

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	26/04/2023 10:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARD TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9392Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM LIANG KUANG
NRIC No	S2553803Z
Email Address	liangkuanglim88@hotmail.com
Mobile Phone No	(Phone) +65-91861262
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100419046

DRIVER

Name of Driver	LIM LIANG KUANG
NRIC No	S2553803Z
Date Of Birth	14/03/1958
Occupation	Indoor

Date Of Driving Pass	30/06/1990
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91861262
Alt. Phone Number	-
Email Address	liangkuanglim88@hotmail.com
Address	485 CHOA CHU KANG AVENUE 5 #16-96
Address complement	-
Postcode	680485
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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED

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	SJV196J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HARRIS SETIONO BIN SUNARDI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HARRIS SETIONO BIN SUNARDI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SJV196J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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 this 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:

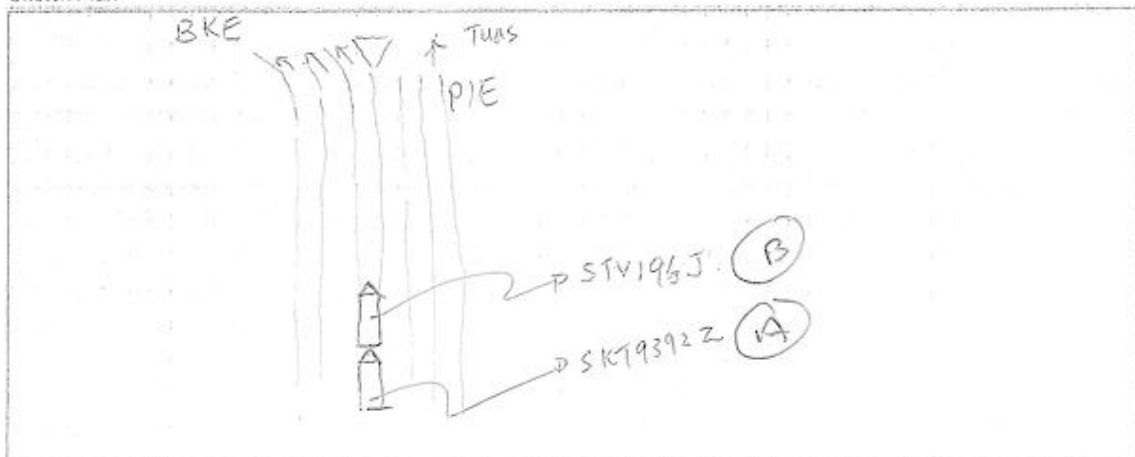
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Lin Li May
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 Circumstances of the Accident

Accident Location:

Accident Date:

Time:

am/pm

Owner Email:

Driver Email:

I tried to change lane, the car at my rear refused for me to switch over. After a while, he let me cut in. After changing the lane, I was looking at my rear mirror and I did not realise my front vehicle had slow down and made a stop. When I realised, it was too late for me to stop my vehicle, and I hit the front car SJV196J.

Both of us did not suffer any injury

OTHER VEHICLE NO INVOLVE DETAILS :-

B	Veh No:	Hp:	Total Pax:	Driver Name:
C	Veh No:	Hp:	Total Pax:	Driver Name:

Declaration

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

Witnessed by Reporting Centre Personnel


































**SINGAPORE
POLICE FORCE**


T/20230427/2065

1 of 3

Report No. T/20230427/2065

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2023 14:09	Vide Report No.: T/20230427/7023	Station Diary No.: 85
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Informant's Particulars

Name of Informant: LIM LIANG KUANG			Address: APT BLK 485 CHOA CHU KANG AVENUE 5 #16-96 SINGAPORE 680485	
ID Type / ID No.: NRIC NO / S2553803Z			Contact No.:	Mobile: 91861262
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: LiangKuangLim88@hotmail.com	
Sex: Male	Age: 65	Date of Birth: 14/03/1958	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Electrical engineer			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2023 17:20	Type of Location: Straight Road
Location: FAIRWAYS DRIVE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJV196J	Car				Slightly Damaged	0
SKT9392Z	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White	Slightly Damaged	0

Details of Vehicle Insurance

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



T/20230427/2065

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Report No. T/20230427/2065

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT9392Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100419046-07	26/06/2022	25/06/2023

Brief Details.

I was driving vehicle bearing plate number SKT9392Z on the third lane of PIE intending to filter left to exit to BKE. I was signaling my intention as well. While I was trying to filter left, I noticed that the car in the left lane behind me sped up. So I constant checked rear view mirror to safely enter the lane when I could. I managed to enter the second lane afterwards.

When I was checking my rear view mirror, I did not see that the car in front of me bearing plate number SJV196J had slowed down and came to a complete stop. I applied on the brake however I did not managed to stop on time causing me to collide into the car.

We alighted and spoke to each other before moving our vehicles to the side of the road.

The other driver's particulars are as follows:

Harris Setiono Bin Sunardi S1320538H.

There were no obvious injuries that I noticed on him. The other drive did not have any passengers inside. We drove off subsequently.

My insurance then called me to inform that the other driver had 5 days of MC.

**SINGAPORE
POLICE FORCE**

T/20230427/2065

3 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230427/2065

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/

SGT 2 KAM YAN MIN, REUBEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2023 14:09

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168



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: _____ Vehicle Registration No: SKT93922

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 29/04/2023 Time of Accident: _____

Place of Accident: _____


Insurance Company: AIC

(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:

SBA ATTACHED POLICE REPORT

Policyholder / Actual Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____