

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	11/07/2024 12:05 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2024 17:13 (SGT)
Exact Location of Accident	Lim Teck Kim Rd, Singapore
Additional Location Information	LIM TECK KIM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL9561J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG YOU QIANG (ZENG YOUQIANG)
NRIC No	SXXXX027J
Email Address	SYBERIAN_CHENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91268541
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Sorento
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230081094

DRIVER

Name of Driver	PHUA YU LING, ELIZABETH
NRIC No	SXXXX906J
Date Of Birth	14/09/1987
Occupation	Indoor

Driving Pass Date	28/04/2008
Driving experience	16 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96235657
Alt. Phone Number	-
Email Address	BERBER_9@YAHOO.COM
Address	126 ALJUNIED ROAD #19-05
Address complement	-
Postcode	380126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	CHENG YOU QIANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SHD6575C
Vehicle Manufacturer	Mercedes
Vehicle Model	E220
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Taxi
Name of Driver	LEO CHENG BOON
Contact Number	(Phone) +65-96322171
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

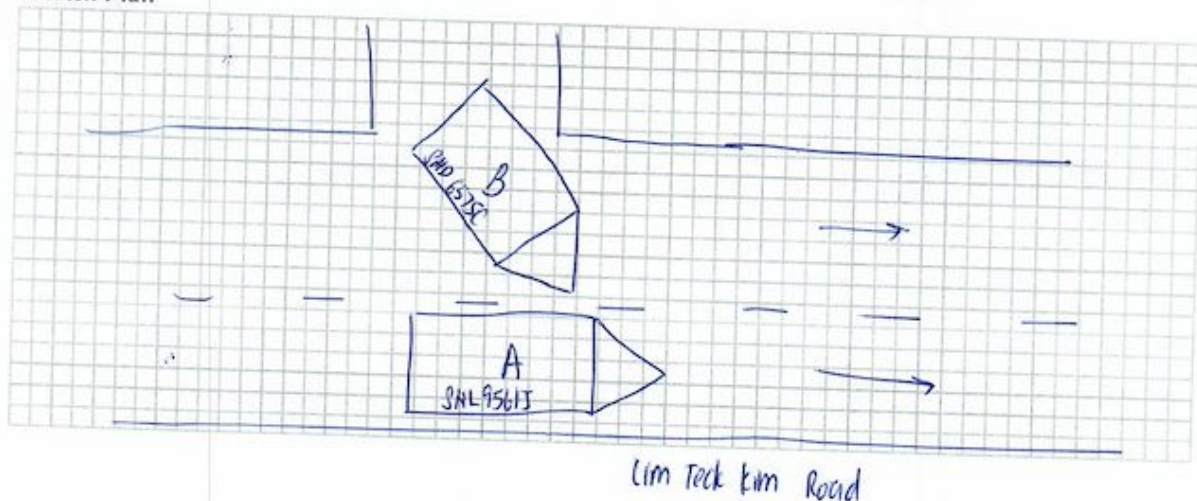
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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.
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

As per police reports.

Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel



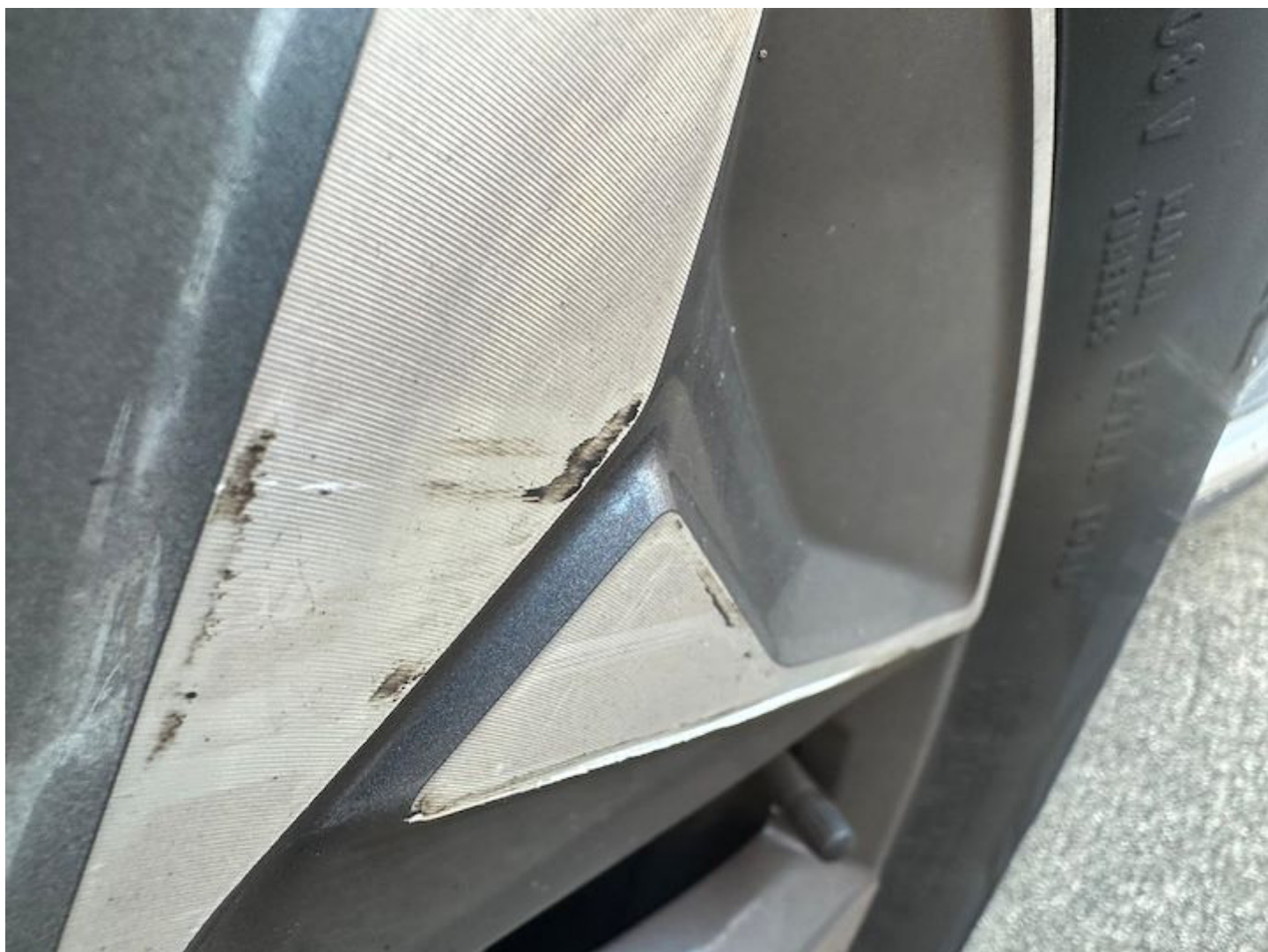








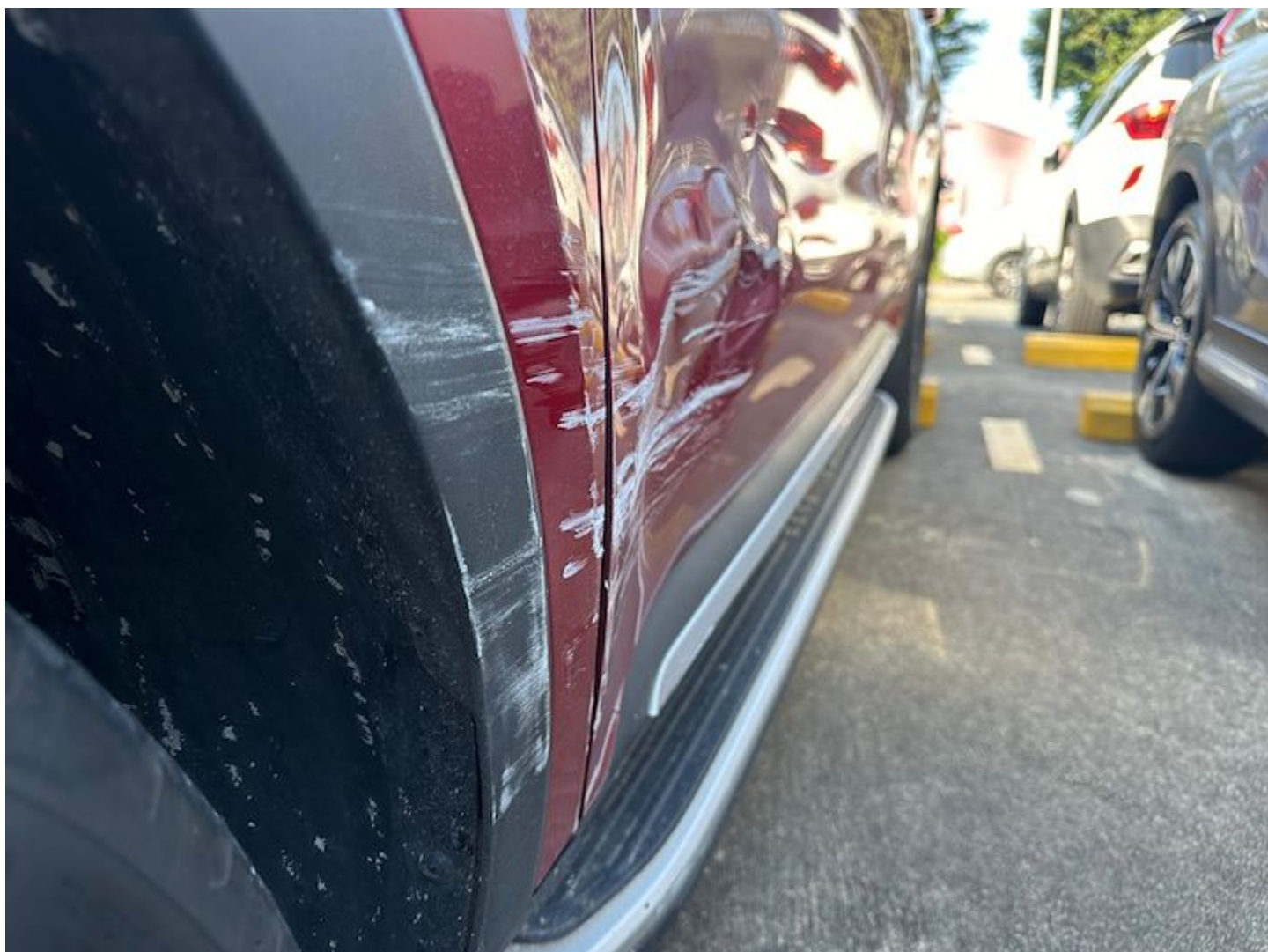


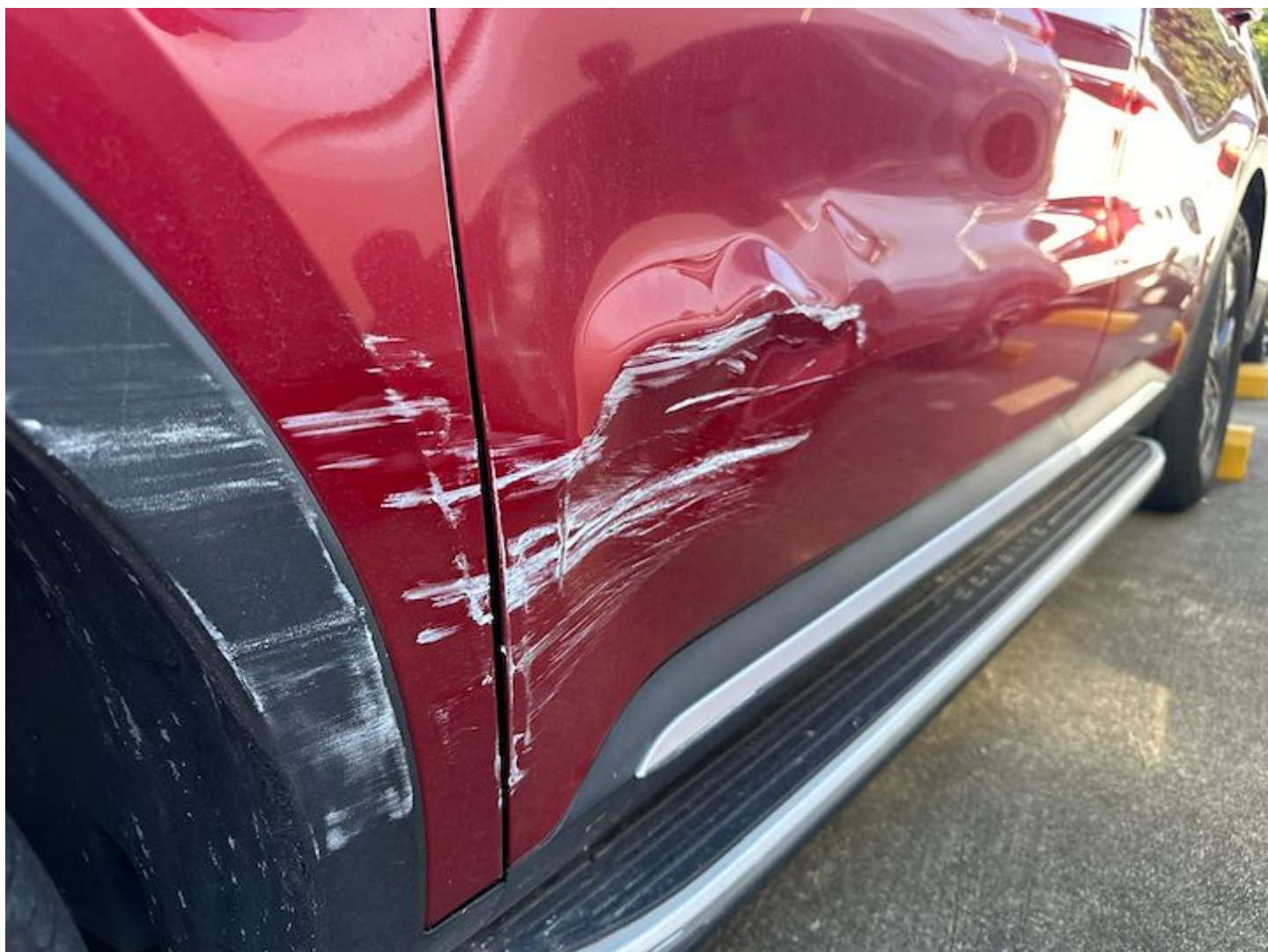






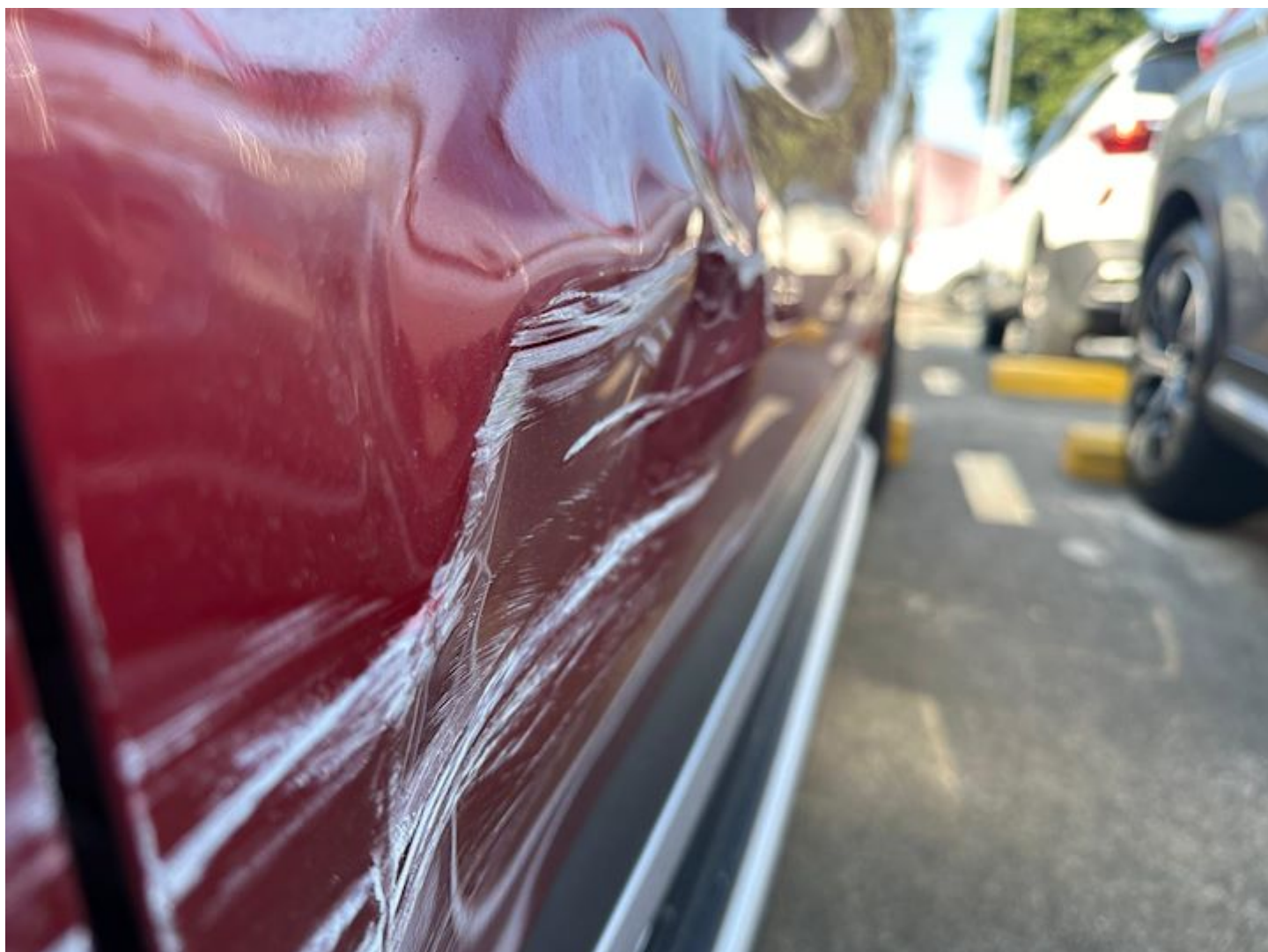
















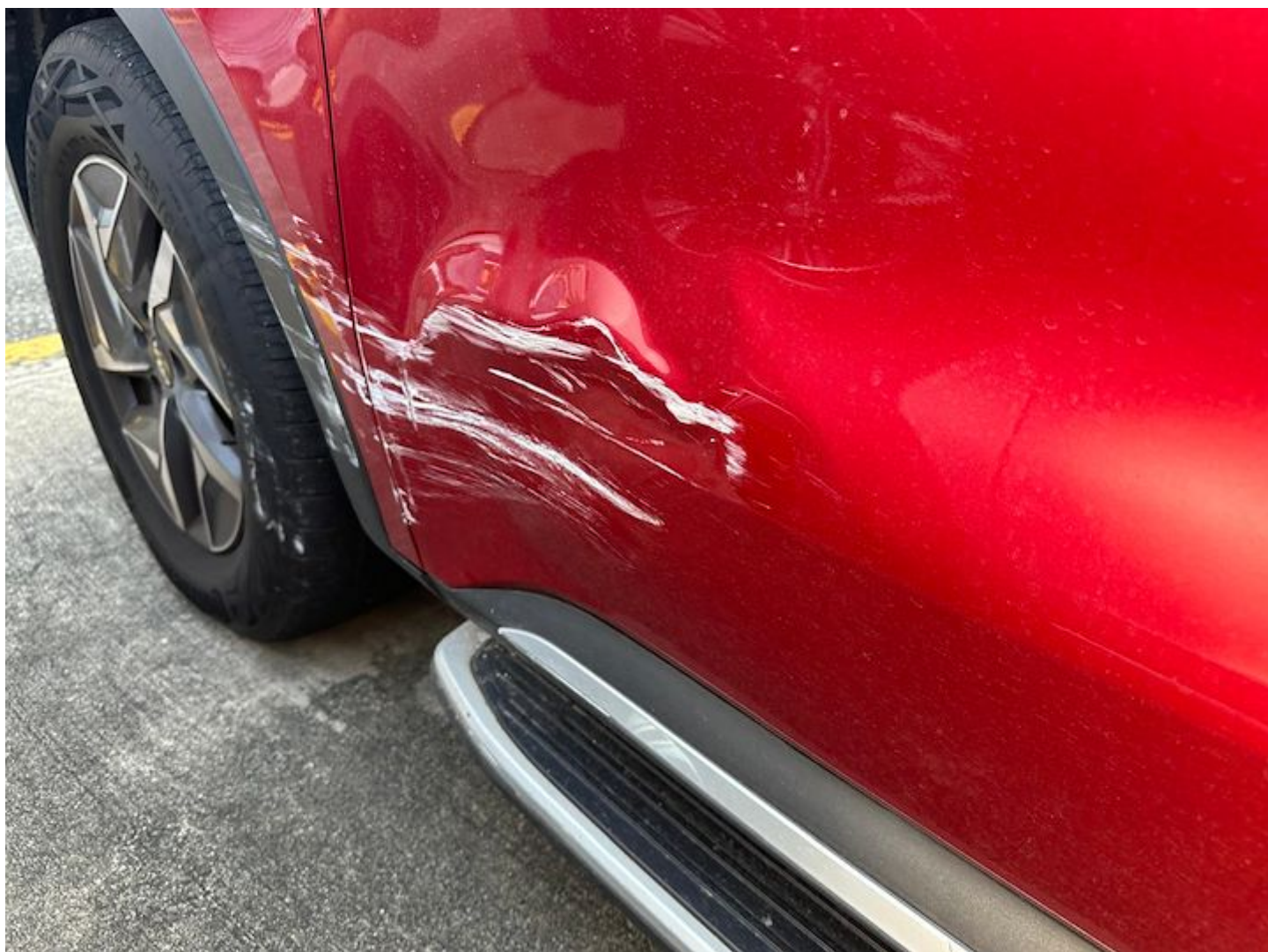




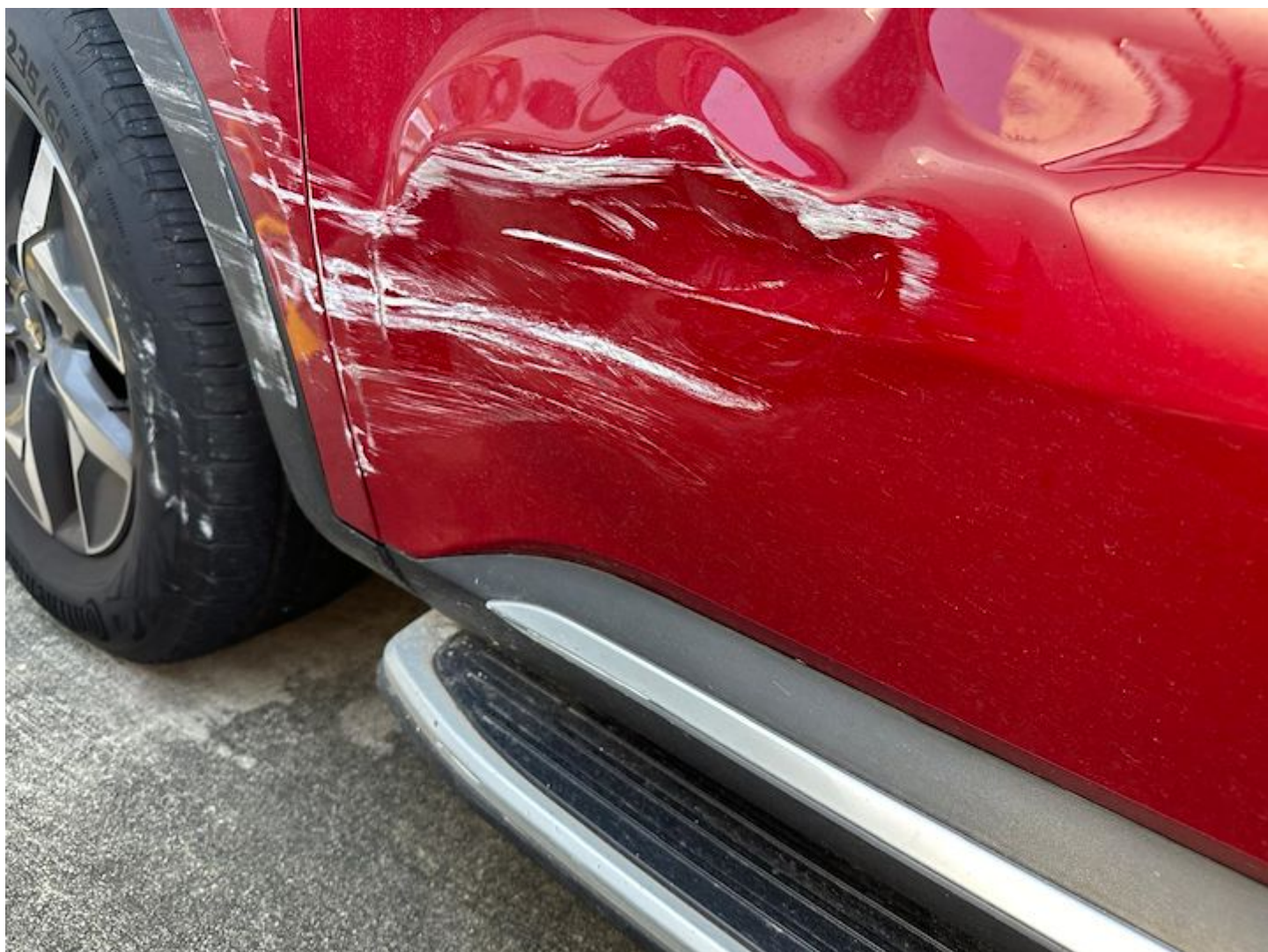


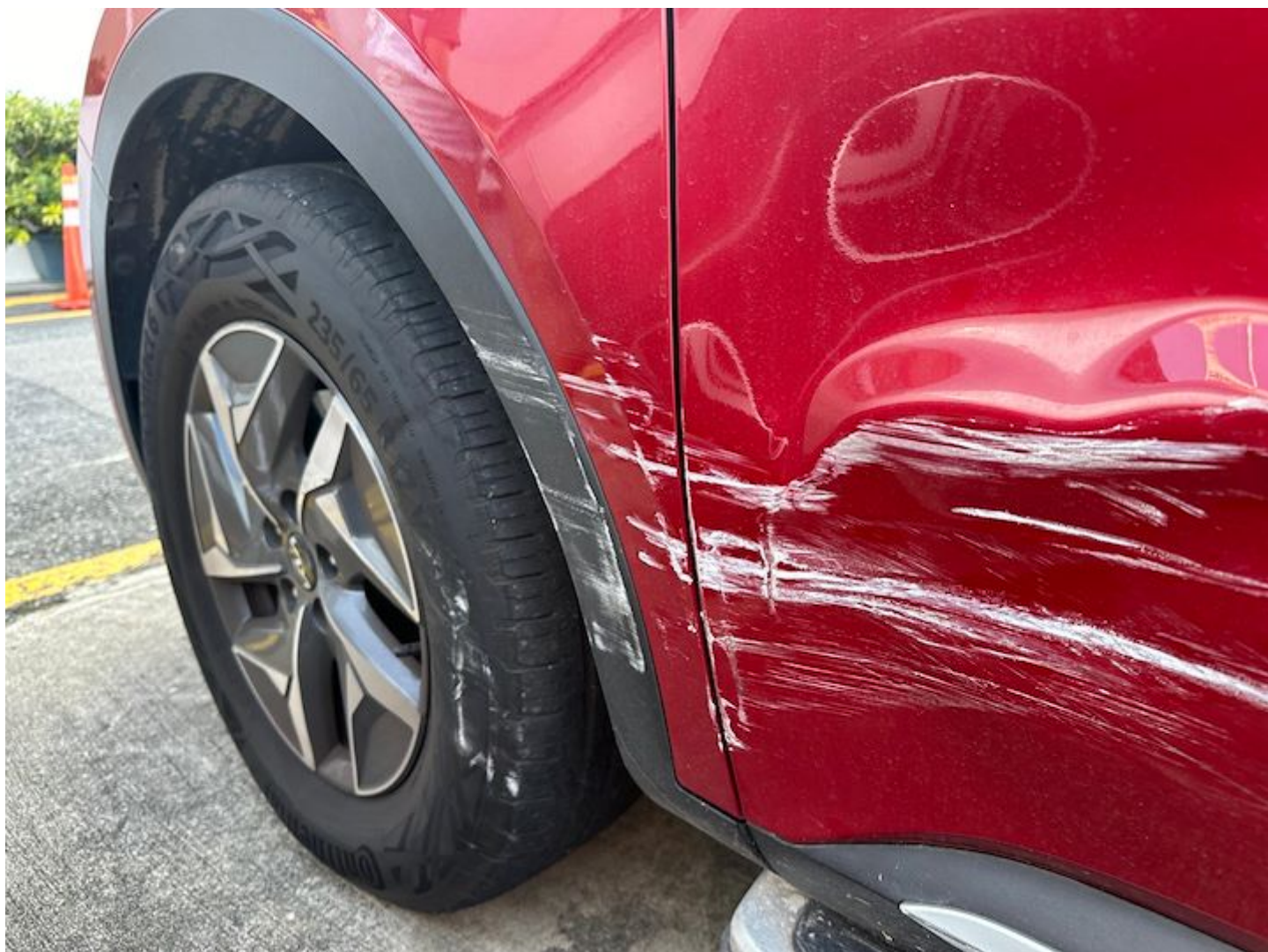


























**SINGAPORE
POLICE FORCE**



A/20240710/7081

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20240710/7081

Subjects Involved			
Victim			
Person Name	cheng you qiang		
ID Type	NRIC NO	ID No	S8705027J
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Insurance sales agent/broker	Address	126 ALJUNIED ROAD #19-05 SINGAPORE 380126
Mobile No	91268541	Is Informant A Victim?	Yes
Person Name	cheng you qiang (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2024 23:19
Officer In-Charge Of Case:	Classification Of Case:

1 of 2

Report No. G/20240710/7119

Date/Time Report Made 10/07/2024 18:54		Vide Report No.		Station Diary No.	
Name Of Informant PHUA YU LING, ELIZABETH		Address 126 ALJUNIED ROAD #19-05 SINGAPORE 380126			
ID Type / ID No.		Contact No.			
NRIC NO / S8728906J		Home/Office:		Mobile: 96235657	
Nationality SINGAPORE CITIZEN		Email Address BERBER_9@YAHOO.COM			
Occupation Registered nurse and other nursing professionals		Sex Female	Age 36	Date of Birth 14/09/1987	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 10/07/2024 17:10 - 10/07/2024 17:15		Location Of Incident 126 ALJUNIED ROAD #19-05 SINGAPORE 380126			

Reporting this for incident report

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20240710/7119

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240710/7119

Subjects Involved			
Victim			
Person Name	PHUA YU LING, ELIZABETH		
ID Type	NRIC NO	ID No	S8728906J
Gender	Female	Age	36
Race	Chinese	Language	English
Occupation	Registered nurse and other nursing professionals	Address	126 ALJUNIED ROAD #19-05 SINGAPORE 380126
Mobile No	96235657	Is Informant A Victim?	Yes
Person Name	PHUA YU LING, ELIZABETH (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2024 18:54
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20240710/7081

1 of 2

POLICE REPORT (NP299)

Report No. A/20240710/7081

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 10/07/2024 23:19		Vide Report No.		Station Diary No.	
Name Of Informant cheng you qiang		Address 126 ALJUNIED ROAD #19-05 SINGAPORE 380126			
ID Type / ID No.		Contact No.			
NRIC NO / S8705027J		Home/Office:		Mobile: 91268541	
Nationality SINGAPORE CITIZEN		Email Address syberian_cheng@hotmail.com			
Occupation Insurance sales agent/broker		Sex Male	Age 37	Date of Birth 19/02/1987	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 10/07/2024 17:10 - 10/07/2024 17:20		Location Of Incident LIM TECK KIM ROAD			

Brief details.

I was the passenger in SNL9561J. My wife was driving the car. The car was going very slowly, but suddenly a car appear from no where and hit the left side of passenger car.

Driver Leo Cheng Boon, vehicle owner of SHD 6575C hit our car.

My wife was the driver : Phua yu ling ELizabeth S8705027J

Driver Leo, agree to make full responsibility of the damage, and signed an agreement letter on the spot.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2024 23:19
Officer In-Charge Of Case:	Classification Of Case:

Date 10 / July 2024

I, Leo,
has accident with vehicle SVL 95675
with my car SHD6575C.

I will take responsibility with my own workshop
for repair.

All insurance / cost will be on my end.

Best regards,
Leo Chy-Boon
14008884