

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	18/09/2024 08:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/09/2024 17:30 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7530R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW YU WOEI
NRIC No	SXXXX061E
Email Address	JANETLEOW@GMAIL.COM
Mobile Phone No	(Phone) +65-97990679
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500
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	1800103958-05

DRIVER

Name of Driver	LEOW YU WOEI
NRIC No	SXXXX061E
Date Of Birth	29/04/1971
Occupation	Indoor
Driving Pass Date	11/10/2005
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	18 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97990679
Alt. Phone Number	-
Email Address	JANETLEOW@GMAIL.COM
Address	85 PHENG GECK AVENUE #17-11
Address complement	-
Postcode	348271
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	Collision - Change/cross lane
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?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	XD7746E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUANG ZISHUAI
Passport No/FIN	MXXXX402R
Contact Number	(Phone) +65-68620065
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	LEOW YU WOEI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLE STRAIN RIGHT SIDE & WRIST
Injured person in which vehicle?	SMD7530R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

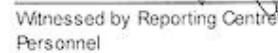
(collectively the "Purposes")

(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

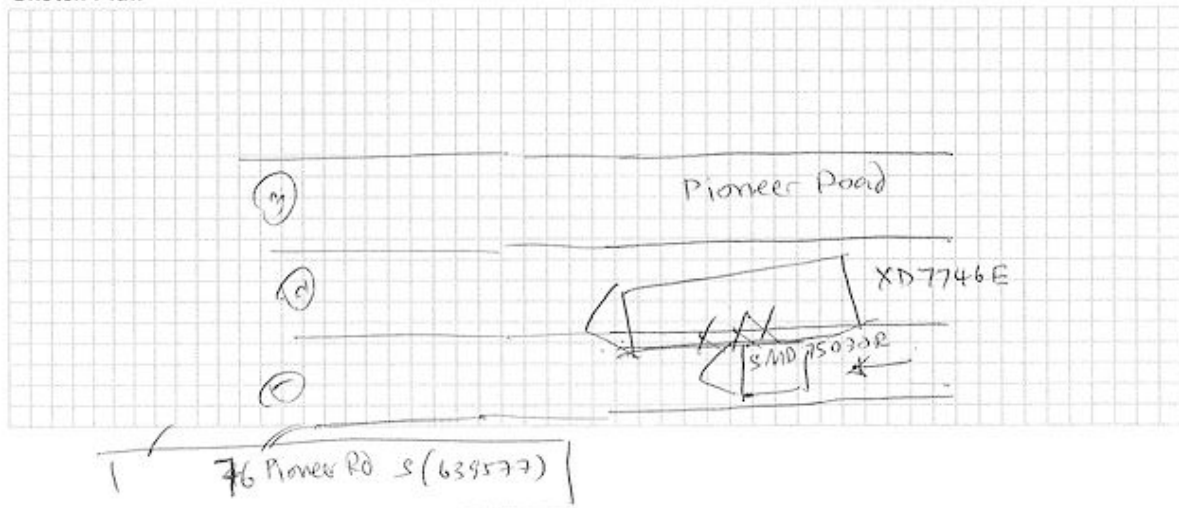
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 16/09/2024 5:30pm I was driving on lane 1 of Pioneer road towards PIE.

weather is clear and bright and road conditions dry.

I was driving at speed of about 50 km/h with clear road ahead of me in lane 1.

Suddenly I felt an impact on my right and see that a truck had encroached into my lane and sideswiped me.

I sounded the horn as I tried to stop the vehicle. The truck also stopped on my right side.

I was unable to open the right side drive door and alighted from the left passenger door.

The other vehicle X D 7746 E driver came down to check and said that he didn't see my vehicle.

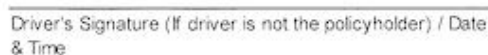
We exchange details and disentangled our vehicles.


The other vehicle left and my vehicle 54D 7530R was towed to Mazda workshop at Payara.

Declaration

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

X 
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



































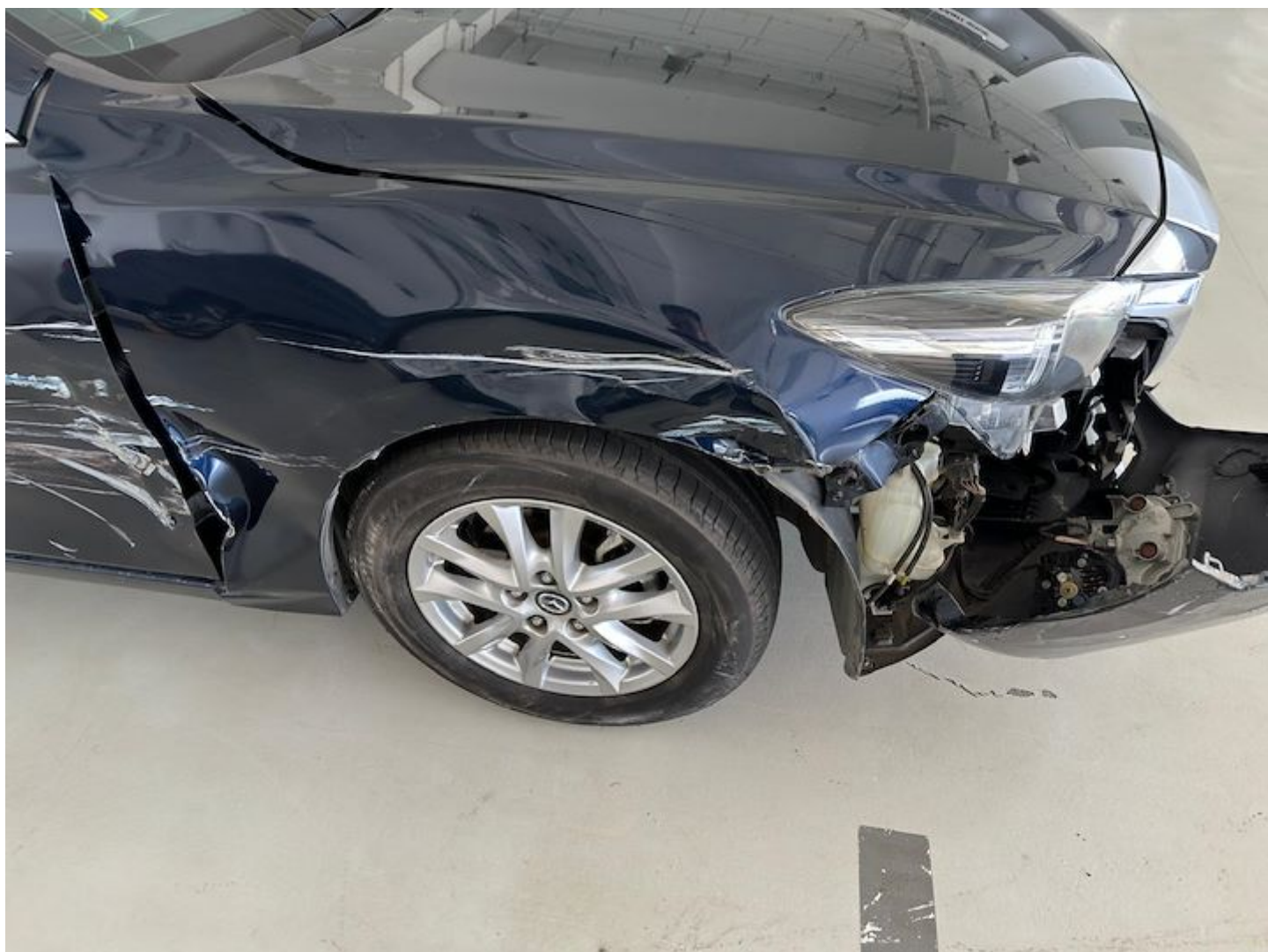




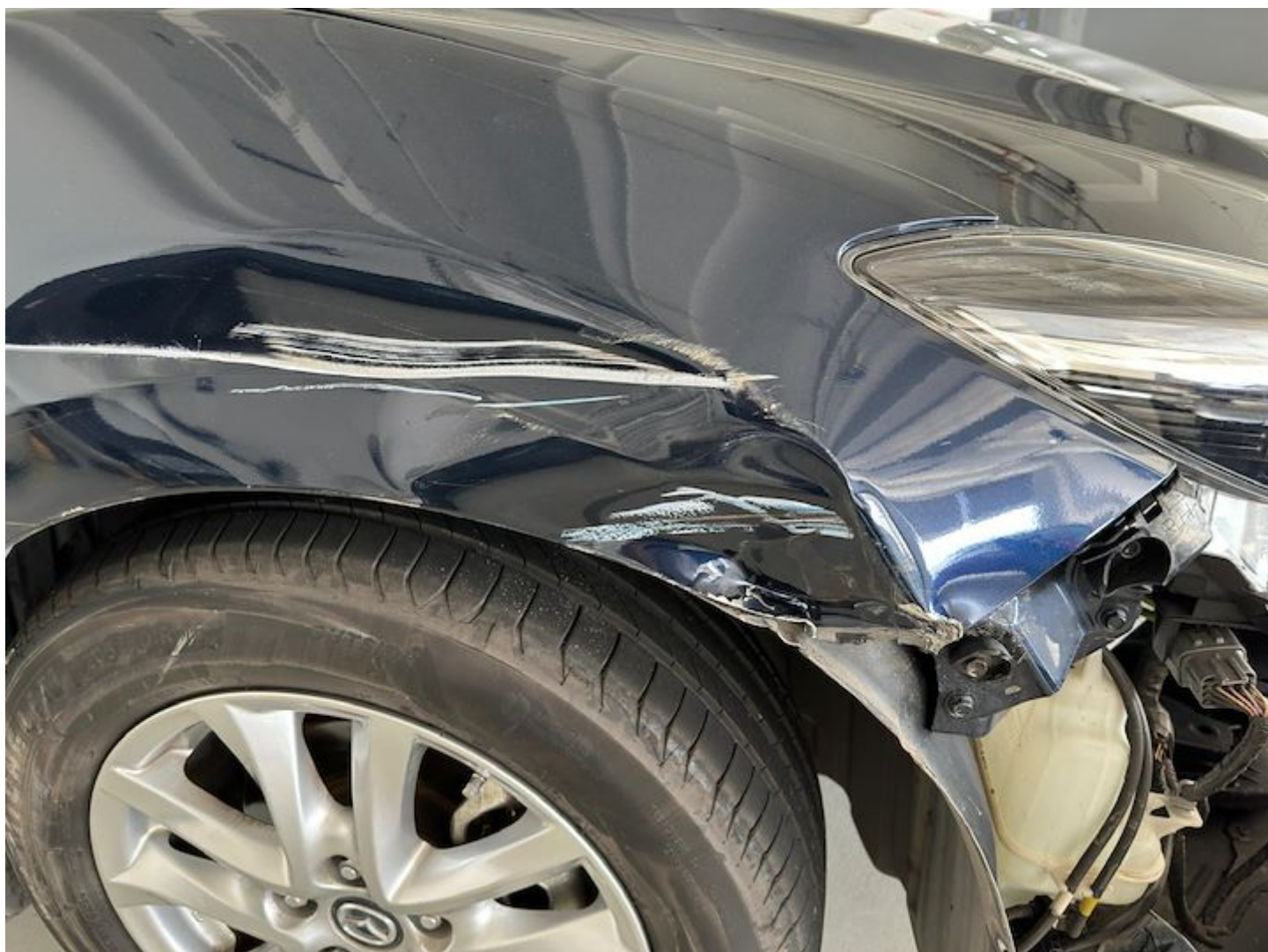










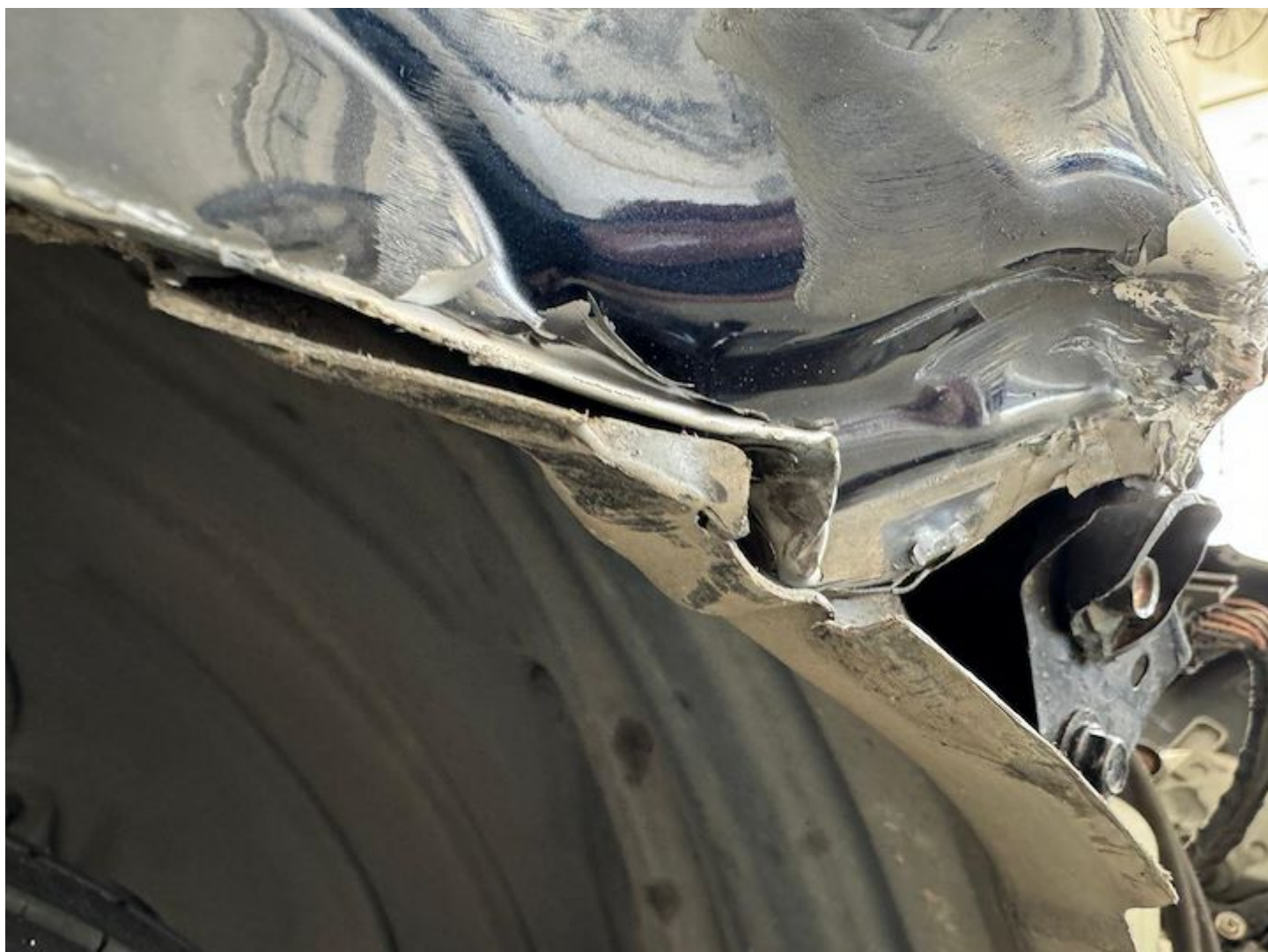






































**SINGAPORE
POLICE FORCE**



T/20240917/7101

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240917/7101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2024 19:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEOW YU WOEI			Address: 85 PHENG GECK AVENUE #17-11 SINGAPORE 348271		
ID Type / ID No.: NRIC NO / S7115061E			Contact No.: Home/Office: Mobile: 97990679		
Nationality: SINGAPORE CITIZEN			Email: JANETLEOW@GMAIL.COM		
Sex: Female	Age: 53	Date of Birth: 29/04/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Administration manager			Driving Licence Information: Class: 3A Date of Expiry: 11/10/2030		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2024 17:30	Type of Location: Straight Road
Location: PIONEER ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD7530R	Motor car	MAZDA	3 1.5 skyactiv	Blue	Seriously Damaged	0
	Truck			White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMD7530R	AIG Asia Pacific Pte Ltd	1800103958-05	01/09/2024	31/08/2025



**SINGAPORE
POLICE FORCE**



T/20240917/7101

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20240917/7101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEOW YU WOEI	ID No.	S7115061E
Related Vehicle	SMD7530R (Motor car)	Contact No.	97990679
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: 11/10/2030
Date Treatment	16/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Driver			
Name	HUANG ZISHUAI	ID No.	M3256402R
Related Vehicle	(Truck)	Contact No.	68620065
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was driving SMD7530R along lane 1 on Pioneer Road just before 76 Pioneer Road towards slip road to PIE/ AYE on 16/09/2024 around 5:30pm at about 50km/h. It was bright and the road was dry. The road ahead was clear and suddenly I felt an impact on my right and realized that I was being side swiped by White dump truck XD7746E that was travelling along side on lane 2

There was extensive damage to the right side of my vehicle, driver side door is jammed and front bumper half dislodged. My vehicle SMD7530R was towed to Mazda Penjuru workshop

XD7746E was driven by Huang Zishuai of FIN M3256402R of Greenway Environmental Waste Management Company Ltd. He said that he didnt see my vehicle prior to the accident.

I was given 4 days MC from 16/09/2024 to 19/09/2024 from Intemedical Potong Pasir for wrist sprain, muscle strains on the right side and back, and very bad headaches.

I have photos and videos of the accident exceeding 2MB



**SINGAPORE
POLICE FORCE**



T/20240917/7101

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20240917/7101

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

This report is lodged at Woodleigh NPC Kiosk 1
NP168

Signature Of Informant:

The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
17/09/2024 19:33

Classification Of Case: