

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	31/01/2019 14:04
Date Of Accident	28/01/2019 18:45
Exact Location Of Accident	JUNC BUKIT CHERMIN RD & TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4788U
Insured/Policyholder	
Name Of Registered Owner	LEE MEE WAN
NRIC No	S7764882H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91012920
Alternative Phone No	OFFICE-91012920

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250C AUTO LUX
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	1800110849
Cover Note Number	

Driver

Name of Driver	ATHENA LEONG JIA WEN
NRIC No	S9874636F
Date Of Birth	29/05/1998
Occupation	INDOOR
Date Of Driving Pass	12/01/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90699198
Fax Number	
Contact Number	OFFICE-90699198
Email Address	NOEMAIL

Address	33 KOVAN ROAD #14-41
Postcode	545020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190129/2034.

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	SLG355Y
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KERK CHUN HIONG
NRIC/Passport Number	S7816656H
Contact Number	97605277

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ATHENA LEONG JIA WEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW4788U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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:

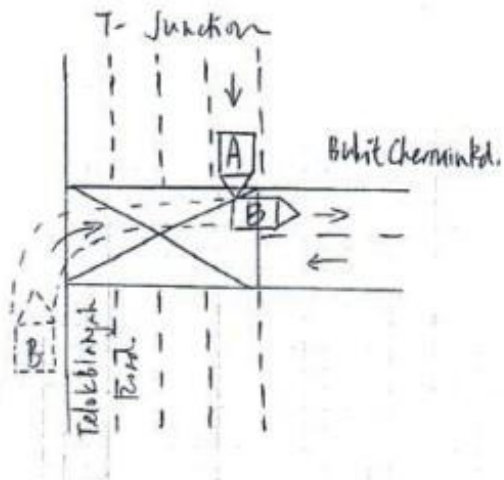
20/01/14

14:00

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

Accident Sketch Plan

SKETCH PLAN



(A) SJW4788U
(B) SLG355Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As the Police Report No: T/20190129/2034

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: 30/01/19

16-00

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4
Report No. T/20190129/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 11:39	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ATHENA LEONG JIA WEN		Address: 33 KOVAN ROAD #14-41 SINGAPORE 545020	
ID Type / ID No.: NRIC NO / S9874636F		Contact No.: Home/Office: Mobile: 90699198	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 20	Date of Birth: 29/05/1998	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: MDIS
Occupation: STUDENT		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2019 18:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT CHERMIN ROAD TELOK BLANGAH ROAD T Junction of Bukit Chermin Road and Telok Blangah Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJW4788U	Car				Slightly Damaged	1
SLG355Y	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190129/2034

CONTINUATION OF REPORT

Driver			
Name	ATHENA LEONG JIA WEN	ID No.	S9874636F
Related Vehicle	SJW4788U (Car)	Contact No.	90699198
Hospital/Clinic	MY FAMILY CLINIC (HOUGANG CENTRAL)	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KERK CHUN HIONG	ID No.	S7816656H
Related Vehicle	SLG355Y (Car)	Contact No.	97605277
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 28/01/2019 at about 1845hrs, I was driving my said vehicle (SJW4788U) with my friend onboard. We were on the way home and was travelling before this T Junction of Bukit Chermin Road and Telok Blangah Road. I was driving on the left most lane of this Telok Blangah Road while the other 2 inner lane were both occupied by buses.

As I was approaching the T-junction suddenly another vehicle (SLG355Y) was making a right turn into this Bukit Chermin Road from the opposite traffic. As everything happen too sudden, I was unable to stop on time and as such my vehicle front collided with the left rear bumper of the other vehicle. Both vehicle drove to one side of the road and that was went both driver made a check on one another. The other driver did mention that he was at fault and we then proceed to exchange particulars before continuing with our respective journey. My vehicles left front headlight was damages and the license plate dropped onto the road as well. The other vehicle rear bumper came off from the vehicle.

As I was driving back, I started to feel pain and discomfort at my neck region however my friend did not mention any pain. Today, I decided to make a visit to this My Family Clinic (Hougang) and after the check by the doctor I was given 3 days of MC.

I wish to inform that my in-vehicle camera was unable to capture any footage of the incident at that point in time.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190129/2034

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190129/2034

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190129/2034

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 2 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2019 11:39

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 035

Authentication Stamp
NP103



Signature:

Singapore Police Force

TOYOTA MOTOR CORPORATION JAPAN
MODEL GSE20R-AKTLHW
ENGINE 4GR-FSE 2500 mL
FRAME No. JTHFK252902506827
COLOR TRIM GVM (kg) OCCUPANTS
OZ77 LA06
A960E B03A
Q12 SEP 09
TRANS./AXLE
PLANT/BUILT
CAR NAME
PAYLOAD MASS (kg) 11 311

CAUTION

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

