderaan	: JST7703	149 CC	HONDA FS150FJ 2
2. Name of Policyholder Nama Pemegang Polisi	: FAIZAL BIN ABDUL RAHIM		
3. Effective date of the Commencement of Insurance for the purposes for the Regulations, Ordinance or Enactment Tarikh efektif permulaan insurans untuk kegunaan Ordinan	: 28 FEB 2023		
4. Date of Expiry of the Insurance Tarikh Lubat Insurans	: 27 FEB 2024		
5. Persons or Classes of Persons entitled to drive Orang atau Kelas Pihak Yang Dibenarkan Memandu	(a) The Policyholder. (b) Any other person who is riding on the Policyholder's order or with their permission. (a) Pemegang Polisi (b) Sesiapa yang menunggang di atas arahan Pemegang Polisi atau dengan kebenarannya.		
PROVIDED THAT THE PERSON IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OF REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.			
6. Limitations as to use * Had Penggunaan	Use only for social, domestic and pleasure purposes and by the Policyholder in person in connection with his business. The Policy does not cover: (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use for the damage of goods (other than samples) in connection with any trade or business. Digunakan untuk tujuan sosial, domestik dan persiaran oleh Pemegang Polisi sendiri berkaitan dengan perniagaan atau pekerjaannya. Polisi ini tidak melindungi: (a) Kegunaan untuk sewaan atau ganjaran. (b) Kegunaan untuk mengkadat kelayuan, ujian kebolehppercayaan atau ujian kelayuan. (c) Kegunaan untuk membawa barangan (selain dari sampel) berkaitan apa-apa pekerjaan atau perniagaan.		
This Certificate is not transferable to a new owner of the Vehicle.			
If for any reason the Insurance is terminated during its currency this Certificate must be returned to the Company or if this Certificate has been lost or destroyed Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.			
This Certificate must be returned if the Insurance is suspended during its currency.			
IMPORTANT If you are involved in an accident causing injury to any person or damage to any property or other vehicle you must: (a) Try to obtain names and address of any witness to the accident. (b) Report to the Company immediately. (c) Refer to the Company immediately all communications received from the Police Authorities. (d) Send to the Company immediately all letters from Third Parties unanswered. (e) Not pay money to any Party involved in the accident without the Company's written permission.			
* Limitations rendered Inoperative by section 95 of the Road Transport Act, 1987 (Malaysia) or section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam are not included under this heading. Had yang tidak beroperasi oleh Seksyen 95 Akta Pengangkutan Jalan 1987 (Malaysia) atau Seksyen 8 Akta Kenderaan Bermotor (Gantrugi dan Risiko Pihak Ketiga) (Cap 189) Republik Singapura atau Seksyen 7 Akta Insurans Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam.			
(We certify that the Policy to which the Certificate is issued in accordance with the provisions of Part IV of the Road Transport Act, 1987 (Malaysia, Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam. Saya/Kami bersertu bahwa Polisi dimana Sijil ini dikeluarkan tertakluk di bawah proviso Bahagian IV Akta Pengangkutan Jalan 1987, (Malaysia) Akta Kenderaan Bermotor (Risiko Pihak Ketiga & Gantrugi) (Cap 189) Republik Singapura dan Akta Kenderaan bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam.			
Agent Code Kod Ejen	J807154	ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (200601015674)	
		 Authorised Signature	

MT849040902EP284


**SINGAPORE
POLICE FORCE**


T/20230502/2058

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230502/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2023 15:38	Vide Report No.:	Station Diary No.: 89
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Informant's Particulars

Name of Informant: LIM YOUN BOON ALEX	Address: 29 FERNVALE CLAYFIELD RD #02-19 SINGAPORE 797464		
ID Type / ID No.: NRIC NO / S6841739B	Contact No.: Home/Office: Mobile: 97304885		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 54	Date of Birth: 06/11/1968	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: technician	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/05/2023 06:55	Type of Location: Expressway
Location: TAMPINES EXPRESSWAY			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One 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
JST7703	Motorcycle					0
SMH7438D	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230502/2058

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230502/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH7438D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900010033-03	30/01/2023	29/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FAIZAL BIN ABDUL RAHIM	ID No.	G2981907L
Related Vehicle	JST7703 (Motorcycle)	Contact No.	87604092
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM YOUN BOON ALEX	ID No.	S6841739B
Related Vehicle	SMH7438D (Car)	Contact No.	97304885
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 02/05/2023 at about 0656hrs, I was driving my vehicle bearing registration number SMH7438D along TPE towards Loyang before Lorong Harus. As I was driving my vehicle, there was a traffic jam and i had to slow down my vehicle.

Out of a sudden, there was a motorcyclist which came from the rear and collided onto the rear of my vehicle. After the collision, both parties came to a stop and we both then exchange particulars. I made a check on my vehicle and there was some damages on my vehicle. There is also a in-built camera inside my vehicle. At the point of time, no one was injured and no police came to my incident.



**SINGAPORE
POLICE FORCE**



T/20230502/2058

3 of 3

Report No. T/20230502/2058

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 3 DALJIT SINGH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/05/2023 15:38

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

SN 159

SIGNATURE