

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 Authorised 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 ability.
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 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 Report | 05/01/2018 14:14 |
| Date Of Accident | 04/01/2018 02:30 |
| Exact Location Of Accident | LAVENDER STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLH430H |
| Insured/Policyholder | |
| Name Of Registered Owner | LCRF PTE LTD |
| Co Reg No | 201604597K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-62414992 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS HYBRID-1.8 (A) |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 999995174 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAY PENG LEONG |
| NRIC No | S8541615D |
| Date Of Birth | 21/12/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/08/2009 |
| Driving Experience | 8 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------|
| Address | NOADDRESS |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PAID DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7818999 - FAX NO: 67838603 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT & SKETCH PLAN

Attachment(s)

| | |
|---|-------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO OVERWRITTEN |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SJE3769B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

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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.

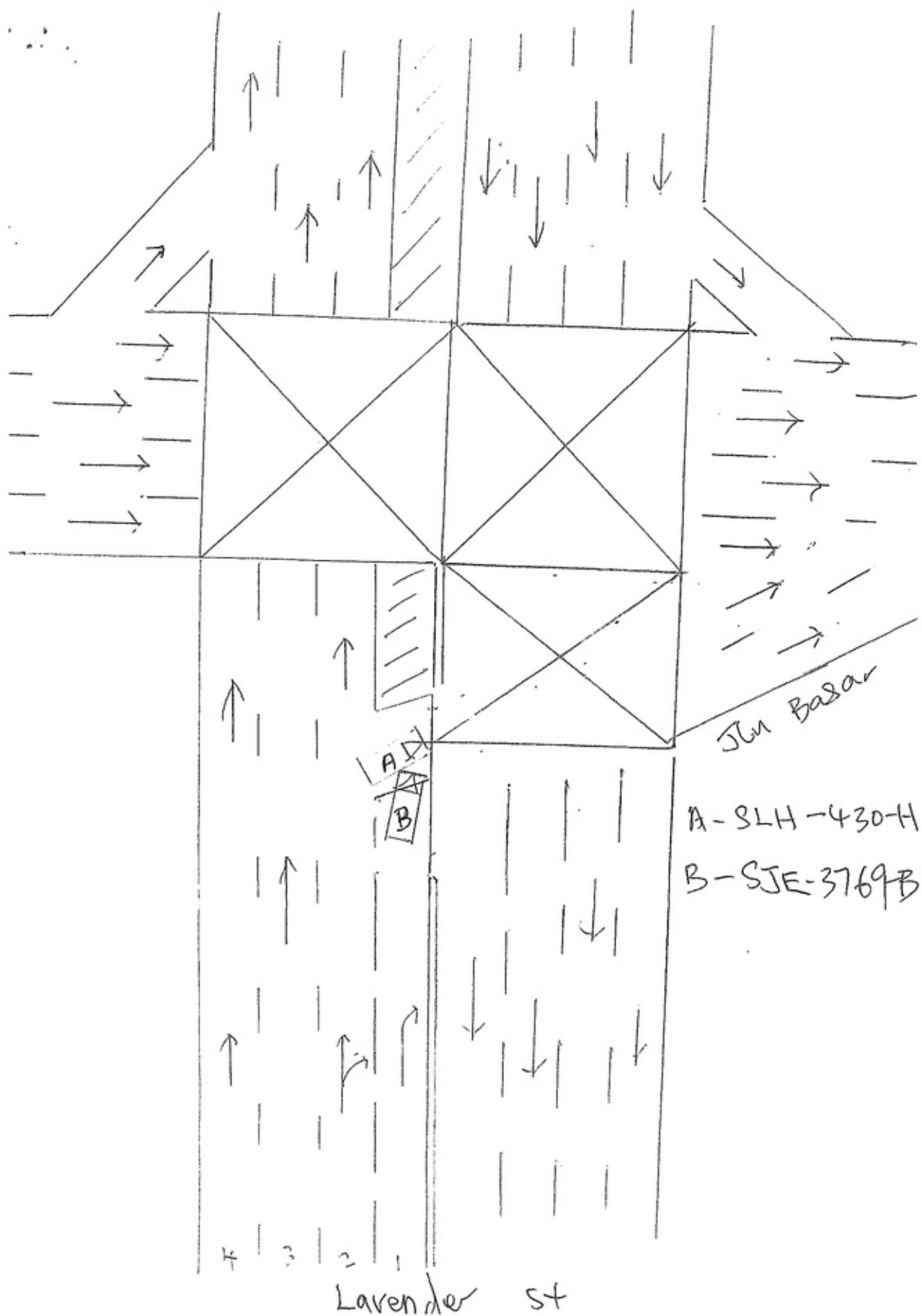


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180104/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20180104/2083

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 04/01/2018 15:41 | | Vide Report No.: | | Station Diary No.: 23 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAY PENG LEONG | | | Address: | | |
| ID Type / ID No.: NRIC NO / S8541615D | | | Contact No.: Home/Office: Mobile: 86869755 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 32 | Date of Birth: 21/12/1985 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: UBER Driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 04/01/2018 02:30 | Type of Location: X-Junction |
| Location: LAVENDER STREET Lavender Street towards Jln Besar | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|----------------------|-------|-----------|-----------------|
| SJE3769B | Car | HONDA | STREAM 1.8X A | Brown | | 0 |
| SLH430H | Car | TOYOTA | PRIUS HYBRID 1.8 CVT | White | | 0 |

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180104/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180104/2083

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|------------------|---|
| Driver | | | |
| Name | SANDY SOH POH LI (SU BAOLI) | | ID No. S7604471F |
| Related Vehicle | SJE3769B (Car) | | Contact No. 81007822 |
| 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 | TAY PENG LEONG | | ID No. S8541615D |
| Related Vehicle | SLH430H (Car) | | Contact No. 86869755 |
| Hospital/Clinic | SUNSHINE CLINIC FAMILY PRACTICE & SURGERY | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 04/01/2018 | Date Discharge | 04/01/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

On 04/01/2017 at about 0230hrs, I was driving my UBER car (SLH430H) along Lavender Street on lane 2. The road consists of 4 lanes, lane 1 is for right turn only and lane 2 is able to turn right and go straight.

The traffic light arrow was red and I stopped my car on the right turn pocket. Out of sudden, there was a car (SJE3769B) on lane 1 collided on the right portion of my car which resulted to a damage.

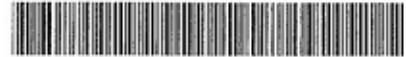
No one was injured at that point of time. We exchanged particulars with each other. There is in-car CCTV installed in my car and it captured the footage of the accident scene.

After the accident, I felt unwell and seek medical treatment at a private clinic and was given 5 days of medical leave from 04/01/2018 to 08/01/2018.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180104/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3



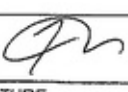
Report No. T/20180104/2083

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 **report number** as reference.

| | |
|---|---|
| Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ISA BIN MD RASHID  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 04/01/2018 15:41 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No: 6547 0430 | Classification Of Case: |
| Authentication Stamp NP168  SIGNATURE | |

Sketch Plan #6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8541615D



Name

TAY PENG LEONG

鄭炳亮

Race

CHINESE

Date of birth

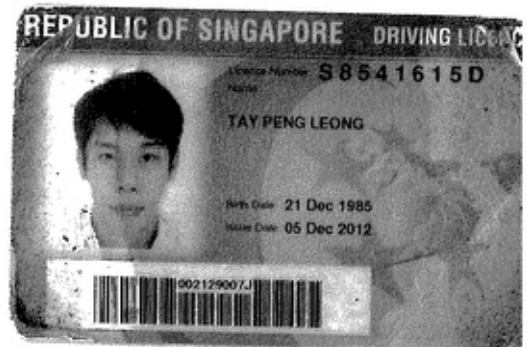
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Sex

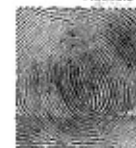
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Country of birth

SINGAPORE



47108



NRIC No. S8541615D

Date of issue
04-04-2011

NRIC No: S8541615D

Date: 17/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 07 Aug 2009



NP 428A

Accident Photo



Accident Photo



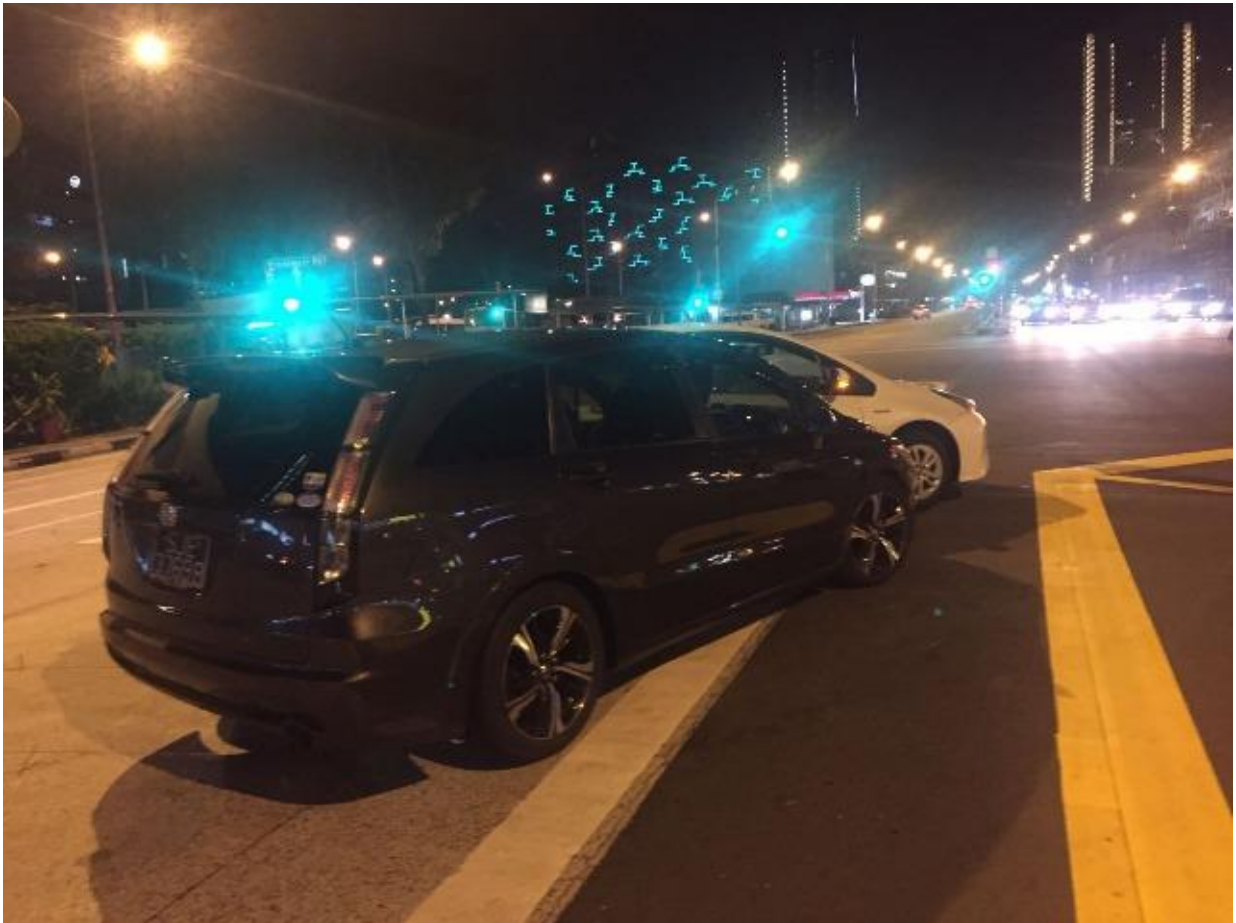
Accident Photo



Accident Photo



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