

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 First Submission 29/07/2023 13:01 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 28/07/2023 15:45 (SGT)
Exact Location of Accident 10 Eunos Rd 8, Singapore 408600
Additional Location Information SINGPOST MALL B1 CARPARK, ACCIDENT HAPPEN IN THE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW8190S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM BAK CHIM
NRIC No SXXXXX949A
Email Address BAKCHIMLIM@HOTMAIL.COM
Mobile Phone No (Phone) +65-91387770
Alternative Phone No (Home) +65-98172976

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant SEDAN 1.0 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 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1800022296-05

DRIVER

Name of Driver LIM BAK CHIM
NRIC No SXXXXX949A
Date Of Birth 24/06/1969

Occupation	Indoor
Date Of Driving Pass	11/09/1990
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91387770
Alt. Phone Number	(Home) +65-98172976
Email Address	BAKCHIMLIM@HOTMAIL.COM
Address	20 CHOA CHU KANG STREET 64
Address complement	#14-02
Postcode	689093
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

REFER TO THE 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	SBT3288M
Vehicle Manufacturer	Porsche
Vehicle Model	Cayenne

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	ZENG QING XIANG
Contact Number	(Phone) +65-85005457
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBT3288M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A: SJW8190C

B: SB13288M



**SINGAPORE
POLICE FORCE**



T/20230728/2103

2 of 3

Report No. T/20230728/2103

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
SJW8190S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800022296-05	08/03/2023	07/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ZENG QINGXIANG		ID No.	S8202717C
Related Vehicle	SBT3288M (Car)		Contact No.	85005457
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 BAK CHIM		ID No.	S6920949A
Related Vehicle	SJW8190S (Car)		Contact No.	91387770
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 above-mentioned date and time, at SingPost centre carpark B1, I was driving my car bearing registration number SJW8190S and was exiting carpark lot 206.

As there was a pillar and a tall jeep on my left, I could not see the oncoming vehicles clearly. Hence, I inched out slowly while being cautious for oncoming traffic. However, suddenly, a car bearing registration number SBT3288M drove towards my direction at a relatively high speed for the carpark and collided into the front left side of my car.

As a result of the accident, the front left side of my car suffered from a huge dent and other damages. I am not injured in this accident. Police were called in and the female passenger of the other car was conveyed to the hospital. I wish to state that I have a vehicle camera, and the SD card was seized by the traffic police. I am lodging this report for insurance claims, and as instructed by traffic police.









































































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Report No. T/20230728/2103

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J/ SGT 2 CAI XIN YU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2023 19:36
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

NP168