

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	25/04/2019 17:06
Date Of Accident	24/04/2019 23:40
Exact Location Of Accident	AIRPORT BLVD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV386R
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994343
Cover Note Number	

Driver

Name of Driver	LEE CHOON SHIONG, JERRY (LI JUNXIONG)
NRIC No	S7937545D
Date Of Birth	07/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-94766223
Fax Number	
Contact Number	OFFICE-94766223
Email Address	NOEMAIL

Address	BLK 472C FERNVALE STREET #18-65
Postcode	793472
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190425/2017.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3097B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ8120S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLV496U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements with my regulations, laws or court orders.



Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A grid-based sketch plan for an accident. The grid is 20 units wide and 20 units high. Handwritten details include:

- Vehicle A: SKV 386 R (top right)
- Vehicle B: SLV 496 U (middle right)
- Vehicle C: SK281205 (bottom right)
- Vehicle D: BHA 3097 B (bottom right)
- A rectangular box in the center contains the text "Refer to police report".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

A large rectangular area with horizontal lines for describing the circumstances of the accident.

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190425/2017

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

1 of 3

Report No. T/20190425/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2019 02:55	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: LEE CHOON SHIONG, JERRY			Address: APT BLK 472C FERNVALE STREET #18-65 SINGAPORE 793472	
ID Type / ID No.: NRIC NO / S7937545D			Contact No.: Home/Office: Mobile: 94766223	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 07/12/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SIA DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2019 23:40	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD ALONG AIRPORT BOULEVARD HEADING TOWARDS PIE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
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
SHA3097B	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SKV386R	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	1
SKZ8120S	Car	TOYOTA	HARRIER	White	Seriously Damaged	1
SLV496U	Car	HONDA	VEZEL	Black	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190425/2017

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

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Report No. T/20190425/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHOON SHIONG, JERRY	ID No.	S7937545D
Related Vehicle	SKV386R (Car)	Contact No.	94766223
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	NIL

Brief Details.

On 24/04/2019 at about 11:40pm, I was traveling along Airport Boulevard heading towards PIE expressway on lane number 4. I had one passenger with me at that moment. I was changing lanes from lane 4 to lane 3. There was a vehicle in front of me (SLV496U) on lane 3 when I was making the lane change. I successfully changed my lane when I suddenly saw the vehicle in front of me had its brake lights on. I applied my brakes but suddenly the vehicle jammed its brakes and stopped suddenly. I was unable to brake in time and knocked into the vehicle in front of me, front bumper to the rear bumper.

I then alighted from my car to check for damages of my vehicle. I then realized that it was a chain collision that involved 4 other vehicles in front of mine. I checked with my passenger and both of us did not require any medical attention at that moment. I saw that the front bumper of my car received a small dent on it, the other vehicles in front also received damages. Vehicle SHA3097B was the first vehicle of the collision, I was unable to get the license plate number of the second vehicle but it is a black Mazda 3, the third is SKZ8120S, fourth is SLV496U and lastly my own vehicle SKV386R.

Soon after a while, traffic police arrived and so did two ambulances. I did not see if anyone was being conveyed by the ambulance. The traffic police interviewed me and I gave him my particulars. He also requested for me to provide him with my vehicle on-board camera's SD card. He then subsequently advised me to lodge a accident report with regards to this at any police station. I then proceeded off with my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190425/2017

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

3 of 3

Report No. T/20190425/2017

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 LECK WEN HAO, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/04/2019 02:55

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Police Report



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

AMENDMENT

NP 168 No. : T/20190425/2017 Name : Lee Choon Shiong, Jerry
Accident Date/Time : 24/04/2019, 23:40 Address : Blk 472C Fernvale Street
Vehicle(s) Involved : SHA3097B #18-65
SKV386R NRIC No : S7937545D
SKZ8120S Tel No : 94766223
SL V496U Date : 07/05/2019

Dear Sir / Madam

Accident involving above-mentioned vehicles
along Airport Boulevard heading towards PIE on 24/04/2019 at 2340 hours

With reference to the above, I have on 25/04/2019 (date) 0255 hours (time) make a
police report at Pasir Ris NPC (Police Station/NPP/NPC)
In NP 168 - T/20190425/2017

On 07/05/2019 (date), 1813hrs (time) at Paya Lebar NPP
(Police Station/NPP/NPC), I make the following amendments to the above report;

- driver of SL V496U was already injured prior to the accident
- driver's left leg was in a cast
- driver was also using crutches

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SGT Lim Enjie
Date and Time : 07/05/2019 @ 1815hrs
Station Diary No :
Signature :

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



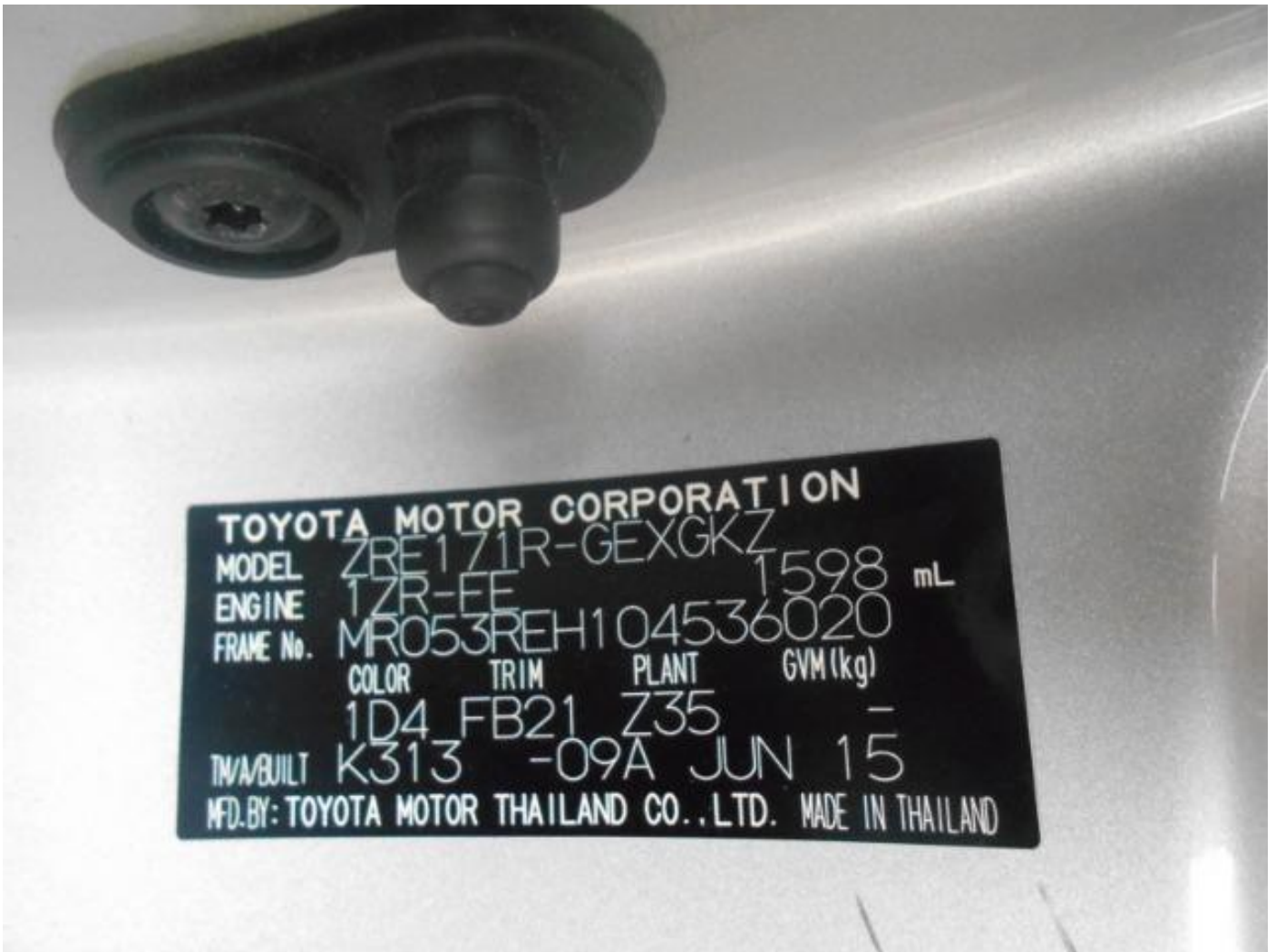
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #10-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S465500200 / GST Reg. No.: NA00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119053738 Vehicle Registration No: SKV386R
 Name (as shown on NRIC): CONNECT4CAR PTE LTD NRIC/FIN/Passport No: 201411459M
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 53 Ubi Ave 1 Paga ubi Industrial Park #02-03 Singapore (408134)
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 24/04/2019 Time of Accident: 2340
 Place of Accident: Airport Blvd towards PTE
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Please make changes to the Police Report.

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____