

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	26/06/2023 11:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/06/2023 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	St Ignatius Church (Outdoor Car Park)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1108S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON LENG KIERON (LIN WENLONG KIERON)
NRIC No	S7522846E
Email Address	dr@kieronlimgastro.sg
Mobile Phone No	(Phone) +65-81211592
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
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	1800087811-04

DRIVER

Name of Driver	LIM BOON LENG KIERON (LIN WENLONG KIERON)
NRIC No	S7522846E
Date Of Birth	19/08/1975
Occupation	Indoor

Date Of Driving Pass	14/09/1993
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81211592
Alt. Phone Number	-
Email Address	dr@kieronlimgastro.sg
Address	355 BUKIT TIMAH ROAD
Address complement	MADISON RESIDENCES #17-03 SINGAPORE
Postcode	259724
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLW1108D
Insurance Company of Other Vehicle Owned by Driver	AIG Asia Pacific Insurance Pte. Ltd.

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)	5
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	Pauleen Lim
Gender	Female

PASSENGER 2

Name	Elliot Lim
Gender	Male

PASSENGER 3

Name	Isabel Lim
Gender	Female

PASSENGER 4

Name	Charlotte Lim
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Reported Online
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

We were leaving the church car park at 1115am today. Traffic in the car park is controlled by experienced traffic wardens. Vehicles are to follow the instructions of the wardens as we enter and leave the car park. This is a long standing and widely accepted process. I was following behind another car and had the right of way as the traffic warden signalled for us to drive forward to exit the car park. As I was moving ahead

I felt a bump and scratch on the front left side of my vehicle. The other driver Mr Peter Toh (SLE926K) and myself pulled over to exchange contact details. Mr Toh informed me that he moved off from where he parked after giving his signal and assumed I will stop for him. I informed him that I was following the instructions of the traffic warden as we usually do and we had the right of way. Mr Toh then proceeded to blame the traffic warden. Mr Toh and myself went to speak to the traffic warden Mr Robert Ong. Mr Ong immediately told Mr Toh that it was Mr Toh's fault as Mr Ong had signalled the row of cars which I was in to move forward. Mr Ong also said that he had signalled to Mr Toh to stop but despite this

Mr Toh proceeded to move forward which resulted in the collision with my vehicle. Mr Ong informed me that he will serve as my witness and encouraged me to make a police report and insurance claim.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

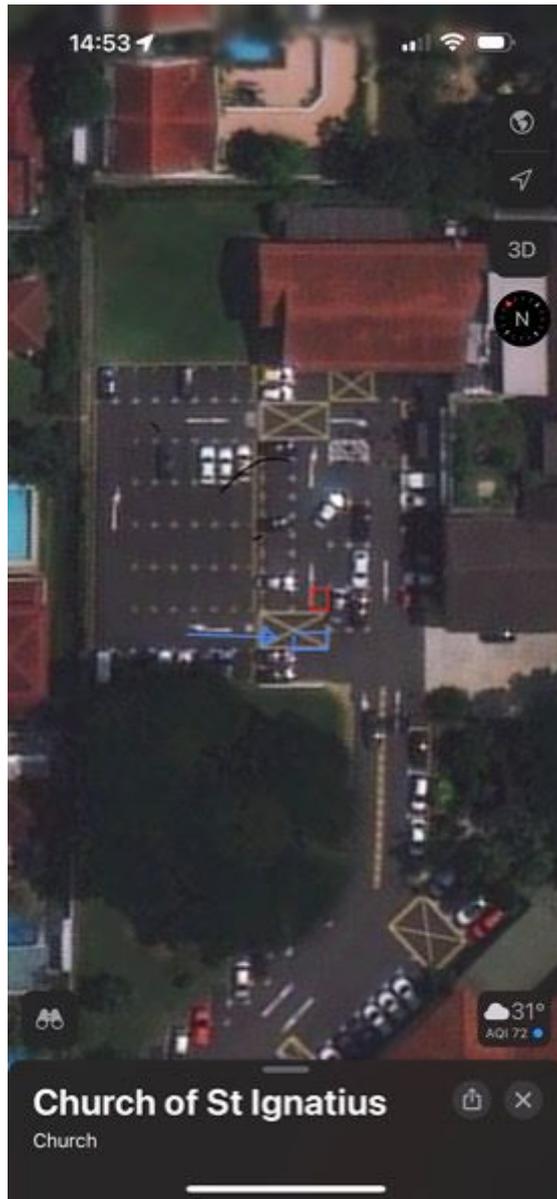
DETAILS OF OTHER VEHICLE PROPERTY 1

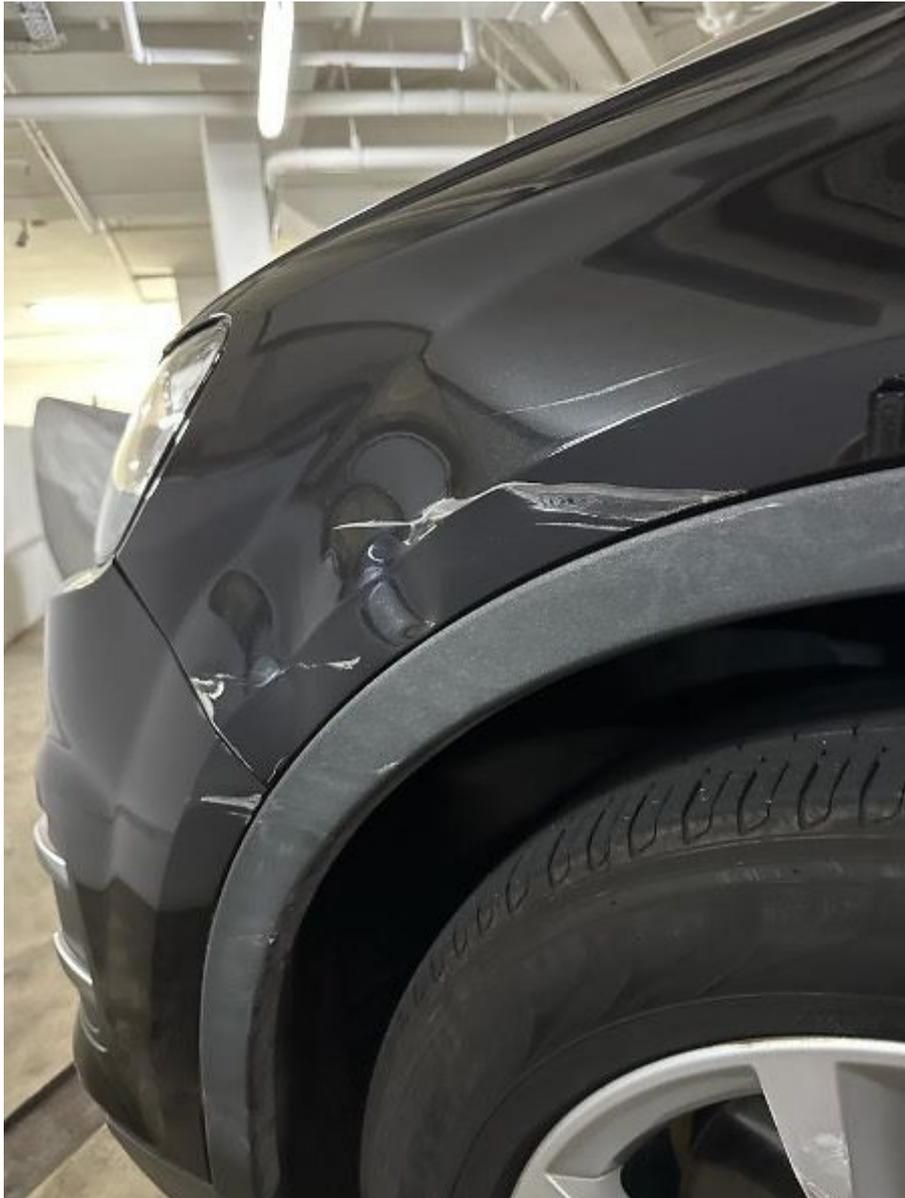
Vehicle Registration Number SLE926K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-96829825
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name Robert Ong
Phone (Phone) +65-96331172
Email kieronbllim@icloud.com











GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA01236Q0009 Vehicle Registration No: SMD 1108 S
 Name (as shown in NRIC) : LIM BOON LENG KIERON NRIC/FIN/Passport No : 87522846E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 355 BUKIT TIMAH ROAD, #17-03 Singapore (259724)
 Contact (Tel) : 6389 0925 Mobile No.: 81211592
 Email Address : _____
 Date of Accident : 25/06/23 Time of Accident : 11:10am
 Place of Accident : St. Ignatius Church, outdoor carpark, Victoria Park Rd
 Insurance Company: AIG

(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:

I ~~do~~ wish to amend to report to make a third party claim.

Policyholder / Driver's Signature
 Date: _____

 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____