

## 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             | 04/05/2019 11:10                      |
| Date Of Accident           | 21/09/2018 11:30                      |
| Exact Location Of Accident | HOUGANG AVE 3 BEFORE JUNC TAMPINES RD |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBH4712L              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | LAMINATE DOOR PTE LTD |
| Co Reg No                   | 201805924N            |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-85220015  |
| Alternative Phone No        | OFFICE-85220015       |

### Vehicle Particulars

|  |                             |
|--|-----------------------------|
| Manufacturer   | NISSAN                      |
| Model  | NV350 PANEL VAN 2.5 5MT 5DR |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                     |
| 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   | COMMERCIAL VEHICLE          |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 1800068015                           |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | LIAU WEI LI          |
| NRIC No              | S9526290B            |
| Date Of Birth        | 31/07/1995           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 29/06/2017           |
| Driving Experience   | 1 YEAR AND 2 MONTHS  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97762241 |
| Fax Number           |                      |
| Contact Number       | OFFICE-97762241      |
| Email Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | BLK 230H TAMPINES STREET 21<br>#02-683 |
| Postcode  | 522230                                 |
| Was driver an employee of the Insured's Company     | YES                                    |
| If No, Relationship of the Driver with the Insured  |  |
| Vehicle Registration Number of Driver's Own Vehicle | -                                      |
|   | -                                      |
|   | -                                      |
| Insurance Company of Driver's Own Vehicle           | -                                      |
|   | -                                      |
|   | -                                      |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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?   | 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TAMPINES NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699                               |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180921/2231.

#### 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 | SHD27H |
| 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)

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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:

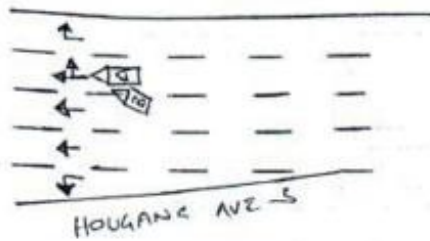
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

Tampines Road



VEHICLE

A: GRH4712L

B: SHD274

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

## DECLARATION

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

Policyholder  
Date & Time:



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

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

Scanned by CamScanner



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180921/2231

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3  
Report No. T/20180921/2231

## REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                              |                           |
|--|------------|--|------------------------------|---------------------------|
| Date/Time Report Made:<br>21/09/2018 23:08 |            | Vide Report No.:<br>F/20180921/0086                                  |                              | Station Diary No.:<br>188 |
| <b>Informant's Particulars</b>             |            |  |                              |                           |
| Name of Informant:<br>LIAU WEI LI          |            | Address:<br>APT BLK 230H TAMPINES STREET 21 #02-683 SINGAPORE 522230 |                              |                           |
| ID Type / ID No.:<br>NRIC NO / S9526290B   |            | Contact No.:<br>Home/Office: Mobile: 97762241                        |                              |                           |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                           |
| Sex:<br>Male                               | Age:<br>23 | Date of Birth:<br>31/07/1995   | Type of Informant:<br>Driver |                           |
| Race:<br>Chinese                           |            | Language:  | Institution / School Name:   |                           |
| Occupation:<br>OUTDOOR SALES               |            | Driving Licence Information:<br>Class: 3 Date of Expiry:             |                              |                           |

## General Information of the Accident

|   |                           |                      |  |                                 |
|---|---------------------------|----------------------|--|---------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>21/09/2018 11:15 | Type of Location:<br>T-Junction |
| Location:<br>Along Road 1<br>HOUGANG AVENUE 6                               |                           |                      |  |                                 |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry | Road Speed Limit:                          |                                 |
| Traffic Flow:<br>Two Way  |                           | Traffic Control:     | Traffic Volume:<br>Moderate                |                                 |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                           |                      | Anyone conveyed by ambulance:<br>No        |                                 |

## Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBH4712L    | Van  |      |       |       | Slightly Damaged | 0               |
| SHD27H      | TAXI |      |       |       |                  | 0               |

## Details of Person Involved

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

Scanned with CamScanner

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20180921/2231

Report No. T/20180921/2231

## CONTINUATION OF REPORT

|                                   |                |  |  |                                 |
|-----------------------------------|----------------|--|--|---------------------------------|
| <b>Driver</b>                     |                |  |  |                                 |
| Name                              | LIAU WEI LI    |  | ID No.                                 | S9526290B                       |
| Related Vehicle                   | GBH4712L (Van) |  | Contact No.                            | 97762241                        |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            |  | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            |  | Degree of Injury                       | NIL                             |

### Brief Details.

On 21/9/2018 at about 1115 hrs, I was driving along Hougang ave 6 at the T junction. Taxi (SHD27H) was driving beside me at the point of time. The driver wanted to turn right and I was driving straight. The driver the collided at the right portion of my vehicle. I then reserved and signal to the driver to stop at the side of the road to settle the issue. The driver the stopped for a while. However, he drove off subsequently. I then called traffic police. Officer advised me to lodge a police report. The SD card of my vehicle camera was given to the officer.

Scanned with CamScanner

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180921/2231

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20180921/2231

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 /  
Staff Sgt WONG JIANYONG

Signature Of Informant:

Date/Time:  
21/09/2018 23:08

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE

Scanned with CamScanner



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

