

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	03/04/2019 15:39
Date Of Accident	03/04/2019 07:30
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2911E
Insured/Policyholder	
Name Of Registered Owner	LEE YEW WENG
NRIC No	S1349296D
Email Address	RODGERLI@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91763472
Alternative Phone No	OTHERS-91763472

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5

Exact Purpose for which vehicle was being used at time of accident

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	1700087448
Cover Note Number	

Driver

Name of Driver	LEE YEW WENG
NRIC No	S1349296D
Date Of Birth	30/01/1959
Occupation	INDOOR
Date Of Driving Pass	30/08/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91763472
Fax Number	
Contact Number	OTHERS-91763472
EEmail Address	RODGERLI@SINGNET.COM.SG

Address	BLK 23 PASIR RIS GROVE #12-42
Postcode	518071
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND STATEMENT

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	SHD6838U
Vehicle Make/Model/Colour	COMFORT DELGRO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WU TIEN
NRIC/Passport Number	S1576005B
Contact Number	91012880
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

A hand-drawn map on grid paper showing a route. At the top, a dashed line is labeled 'PIE'. Below it, a box contains the text 'SHD 68384' and 'SLU 2911E'. To the right of the box, a solid line with an arrow points towards 'CHANGI AIRPORT'. Below this line, the text 'ECP.' is written. At the bottom, a solid line with an arrow points towards 'TO TUAS'.

TRAVEL ALONG PIE TOWARDS CHANGI AIRPORT
DATE: 03-APR 2019 TIME: 07:30AM.
WET ROAD CONDITION.

SHD 6838U TRAVEL BEHIND MY CAR SLU2911E
AS I'M SLOWING DOWN FOR FRONT VEHICLES STOPPING
BUT SHD 6838U DIDN'T SLOW DOWN BUT BEND TO
MY REAR OF MY MAZDA 5.

I/We declare the foregoing particulars are true in every respect.

Date & Time: 03/APR/19

Date & Time:

NRIC/FIN No.:

GlaRMC SketchPlatform 25

TIME 11:22 hrs -

SKETCH PLAN

IMPORTANT NOTICE

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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:

03/APR/2019

TIME: 11.12hrs

GIA/ACC SketchPlanForm_V3

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



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



SINGAPORE POLICE FORCE



T/20190403/2209

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190403/2209

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 19:58		Vide Report No.:		Station Diary No.: 98	
Informant's Particulars					
Name of Informant: LEE YEW WENG			Address: APT BLK 23 PASIR RIS GROVE #12-42 SINGAPORE 518071		
ID Type / ID No.: NRIC NO / S1349296D			Contact No.: Home/Office: Mobile: 91763472		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 30/01/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 07:30	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS CHANGI AIRPORT				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
SHD6838U	Car	HYUNDAI	i-40	Blue	Slightly Damaged	1
SLU2911E	Car	MAZDA	MAZDA5 WAGON 2.0 AT EU6	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU2911E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700087448	28/11/2017	27/11/2019



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALEXANDRA CAI WU TIEN	ID No.	S1576005B
Related Vehicle	SHD6838U (Car)	Contact No.	91012880
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
Driver			
Name	LEE YEW WENG	ID No.	S1349296D
Related Vehicle	SLU2911E (Car)	Contact No.	91763472
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	Slight

Brief Details.

On the 03/04/2019 at about 7.30am, I was travelling along the extreme right lane of PIE towards Changi Airport. It was raining at that point of time. As the traffic was heavy at that point of time, I had braked and stopped my vehicle as there were cars in front of me. Suddenly, there was a vehicle bearing plate number SHD6838U collided on to the rear of my vehicle. TP and ambulance were not at scene. After which we got down and he informed me that he did not see e stop as such was not able to brake in time as he was rushing to send his passenger to the airport. The driver and the passenger did not complaint of any injuries.

I exchanged particulars with him and I have video recording at my rear that captured the collision. I wish to state that I will be going to see a doctor as I have pain on my neck and shoulder. Due to the collision, the rear bumper had dropped slightly and there is a huge crack on it.

I am not sure what are the damages on the other vehicle as it was raining at that point of time.



**SINGAPORE
POLICE FORCE**



T/20190403/2209

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Report No. T/20190403/2209

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 MUHAMMAD FAIZ BIN MUHAMMAD
FAIZAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/04/2019 19:58

Classification Of Case:

SIGNATURE