

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	18/04/2023 11:20 (SGT)
Reported by	Actual Driver
Date of Accident	16/04/2023 12:25 (SGT)
Exact Location of Accident	University Flyover, Singapore
Additional Location Information	AYE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9050U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN QIUYUN
NRIC No	S8515054E
Email Address	yoshimura13@gmail.com
Mobile Phone No	(Phone) +65-97535658
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070103360

DRIVER

Name of Driver	LIM PUAY TECK, DEREK
NRIC No	S8509880B
Date Of Birth	27/03/1985
Occupation	Indoor

Date Of Driving Pass	17/05/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97388961
Alt. Phone Number	-
Email Address	yoshimura13@gmail.com
Address	BLK 13 TOH TUCK ROAD
Address complement	#03-08
Postcode	596196
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	2
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	-

PASSENGER 1

Name	GWEN LIM WEN XUAN
Gender	Female

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

REFER TO POLICE REPORT.

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	SMP6015E
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK3839R
Vehicle Manufacturer	Toyota
Vehicle Model	Voxy
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLT521R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKB8979H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 PUAY TECK, DEREK
Gender Male
Phone No (Phone) +65-97388961
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLP9050U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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:

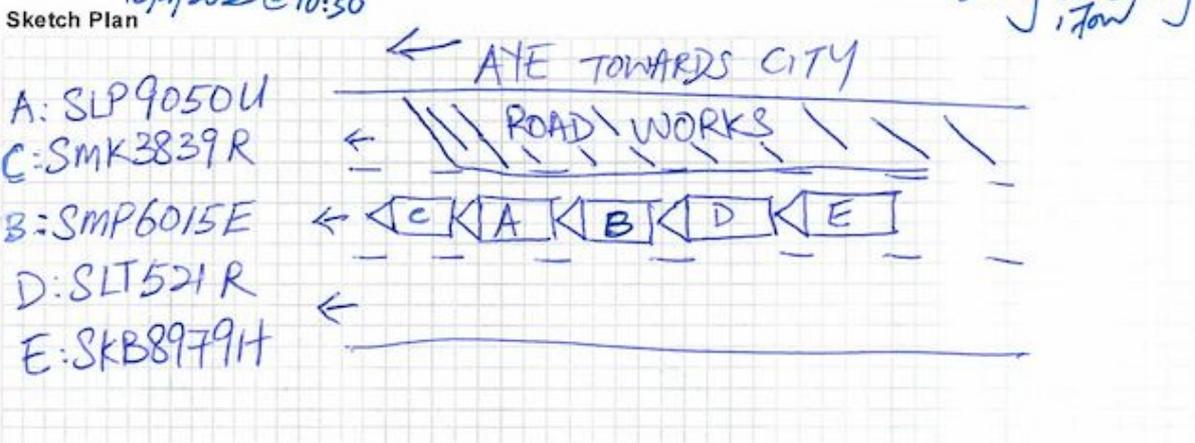
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

 _____ Policyholder's Signature / Date & Time 18/4/2023 @ 10:50	 _____ Driver's Signature (if driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel Chang Chee Sing 17/04
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Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
12/4/2023
10:50


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


Witnessed by Reporting Centre Personnel
Chang Chee Sing
Fow





























































**SINGAPORE
POLICE FORCE**



D/20230418/7010

1 of 2

POLICE REPORT (NP299)

Report No. D/20230418/7010

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 18/04/2023 09:07	Vide Report No.	Station Diary No.
Name Of Informant LIM PUAY TECK, DEREK	Address 13 TOH TUCK ROAD #03-08 SINGAPORE 596196	
ID Type / ID No. NRIC NO / S8509880B	Contact No. Home/Office:	Mobile: 97388961
Nationality SINGAPORE CITIZEN	Email Address YOSHIMURA13@GMAIL.COM	
Occupation ICT service manager	Sex Male	Age 38
Institution/School Name	Date of Birth 27/03/1985	Race Chinese
Date/Time Of Incident 16/04/2023 12:25 - 16/04/2023 12:35	Location Of Incident 2 COLLEGE AVENUE WEST UNIVERSITY TOWN (STEPHEN RIADY CENTRE) SINGAPORE 138607	

Brief details.

I was driving on Lane 2 along AYE (City) and after exit 9 below university flyover, the car SMK3839R in front of me suddenly ebrake to a stop.

Myself and 3 more cars behind ebrake but ended up in a multiple vehicle chain collision.

First car: SMK3839R

Myself second car: SLP9050U

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2023 09:07
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20230418/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230418/7010

Third car: SMP6015E

Fourth car: SLT521R

Fifth car: SKB8979H

After the accident I was generally okay with slight discomfort on my lower back and neck and thought it would get better after a while. The discomfort didn't get better on 16 April night. I went to see a doctor on 17 April and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2023 09:07
Officer In-Charge Of Case:	Classification Of Case: