

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	03/04/2018 17:43
Date Of Accident	01/04/2018 15:30
Exact Location Of Accident	ANCHORVALE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7190A
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
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
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	999995061
Cover Note Number	

Driver

Name of Driver	LEE LI JING CHRYSTAL
NRIC No	S8733419H
Date Of Birth	20/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92394128
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	249 JALAN BOON LAY
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
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?	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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20180402/2103

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS43X
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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLD7190A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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.
- (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:



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



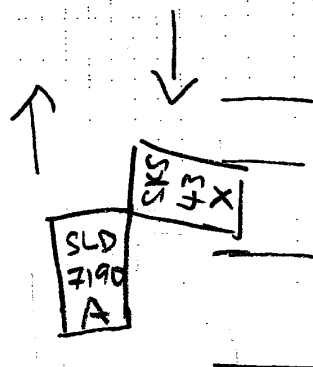
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Pick-up point.

SKETCH PLAN

Sengkang
Sports
Centre.



SKS
43X

Anchorvale Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the carpark of Sengkang Sports Centre where the incident happened.

I was going straight towards the pick-up point when another car, SKS 43X, came out of the parking lot.

I was unable to brake in time and the accident happened. The left front bumper of the other car hit the right front corner of my vehicle, SLD 7190A.

The weather was cloudy but it was not raining yet and the floor was dry. I was driving at around 10-15 km/h.

Attach Police Report T/20180402/2103

DECLARATION

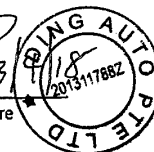
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

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





**SINGAPORE
POLICE FORCE**



T/20180402/2103

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180402/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 15:48	Vide Report No.: F/20180401/0223	Station Diary No.: 67
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Informant's Particulars

Name of Informant: LEE LI JING, CHRYSTAL			Address:		
ID Type / ID No.: NRIC NO / S8733419H			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 20/10/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: WRITER			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: 01/04/2018 15:30	Type of Location: Car Park
Location: Along Road 1 ANCHORVALE ROAD				
Car park of Anchorvale CC				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SKS43X	Car				Slightly Damaged	1
SLD7190A	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180402/2103

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180402/2103

CONTINUATION OF REPORT

Driver			
Name	LEE LI JING, CHRYSTAL	ID No.	S8733419H
Related Vehicle	SLD7190A (Car)	Contact No.	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 02/04/2018 at about 1530hrs, I was driving vehicle bearing SLD7190A at the car park of Anchorvale Community Club heading toward the pick up point. Suddenly another vehicle bearing SKS43X came up from a parking lot and banged onto the my right front side of my vehicle. I immediately step onto my brake pedal and came out of the vehicle. The driver also came up and his passenger question me if I saw their vehicle coming out and also said that I was speeding however, I was driving 10-15km/h. He then asked for my particulars however, I refused as such we decided to call police assistance and ambulance also came. His passenger was pregnant as such she was conveyed to the hospital. The traffic police then give me the report number F/20180401/0223 and informed me that the investigation officer is IO Zahid Tel: 65476394 and also asked me to lodge a police report after which I was also conveyed to the hospital as I suffer knee injures and also emotional traumatize.

**SINGAPORE
POLICE FORCE**

T/20180402/2103

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20180402/2103

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:

F /

Sgt 1 ONG JING YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

3N 085

Authentication Stamp

Signature Of Informant:

Date/Time:

02/04/2018 15:48

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

