



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	09/09/2024 08:27 (SGT)
Reported by	Actual Driver
Date of Accident	06/09/2024 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVE 2 TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY74X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PECK LIN
NRIC No	SXXXXX045A
Email Address	TAN_PECK_LIM@YAHOO.COM
Mobile Phone No	(Phone) +65-97508335
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070028333-03

DRIVER

Name of Driver
NRIC No
Date of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

LEE TIAK CHEE
SXXXX350H
22/07/1957
Indoor
26/10/1978
3
Valid
45 YEARS AND 11 MONTHS
Male
(Phone) +65-96191689
+65-97508335
ALLAN_LEE2006@YAHOO.COM.SG
BLK 222 WESTWOOD AVENUE #09-12

-
648355
No
Spouse
No

-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Cross Junction
Clear
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?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
Yes
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Nanyang Neighbourhood Police Centre
(Phone) +65-18007929999
(Fax) +65-67912972
No. 2 Jurong West Avenue 5 Singapore 649482
No
-

CIRCUMSTANCES OF ACCIDENT

REF ATTACH / POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	SHC625L
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
Contact Number	-
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	REF POLICE REPORT
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- 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 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:

- 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- 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
- 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
(Name as in NRIC/ID card)

Sketch Plan

Juny West St 23.

Juny West Ave 2

1 EY74Y

1 B-340632

Describe Circumstance of the Accident

On 6 Sep 24 I drive vehicle no EX74X from Jurong West Ave 2 towards PIE. At the junction between Jurong West St 23 / Jurong West Ave 2 and under LRT construction and traffic wardens were stationed along the junction to do traffic control. When I reached the junction, there were no traffic and instructions given by the traffic wardens, hence I decided to drive through. Suddenly a yellow taxi SU685L made a right turn towards Jurong West St 23, from the opposite side of the road. I did not manage to brake in time and collided with the left passenger side of taxi.

My vehicle sustained a dented front hood and damaged plate number, however, the taxi sustained a dented left side rear passenger door.

I quickly alighted my vehicle to check on the driver and his passengers who were both seated at the back of the taxi, who said there were okay and did not wish to be conveyed to the hospital. However, both were later conveyed as they felt nauseous. The driver of the taxi informed that he did not see my vehicle come through as there was a pillar from the LRT construction that was covering his view. He then proceeded to call his taxi company to inform regarding the incident.

The insurance agent of the taxi company came and advised me to make a police report.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20240906/2075

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE
649482

Tel No: 1800-7929999

1 of 3

Report No. T/20240906/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2024 21:32		Vide Report No.:	Station Diary No.: 172
Name of Informant: LEE TIAK CHEE		Address: 222 WESTWOOD AVENUE #09-12 SINGAPORE 648355	
ID Type / ID No.: NRIC NO / S1225350H		Contact No.: Home/Office: Mobile: 96191689	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 22/07/1957	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/09/2024 16:10	Type of Location: Straight Road
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
EY74X	Motor car				Slightly Damaged	0
SHC625L	Motor car				Seriously Damaged	2

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20240906/2075

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20240906/2075

CONTINUATION OF REPORT

Name	LEE TIAK CHEE	ID No.	S1225350H
Related Vehicle	NIL	Contact No.	96191689
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 06/09/2024 at about 1610hrs, I was driving my wife's vehicle (registration no. EY74X) travelling from Jurong West Ave 2 towards PIE. During the time, there were two closed lanes for the LRT construction and traffic wardens were stationed along the junction of Jurong West Ave 2 and Jurong West St 23.

As I reached the junction, there were no traffic and instructions given by the traffic wardens, hence I decided to drive through. Suddenly, a yellow taxi (registration no. SHC625L) made a right turn towards Jurong West St 23 from the opposite side of the road. I did not manage to brake in time and collided with the left passenger side of taxi.

My vehicle sustained a dented front hood and damaged plate number; however, the taxi sustained a dented left side rear passenger door.

I quickly alighted my vehicle to check on the driver and his passengers who were both seated at the back of the taxi, who said that they were okay and did not wish to be conveyed to the hospital. However, both were later conveyed as they felt nauseous. The driver of the taxi informed that he did not see my vehicle come through as there was a pillar from the LRT construction that was covering his view. He then proceeded to call his taxi company to inform regarding the incident.

The insurance agent of the taxi company came and advised me to make a police report regarding this accident. I am lodging this report for police follow-up actions.



**SINGAPORE
POLICE FORCE**



T/20240906/2075

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20240906/2075

CONTINUATION OF REPORT

Signature of Officer Recording The

J /

SCSGT(1) MUHAMMAD
BUKHARI BIN ZURAIMI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
SGT 3 MUHAMMAD RAIMIE BIN ABDUL
KARIM
Contact No.: 65476246

Signature Of Informant:

Date/Time:

06/09/2024 21:32

Classification Of Case: