

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	21/07/2018 19:09
Date Of Accident	21/07/2018 04:00
Exact Location Of Accident	ALONG BEACH ROAD TOWARDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8974P
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Insured/Policyholder

Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	FAIZAL.MOHAMED@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	Office-68498118

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERCEDES BENZ C180 AVANTGARDE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	

Driver

Name of Driver	LEE KIT YEING, TRINA
NRIC No	S8528047C
Date Of Birth	27/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2005
Driving Experience	12 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90261712
Fax Number	
Contact Number	
E-Mail Address	TRINA.LEE.LKY@GMAIL.COM
Address	APT BLK 276 TAMPINES STREET 22 #07-154 SINGAPORE 520276
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	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	2
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)	2
Passenger 1	Name: : Sun Ruixin, Michelli Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO:T/20180721/2094 LODGED AT CHANGKAT NPP. ON 21/07/2018 AT ABOUT 0400HRS, I WAS TRAVELLING ALONG BEACH ROAD TOWARDS LAVENDER WHEN I STOPPED AT THE SLIP ROAD JUST BEFORE THE TRAFFIC LIGHT JUNCTION TO MAKE A RIGHT TURN. I SIGNAL MY INTENTION AND MADE A CHECK ON THE OPPOSITE DIRECTION. AS THE OPPOSITE ROAD WAS CLEAR, I MADE THE TURN. DURING THE TURN THE OTHER VEHICLE HIT ONTO THE LEFT PASSENGER SIDE OF MY VEHICLE. THE AIRBAG ON THE PASSENGER DOOR ACTIVATED AND MY PASSENGER'S (MICHELLI) HEAD HIT ONTO THE AIRBAG. WE DID NOT SUFFER ANY SERIOUS INJURY AT THAT POINT OF TIME HOWEVER MY PASSENGER DID FELT PAIN ON HER HEAD. WE THEN WENT TO SPEAK TO THE OTHER PARTIES FROM THE OTHER VEHICLE TO EXCHANGE PARTICULARS. THE 3 PASSENGERS FROM OTHER VEHICLE CLAIMED THAT THEY HAD THE RIGHT OF WAY AND CLAIMED THAT I WAS DRINK DRIVING. AMBULANCE AND TRAFFIC POLICE CAME TO ATTEND TO THE ACCIDENT. HOWEVER THE TRAFFIC POLICE OFFICER MENTIONED THAT NO ONE WAS INJURED AND WE SHOULD SETTLE THE MATTER PRIVATELY. MY VEHICLE AND THE OTHER PARTY'S VEHICLE WAS BEING TOWED AS BOTH WERE BADLY DAMAGED. I AM LODGING THIS REPORT AS MY PASSENGER WAS GIVEN 5 DAYS OF MC FROM 21/07/2018 TO 25/07/2018 AFTER THE MEDICAL CHECKUP.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
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Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8236J
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SAY PHANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	Name: : P1 Gender: : Male
Passenger 2	Name: : P2 Gender: : Male
Passenger 3	Name: : P3 Gender: : Male

DETAILS OF INJURED PERSON 1

Name	SUN RUIXIN, MICHELLI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT8974P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

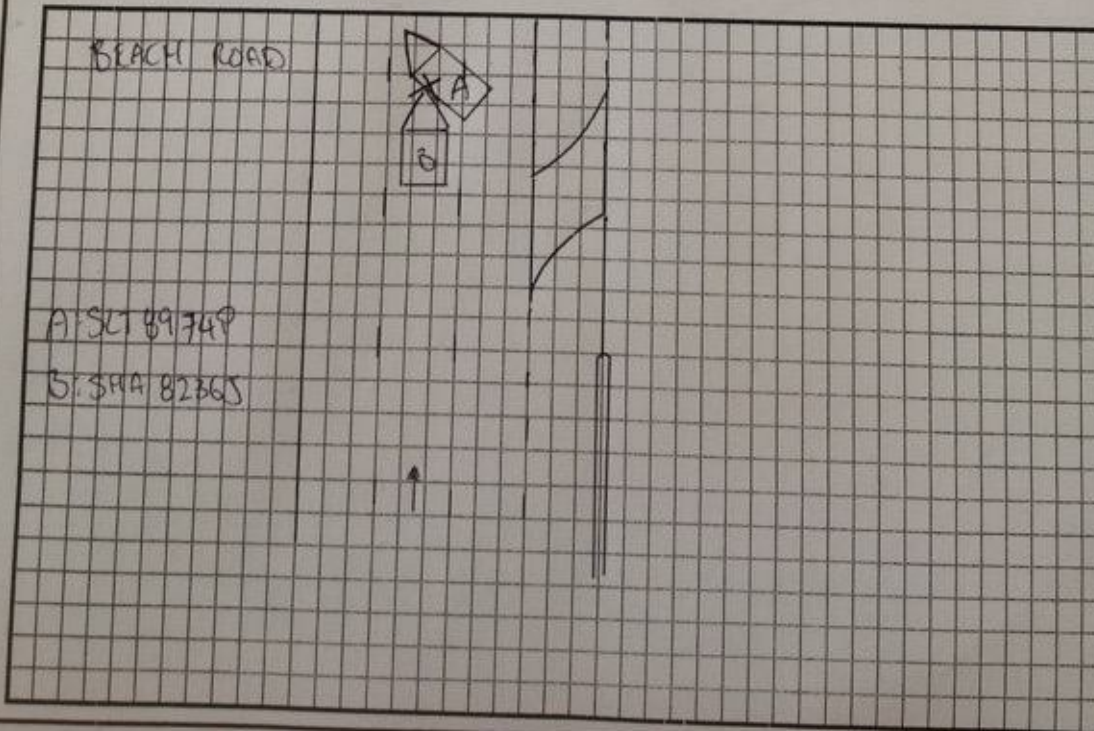
Bln Pabila

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180721/2094

1 of 3

Report No. T/20180721/2094

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2018 15:39	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: LEE KIT YEING, TRINA		Address: APT BLK 276 TAMPINES STREET 22 #07-154 SINGAPORE 520276	
ID Type / ID No.: NRIC NO / S8528047C		Contact No.: Home/Office:	Mobile: 90261712
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 32	Date of Birth: 27/09/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: INCSURANCE		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: 21/07/2018 04:00	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD ALONG BEACH ROAD TOWARDS LAVENDER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
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
SHA8236J	Car				Seriously Damaged	3
SLT8974P	Car				Seriously Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



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Report No. T/20180721/2094

CONTINUATION OF REPORT

Driver				
Name	LEE KIT YEING, TRINA		ID No.	S8528047C
Related Vehicle	SLT8974P (Car)		Contact No.	90261712
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
Passenger				
Name	SUN RUIXIN, MICHELLI		ID No.	S8742920B
Related Vehicle	SLT8974P (Car)		Contact No.	97670689
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 21/07/2018 at about 0400hrs, I was travelling along Beach Road towards Lavender when I stopped at the slip road just before the traffic light junction to make a right turn. I signal my intention and made a check on the opposite direction. As the opposite road was clear, I made the turn. During the turn the other vehicle hit onto the left passenger side of my vehicle. The airbag on the passenger door activated and my passenger's (Michelli) head hit onto the airbag.

We did not suffer any serious injury at that point of time however my passenger did felt pain on her head. We then went to speak to the other parties from the other vehicle to exchange particulars. The 3 passengers from other vehicle claimed that they had the right of way and claimed that I was drink driving. Ambulance and traffic police came to attend to the accident. However the traffic police officer mentioned that no one was injured and we should settle the matter privately.

My vehicle and the other party's vehicle was being towed as both were badly damaged.

I am lodging this report as my passenger was given 5 days of mc from 21/07/2018 to 25/07/2018 after the medical checkup.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180721/2094

3 of 3

Report No. T/20180721/2094

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-251
SINGAPORE 521109
Tel No. 1800-7819999

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 ILYAAS BIN KHAMIS

Signature Of Interpreter:
Not applicable

Signature Of Informant

Date/Time:
21/07/2018 15:39

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200



Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8528047C



Name
LEE KIT YEING, TRINA
(LI JIEYING)
李潔莹

Race
CHINESE

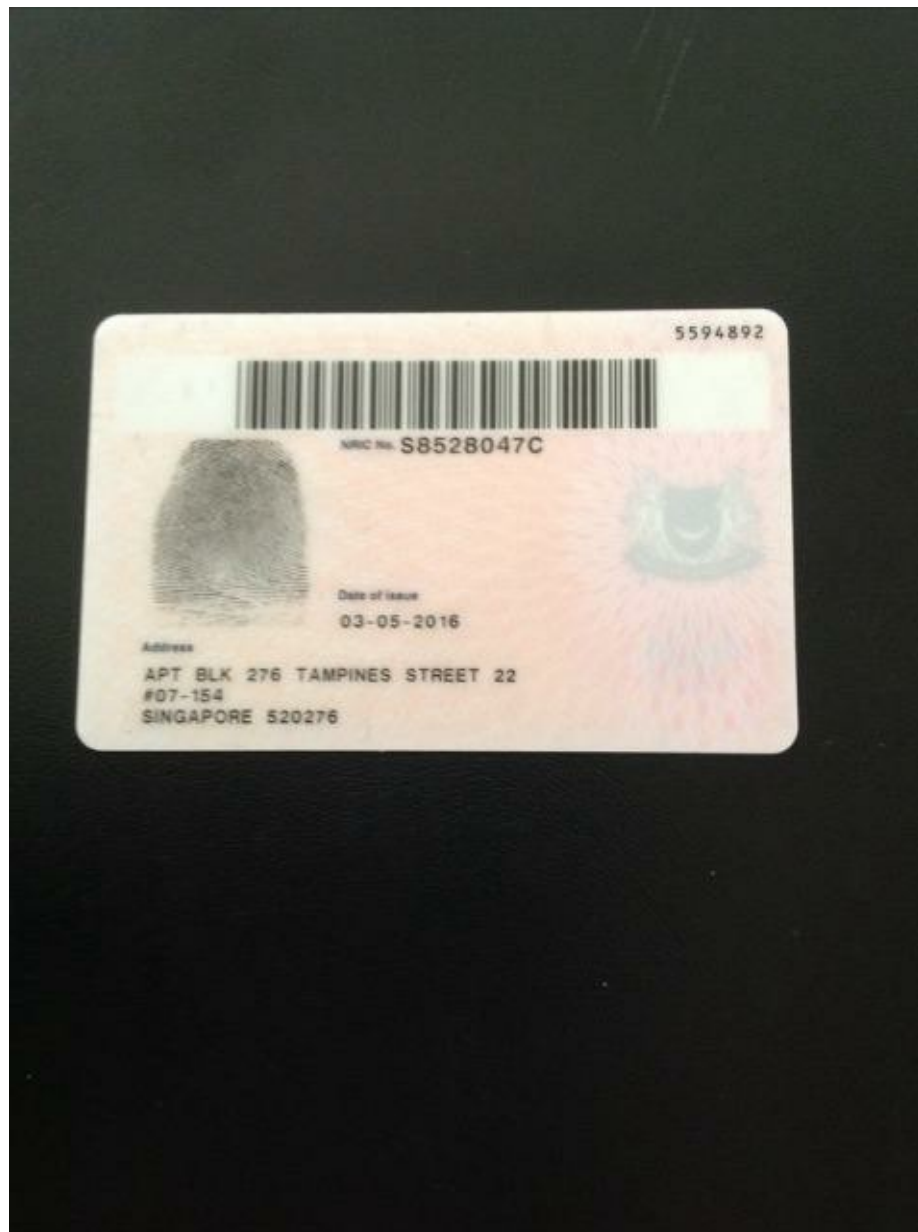
Date of birth
27-09-1985

Sex
F

Country/Place of birth
SINGAPORE



Identification Card



Driving License



Driving License

