

## 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	08/01/2019 12:44
Date Of Accident	05/01/2019 09:30
Exact Location Of Accident	PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4953Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIAN YONG LIANG
NRIC No	S8736126H
Email Address	RICKYLIANYL87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90023662
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	NO
Policy Number	2100440551 - 03
Cover Note Number	

### Driver

Name of Driver	LIAN YONG LIANG
NRIC No	S8736126H
Date Of Birth	11/11/1987
Occupation	INDOOR
Date Of Driving Pass	28/04/2007
Driving Experience	11 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90023662
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	RICKYLIANYL87@GMAIL.COM
Address	BLK 659B PUNGGOL EAST #15-761
Postcode	822659
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### Circumstances of Accident

REFER TO POLICE RPT

#### 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	PA2341H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

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	LIAN YONG LIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKW4953Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.:





**SINGAPORE  
POLICE FORCE**



T/20190106/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20190106/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/01/2019 01:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIAN YONG LIANG		Address: APT BLK 659B PUNGGOL EAST #15-761 SINGAPORE 822659	
ID Type / ID No.: NRIC NO / S8736126H		Contact No.: Home/Office: Mobile: 90023662	
Nationality: SINGAPORE CITIZEN		Email: rickylianyl87@gmail.com	
Sex: Male	Age: 31	Date of Birth: 11/11/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SAF REGULAR		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: 05/01/2019 09:30	Type of Location: X-Junction
Location:  PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
PA2341H	Bus/Coach/Mi nibus					0
SKW4953Y	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR LED	Red		0



**SINGAPORE  
POLICE FORCE**



T/20190106/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20190106/7000

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW4953Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100440551-03	30/10/2018	29/10/2019

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIAN YONG LIANG	ID No.	S8736126H
Related Vehicle	SKW4953Y (Car)	Contact No.	90023662
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	05/01/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

While travelling along Punggol Central (Westerly direction) approaching the X-Junction with Edgefield Plains, the other vehicle from opposite direction made a right turn at the X-Junction into Edgefield Plains. I could not stop my vehicle in time and I T-boned the other vehicle. I was travelling at around 70km/h and the traffic light was in my favour. As a result of the impact, the other vehicle then knocked onto the traffic light pole along Edgefield Plains.



**SINGAPORE  
POLICE FORCE**



T/20190106/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20190106/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YUS MASTARI I KHAZALI  
Contact No.: 65476214

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
06/01/2019 01:49

Classification Of Case:

**SINGAPORE ARMED FORCES  
IDENTITY CARD**

Name  
**LIAN YONG LIANG**



NRIC No  
**S8736126H**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8736126H**  
Name  
**LIAN YONG LIANG**

Birth Date: **11 Nov 1987**  
Issue Date: **28 Apr 2007**



001494446B

QDMAL7025P7102671281206 00000050095487

NRIC No/Colour  
**S8736126H PINK**

Race <b>CHINESE</b>	Blood Group <b>O (+)</b>	Sex <b>M</b>
Date Of Birth <b>11/11/1987</b>	Country Of Birth <b>SINGAPORE</b>	
Service Status <b>REGULAR</b>	Military Rank Status <b>OFFICER</b>	

Address  
**Bik 112 BEDOK NORTH ROAD  
#10-345 SINGAPORE 460112**



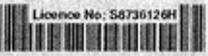
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)**

PASS DATE

**Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg** 28 Apr 2007

NP 428A

License No: S8736126H



Accident Photo



Accident Photo



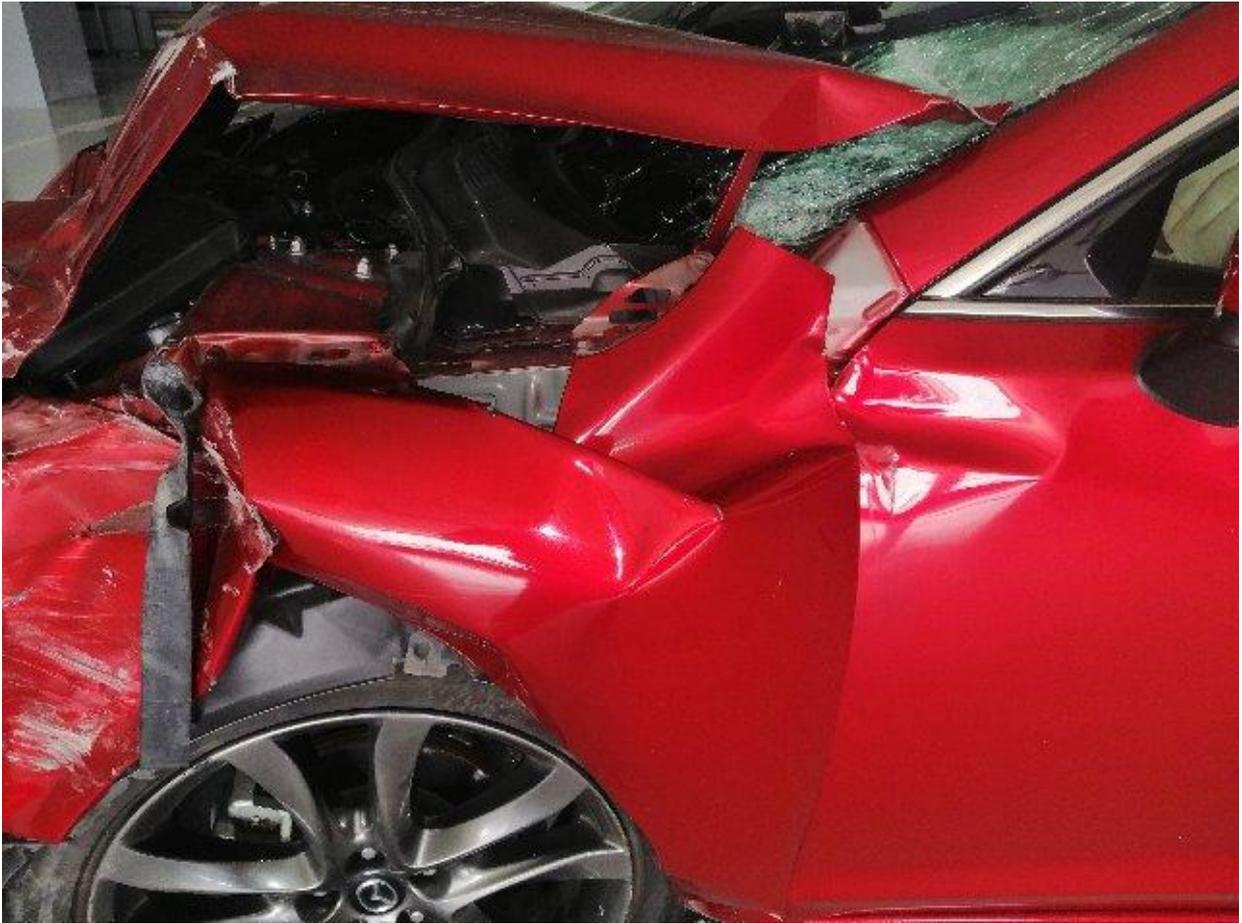
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

