

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 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	17/01/2018 15:18
Date Of Accident	16/01/2018 18:10
Exact Location Of Accident	JALAN BOON LAY (AFTER CHIN BEE DR)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8187H
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Insured/Policyholder

Name Of Registered Owner	LEE CHENG YONG
NRIC No	S1749814B
Email Address	LEECY2009@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85189991
Alternative Phone No	Office-66603656

Vehicle Particulars

Manufacturer	CITROEN
Model	C4 GRAND PICASSO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100458694
Cover Note Number	

Driver

Name of Driver	LEE CHENG YONG
NRIC No	S1749814B
Date Of Birth	17/08/1966
Occupation	INDOOR
Date Of Driving Pass	13/04/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85189991
Fax Number	
Contact Number	OFFICE-66603656
EMail Address	LEECY2009@GMAIL.COM

Address	32 SEGAR ROAD #07-13
Postcode	677722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FR5690J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD ZURAIMI BIN SAMSURI
NRIC/Passport Number	S7429027B
Contact Number	82449437
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT HEADLIGHT COVER DISLODGED, FOOTREST DROPPED
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD ZURAIMI BIN SAMSURI
Approximate Age	

Injuries Sustain	PAIN ON RIGHT LEG,NO BLOOD
Injured person in which vehicle?	FR5690J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:
12/1/18

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible]

Refer to positive Report

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

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Date & Time:

NRIC/FIN No.:

Number of Passengers (Including driver)? 1

Passenger 1

Name : _____

Gender : M / F

Passenger 2

Name : _____

Gender : M / F

Passenger 3

Name : _____

Gender : M / F

Passenger 4

Name : _____

Gender : M / F

Passenger 5

Name : _____

Gender : M / F

Passenger 6

Name : _____

Gender : M / F

Passenger 7

Name : _____

Gender : M / F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



17/1/2018 1:14pm

Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C.
1 Selegie Road #01-05 SINGAPORE 877738
Tel No: 1800-8929999



T/20180116/2-03

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Report No: T/20180116/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2018 22:52		Vide Report No.: J/20180116/0141	Station Diary No.: 161
Informant's Particulars			
Name of Informant: LEE CHENG YONG		Address: 32 SEGAR ROAD #07-13 SINGAPORE 877722	
ID Type / ID No.: NRIC NO / S1749814B		Contact No.: Home/Office: Mobile: 85189991	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 17/08/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 3 Date of Expiry:	

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 JALAN BOON LAY				
Jin Boon Lay just after Chin Bee Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FR5850J	Motorcycle					0
SGX8187H	Car	CITROEN	GRAND C4 PICASSO 1.6 BLUEHDI EAT8 S/R	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Seagar Road #01-05 SINGAPORE 677738
Tel No: 1800-8828999



T/20180118/2183

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Report No. T/20180118/2183

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGX8187H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100458894	01/04/2017	31/03/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MOHD ZURAIMI BIN SAMSURI		ID No.	S7429027B
Related Vehicle	FR5690J (Motorcycle)		Contact No.	82449437
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	LEE CHENG YONG		ID No.	S1740814B
Related Vehicle	SGX5187H (Car)		Contact No.	85189991
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 16/01/2018 at about 1812hrs, I was driving my vehicle, V1) SGX 8187H along Jin Boon Lay towards Chin Bee Drive. As I approached the junction to do a u-turn, I noticed all the vehicles from the opposite road had stopped before the yellow box. Thus, as it was safe for me to proceed to do a u-turn, I moved forward slowly. As I drove forward approaching lane3, suddenly another vehicle, V2) FR 5690J had rode in front of my car and bang onto my front bumper in between of lane 2 and lane 3. I then called for police assistance and also the ambulance. The rider of V2 was being conveyed to Ng Teng Fong General Hospital in a conscious state he complained of pain on his leg. The traffic police officer gave me a case card and told me to lodge a traffic accident report.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-6929999



T/20180116/2193

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Report No. T/20180116/2193 →

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:
J /
Sgt 3 MUHAMMAD FADZIL BIN ROHAIZAD

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
16/01/2018 22:52

Officer In Charge Of Case:
TP / GIT /
SSI TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

SN 117

Authentication Stamp
NP198

Singapore Police Force

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

