# 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 witholding 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.

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   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 31/12/2022 12:14 (SGT) Reported by Both Date of Accident 30/12/2022 18:20 (SGT) Exact Location of Accident 2 Jurong West Ave 5, Singapore 649482 Additional Location Information JURONG POLICE HEADQAURTERS EXIT ALONG JALAN **BAHAR** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNC3989X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner LIM WEI SIONG NRIC No SXXXX503Z

Email Address LIMWS89@GMAIL.COM Mobile Phone No (Phone) +65-92344229

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model А3

Variant SEDAN 1.5 TFSI

Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Yes Vehicle Category Private car

Transmission Auto CC 1498

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Policy Number / Cover Note Number 7210108791

DRIVER

Name of Driver LIM WEI SIONG NRIC No SXXXX503Z Date Of Birth 09/03/1989

Occupation Indoor Date Of Driving Pass 25/09/2012 Driving experience 10 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-92344229 Alt. Phone Number Email Address LIMWS89@GMAIL.COM Address 11 FERNVALE LANE Address complement #11-04 Postcode 797495 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-68965647

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Jurong Division Headquarters

(Phone) +65-18007910000

(Fax) +65-68965647

No. 2 Jurong West Avenue 5 Singapore 649482

No

### CIRCUMSTANCES OF ACCIDENT

ON 30/12/2022 AT ABOUT 6.20 PM. I WAS WAITING AT THE ENTRANCE/EXIT OF JURONG POLICE DIVISION ALONG JALAN BAHAR, PREPARING TO TURN OUT ONTO JALAN BAHAR. MY VEHICLE WAS STATIONARY. WHILE WAITING FOR THE TRAFFIC TO BE CLEARED OF CARS, I NOTICED A BLUE POLICE VEHICLE BEARING PLATE NUMBER QX5080H APPROACHING. AS THE VEHICLE TURNED INTO JURONG DIVISION. ITS FRONT BUMPER COLLIDED WITH MY CAR, RESULTING IN SCRATCHES AND DENTS ON MY REAR RIGHT PASSENGER DOOR. SPF/TP WAS INFORMED.

# 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	QX5080H
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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' law yers/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' law yers/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 law yers/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! SNC 3989X
B: QX 5080 H.

scribe Circumstances of the Accident  1 30   12   2022 at about 6:20 pm. I was waiting at the entrance   exit	
of Jurany Police of Division along John Bohan, preparity to turn out	
uto Inlan Edwar. My verwelve was estationary.	
intermeding for the traffic to other by cleared of car, I nonced a blue Police	
exicle bearing place number QX5080H approaching . Any us me as welick	
word who Juray Division, the its forth bunger collided anto my our, resulting	4
in sortium and don't ar my tear right passage dust.	
SPF / TP was informed.	

# Declaration

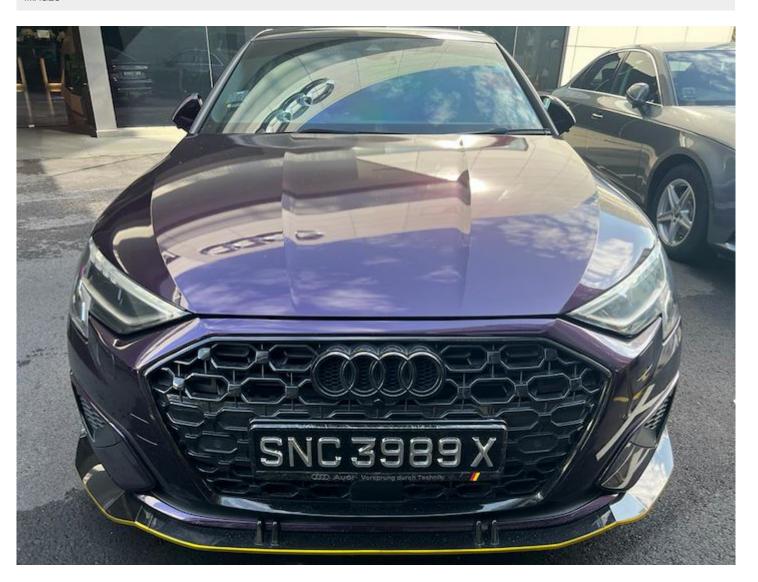
I/We declare the foregoing particulars are true in every respect.

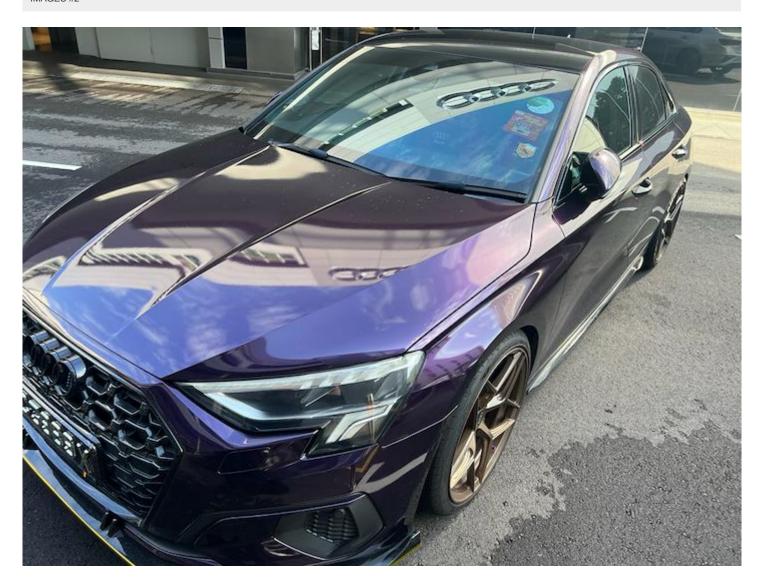
Policyholder's Signature / Date & Time

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

M- MUNICIPAL MA

Witnessed by Reporting Centre Personnel





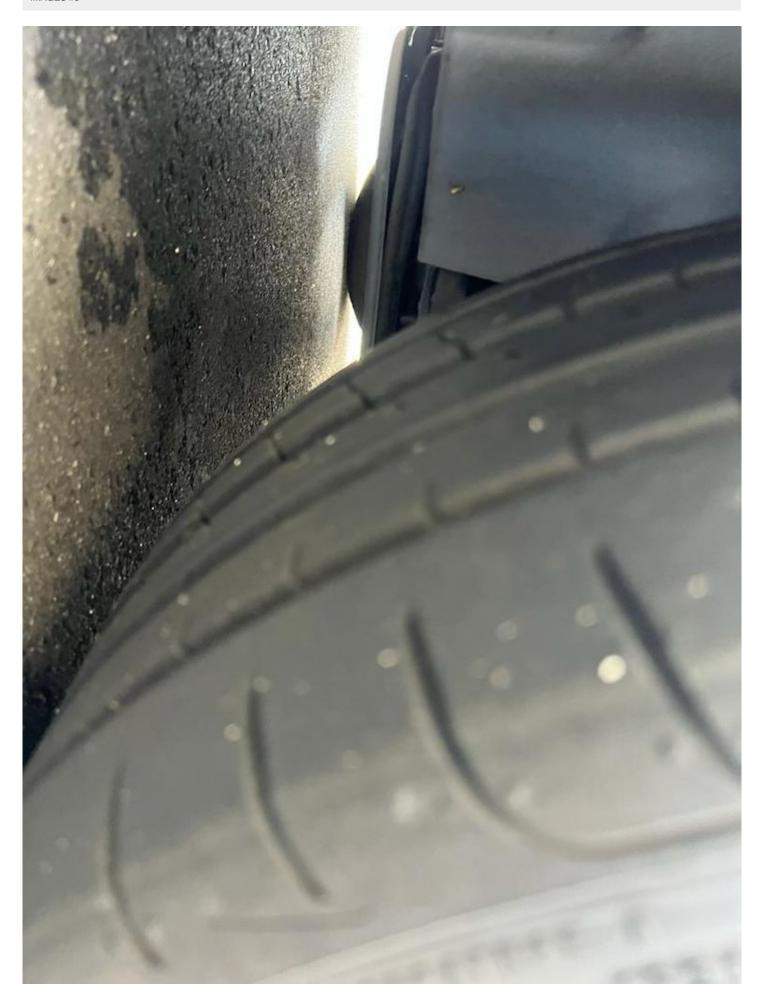








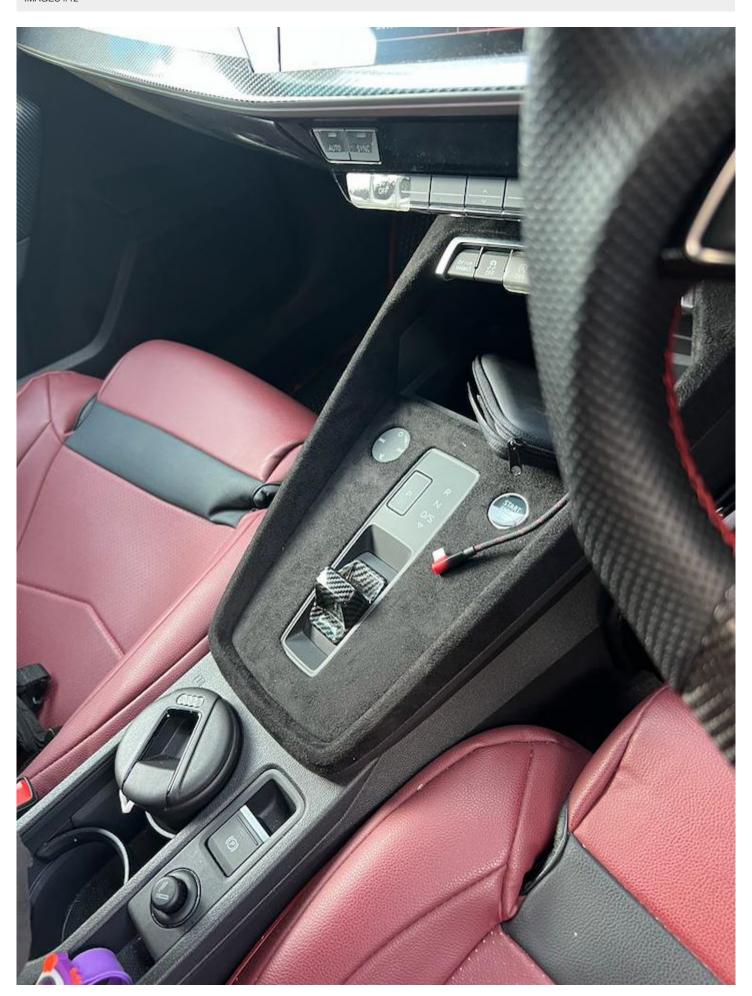


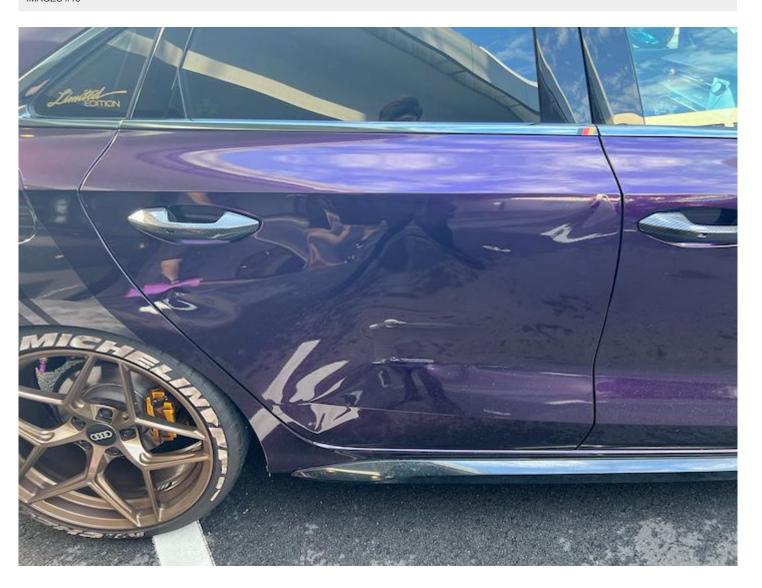


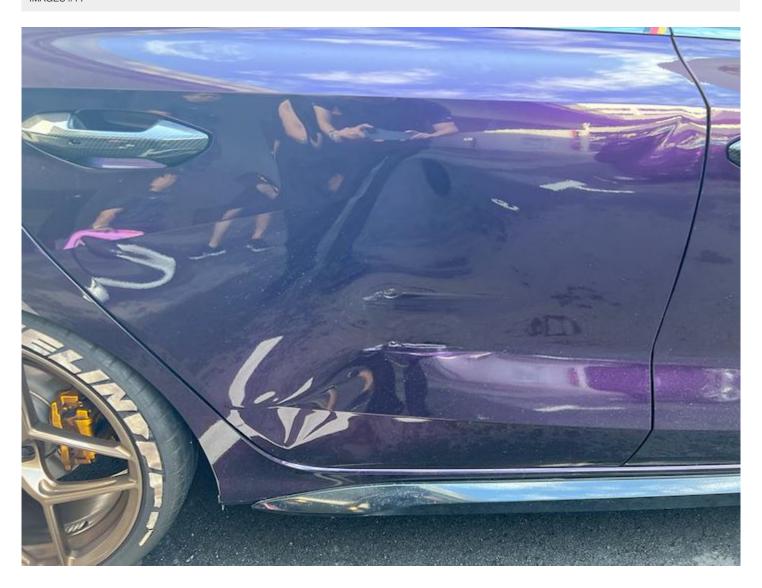








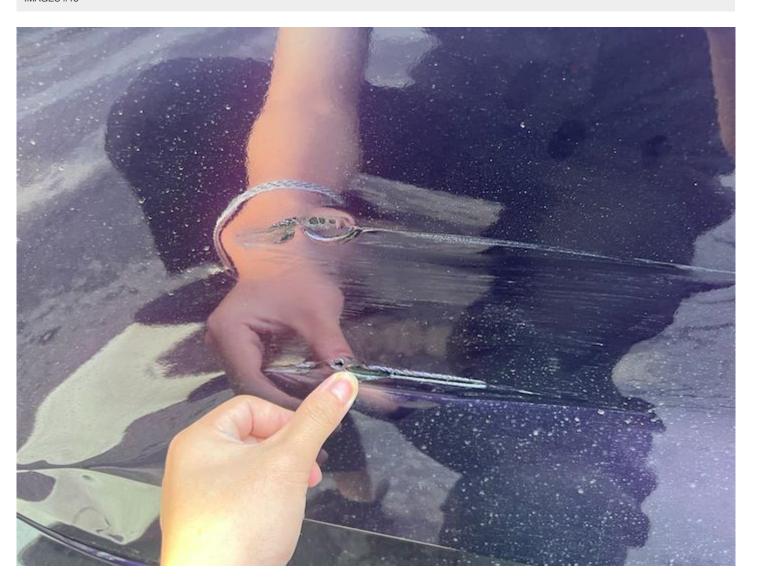


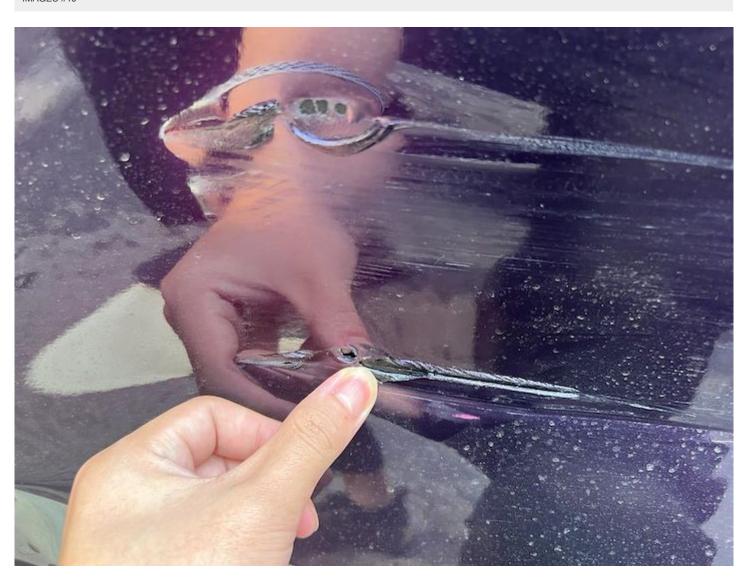




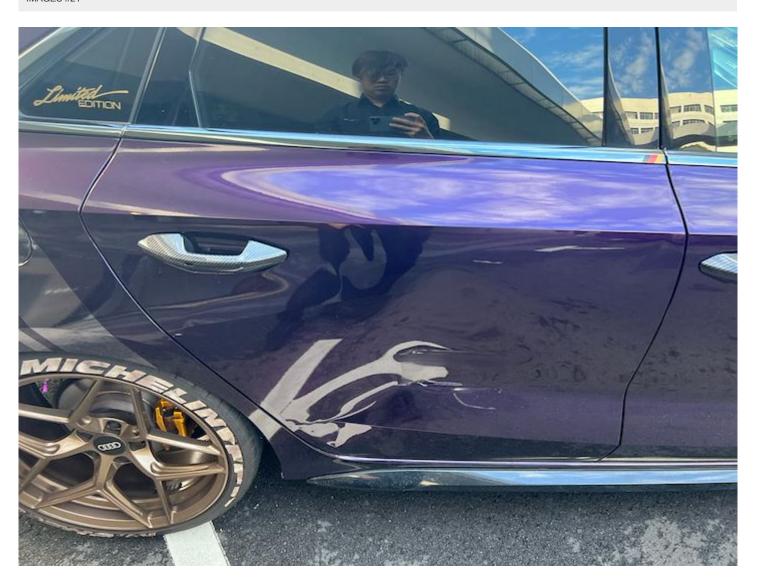












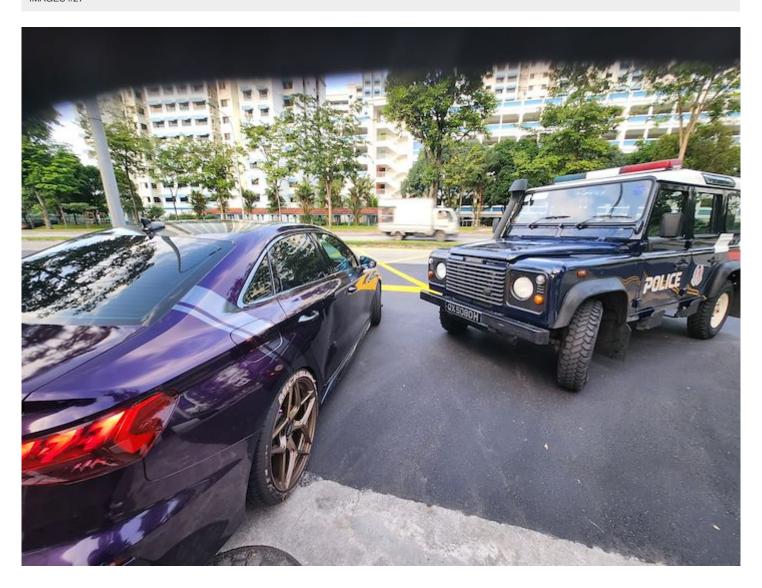
















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

l of 3 Report No. T/20221230/2086

Tel No: 1800-7929999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2022 20:23		Vide Report No.: J/20221230/0139	Station Diary No.: 121	
Informa	nt's Partic	ulars		
Name of Informant: Address: LIM WEI SIONG BLK 11 FERNVALE LANE #11-04 SINGAPORE:			ANE #11-04 SINGAPORE 797495	
ID Type / ID No.: NRIC NO / S8910503Z		Contact No.: Home/Office:	Mobile: 92344229	
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: Date of Birth: 33 09/03/1989		Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Police officer		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Government Vehi	Drink Drive: No	Date/Time of Accident: 30/12/2022 18:40	Type of Location Bend	
Location:  JALAN BAHA  Weather: Clear	R	Road Surface:		Road Speed Limit:	
Oleai	-	Traffic Control: Not Controlled		Traffic Volume:	
Traffic Flow: One Way				Moderate	

Details of V	enicle Invo	Ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
QX5080H	Car		DEFENDER	Blue	Slightly Damaged	0
SNC3989X	Car	AUDI	A3 SEDAN 1.5 TFSI S TRONIC	Purple	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC3989X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210108791	10/09/2021	09/09/2023



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

2 of 3 Report No. T/20221230/2086

#### CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian	Use of P	edestrian	Cross	ing: NA	
Driver			ID No.	70.65	100 m
Name	ANG CHEE KOON				S7400995F
Related Vehicle	QX5080H (Car)			ct No.	97442248
Hospital/Clinic	NIL		Class Driving Licent Expiry	g se &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D		scharge	NIL	
	ays granted Medical Leave NIL		of Injury	NIL	
Driver					
Name	LIM WEI SIONG		ID No		S8910503Z
Related Vehicle	SNC3989X (Car)		Conta	ct No.	92344229
Hospital/Clinic	NIL			of 9 ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date D	ischarge	NIL	
	ted Medical Leave NIL	Degree	of Injury	NIL	

#### Brief Details.

On 30/12/2022 at about 1841hrs, when I drove my vehicle bearing registration plate number SNC3989X which was stationary at Jurong HQ service road at the stop line waiting to make a left turn into Jalan Bahar towards PIE, I noticed one police vehicle bearing registration plate number QX5080H making a wide left turn into Jurong HQ. While the said police vehicle was making the left turn, I felt an impact on the rear right portion of my vehicle. I then realized that the police vehicle had collided onto my vehicle's rear right passenger door causing some scratches and dents. Whereas, the police vehicle's front bumper suffered minor scratch. There was no one injured, and I have in-vehicle camera installed in my vehicle. Subsequently, TP officer arrived and informed me to lodge a traffic accident report. In-charge case TP IO Rahim, Tel: 65476433.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20221230/2086

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <a href="report number">report number</a> as reference.

Signature of Officer Recording The Report: J / SGT 3 Saw Hui Ying	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2022 20:23
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	