

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 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 Report	06/12/2018 14:50
Date Of Accident	05/12/2018 19:40
Exact Location Of Accident	PASIR RIS ST 71 SIDE GATE OF RIS GRANDEUR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9448B
Insured/Policyholder	
Name Of Registered Owner	LEE KOK PING
NRIC No	S1588064C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81266622
Alternative Phone No	OFFICE-81266622

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.4A
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	REPORTING ONLY
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	2100445691-02
Cover Note Number	-

Driver

Name of Driver	LEE KOK PING
NRIC No	S1588064C
Date Of Birth	26/08/1963
Occupation	INDOOR
Date Of Driving Pass	09/06/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81266622
Fax Number	
Contact Number	OFFICE-81266622
Email Address	NOEMAIL

Address	27 ELIAS RD #14-15
Postcode	519932
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	NO 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?	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ3631H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ELLE TUSYA BINTE SALIM
NRIC/Passport Number	S9213904B
Contact Number	97303681
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ELLE TUSYA BINTE SALIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ3631H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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 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. 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.

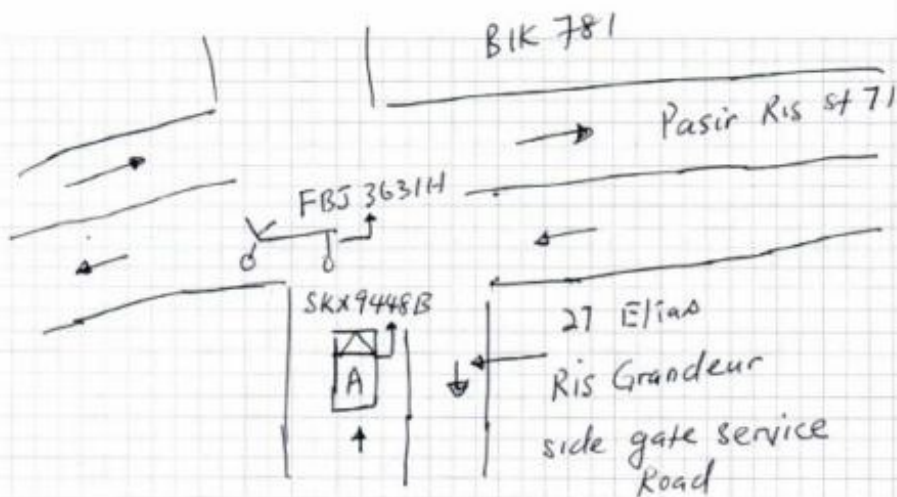
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report No: T/20181206/2059

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181206/2089

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20181206/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2018 14:09	Vide Report No.: G/20181205/0173	Station Diary No.: 19
--	-------------------------------------	--------------------------

Informant's Particulars				
Name of Informant: LEE KOK PING			Address: 27 ELIAS ROAD #14-15 SINGAPORE 519932	
ID Type / ID No.: NRIC NO / S1588064C			Contact No.: Home/Office: Mobile: 81266622	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 26/08/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DRIVER			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: 05/12/2018 19:40	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS STREET 71				
Side entry/exit gate of Ris Grandeur, infront of Blk 781 Pasir Ris Street 71, towards Elias Road. Lamp Post Number: 241				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Motorcycle Self-Skidded			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ3631H	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	White	Slightly Damaged	1
SKX9448B	Car	KIA	SORENTO 2.4(A) GDI HID S/R	Red	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181206/2089

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

2 of 4

Report No. T/20181206/2089

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX9448B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100445691-02	04/01/2018	03/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE KOK PING		ID No.	S1588064C
Related Vehicle	SKX9448B (Car)		Contact No.	81266622
Hospital/Clinic	LIFE-LINK CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2018		Date Discharge	06/12/2018
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Rider				
Name	ELLE TUSYA BINTE SALIM		ID No.	S9213904B
Related Vehicle	NIL		Contact No.	97303681
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

Brief Details.

On 5th December 2018 at about 1940hrs, I drove my car and exited from Ris Grandeur condominium side entry/exit gate. Weather was clear, road surface was dry. I was alone in my car.

I stopped before the white line which is on the service road to wait for traffic to clear before turning right towards Pasir Ris Street 71. There was a motorcycle moving at a fast speed along Pasir Ris Street 71 towards Elias Road, when suddenly the motorcycle self-skidded. The lady rider of the motorcycle subsequently fell onto the road along Pasir Ris Street 71 in front of my car. I immediately alighted from my car and realized the lady rider's right leg was caught under her motorcycle, near the exhaust pipe. I then assisted to lift up the motorcycle to free her leg. While trying to get the motorcycle to stand properly due to its heavy weight, I accidentally gripped its throttle handle as such, the motorcycle moved forward and pulled me along with its movement. Both myself and the motorcycle fell onto the road.

Two police officers, who were coincidentally in the area when the incident happened, came over to the scene. I then felt some pain on both of my legs and knee cap, and I thought that the pain is normal so

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181206/2089

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 4

Report No. T/20181206/2089

CONTINUATION OF REPORT

when I returned home, I applied cream on both my legs. Traffic Police and ambulance arrived at scene a while later and the lady rider was subsequently conveyed by ambulance to the hospital.

When I woke up this morning, both my legs began swelling and I still felt pain as such, I went to see a doctor at Life-Link Clinic & Surgery. I was given injections, medications, and 2 days MC.

I wish to state that the motorcycle did not collide with my car as I saw the motorcycle wobbled and subsequently self-skidded and fell onto the road. I also wish to state that my in-car front camera was recording at the time of incident, and had given my in-car memory card to TP IO Md Noor.

That is all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181206/2089

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

4 of 4

Report No. T/20181206/2089

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 NUR 'ASRI BIN AGUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/12/2018 14:09

Classification Of Case:

DRIVING DOC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

