#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/01/2019 09:31
Date Of Accident	21/01/2019 23:30
Exact Location Of Accident	JUNC OF NEWTON RD & KHIANG GUAN AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU4235K
Insured/Policyholder	
Name Of Registered Owner	LEONG LIN YUAN (LIANG LINYUAN)
NRIC No	S7818241E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96386497
Alternative Phone No	OFFICE-96386497
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	1700084674-01
Cover Note Number	-
Driver	
Name of Driver	LEE JIA HAO
NRIC No	S9343713F
Date Of Birth	19/11/1993
Occupation	INDOOR
Date Of Driving Pass	23/04/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88667171
Fax Number	

**NOEMAIL** 

Address BLK 405 CHOA CHU KANG AVE 3 #13-261

Postcode 680405

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME: : LEONG LIN YUAN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

Police Station Address COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-7910000 - **FAX NO**: 68965649

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

#### **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
Was there any audio recorded? NO

**Details of Witness 1** 

Name ZHI HAO
Phone Number 91183566

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHA8149C

Vehicle Make/Model/Colour

**Details Of Properties** 

. . . . . . .

Vehicle Category TAXI

Page 2 of 29

Name of Driver

NRIC/Passport Number

Contact Number 94899924

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name LEE JIA HAO

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLU4235K
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name LEONG LIN YUAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLU4235K
Were seat belts worn? YES

Was this injured conveyed to hospital by

NO

ambulance?
Address

Postcode

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- bf 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 afores aid.
- 8. Consent under the Personal Data Protection Act (PDPA)
- 1 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' law yers/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;
- (i) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (h) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

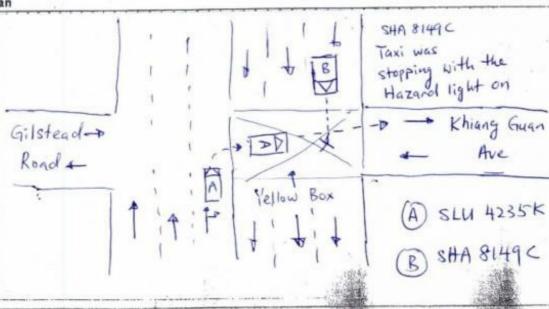
Policyholder's Signature / Date &

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

watter

Witnessed by Reporting Centre Personnel

Sketch Plan



### **Accident Sketch Plan**

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		& Time			Personnel	



	SINGAPORE POLICE FORCE	J/20190	123/702U 2 of 2
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Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190123/7020

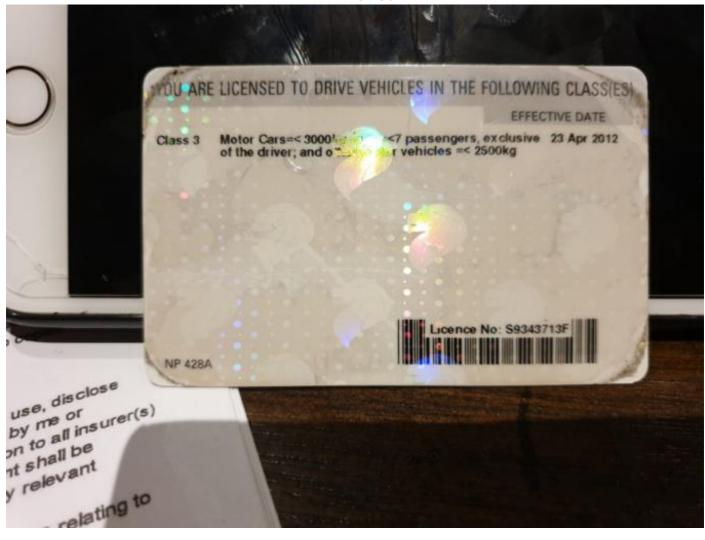
my car front portion. I wished to state that the driver was talking to a group of people who were standing at the pavement at the times when the taxi is at stationary.

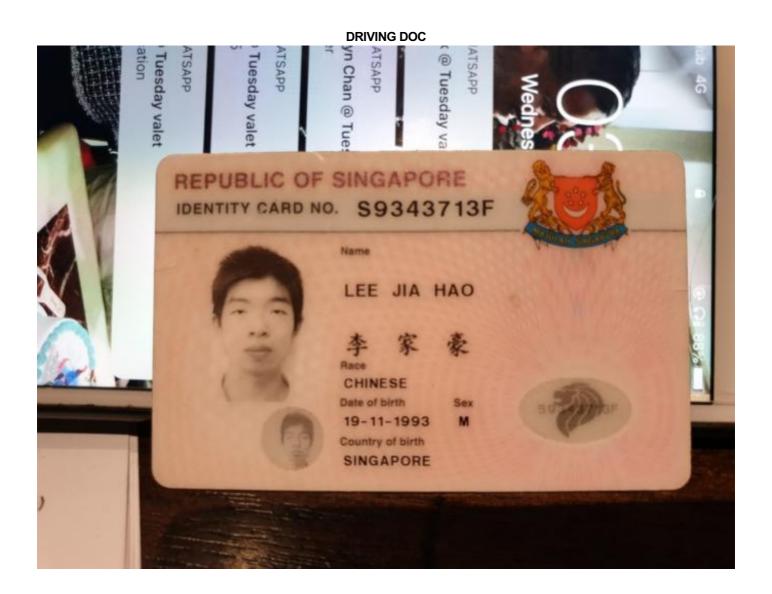
There was an independent eye witness who came to assist and he is willing to be my witness for the whole incident. His name is Zhi Hao, Handphone number 91183566. I have an onboard camera installed in my car and the video footage captured the whole incident.

Victim			
Person Name	LEE JIA HAO		
ID Type	NRIC NO	ID No	S9343713F
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Sales executive	Address Type	
Address	APT BLK 405 CHOA CHU KANG AVENUE 3 #13-261 SINGAPORE 680405	Mobile No	88667171
ls Informant A Victim?	Yes		

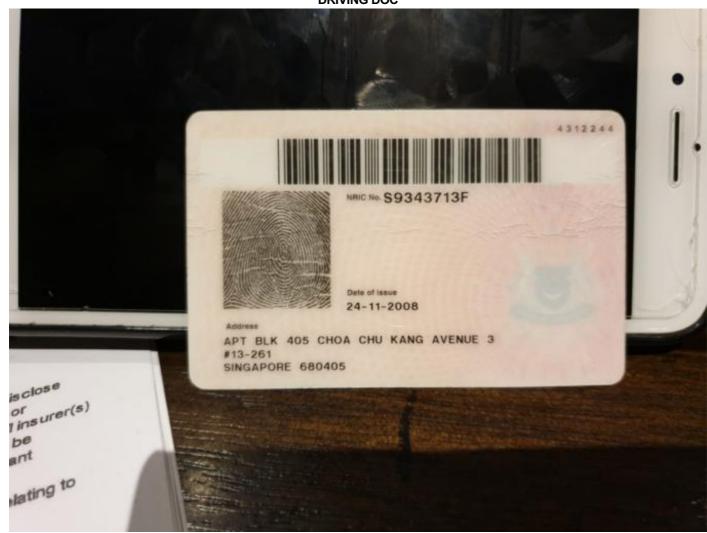
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 13:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

#### **DRIVING DOC**





### **DRIVING DOC**



#### **DRIVING DOC**





































