

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	13/06/2020 09:49
Date Of Accident	30/05/2020 10:20
Exact Location Of Accident	PIE BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7635U
Insured/Policyholder	
Name Of Registered Owner	WONG WEE LEE
NRIC No	SXXXX938H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92987152
Alternative Phone No	OFFICE-92987152

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	2100462549-04
Cover Note Number	

Driver

Name of Driver	WONG WEE LEE
NRIC No	SXXXX938H
Date Of Birth	07/03/1959
Occupation	INDOOR
Date Of Driving Pass	12/09/1979
Driving Experience	40 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92987152
Fax Number	
Contact Number	OFFICE-92987152
Email Address	NOEMAIL

Address	BLK 109 ALJUNIED CRESCENT #10-58
Postcode	380109
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 - 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)	2
Passenger 1	NAME: : TAN BOON KIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200610/2063.

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	SME9778A
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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- 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 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 under 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: SLB76354
B: SME 9778A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report
T/20200610/2063

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
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200610/2063

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200610/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2020 21:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG WEE LEE			Address: APT BLK 109 ALJUNIED CRESCENT #10-58 SINGAPORE 380109	
ID Type / ID No.: NRIC NO / S1374938H			Contact No.: Home/Office:	Mobile: 92987152
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 61	Date of Birth: 07/03/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/05/2020 10:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 PAYA LEBAR ROAD PAN ISLAND EXPRESSWAY BEFORE PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB7635U	Car	MAZDA	MAZDA5 5-DOOR WAGON 2.0L SP 6EAT	Blue	Slightly Damaged	1
	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200610/2063

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200610/2063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB7635U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100462549-04	21/04/2020	20/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WONG WEE LEE		ID No.	S1374938H
Related Vehicle	SLB7635U (Car)		Contact No.	92987152
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
Passenger				
Name	BRUCE TAN		ID No.	NIL
Related Vehicle	SLB7635U (Car)		Contact No.	NIL
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS STATIONARY AT THE TRAFFIC LIGHT. THE TRAFFIC LIGHT TURNED GREEN AND I PROCEEDED TO DRIVE FORWARD TURNING RIGHT TOWARDS PIE WHEN A CAR FROM BEHIND DROVE NEXT TO ME AND GRAZED AGAINST THE SIDE OF MY VEHICLE. THE CAR THAT HIT ME THEN CONTINUED DRIVING UNTIL I HORNED. THE CAR ONLY THEN REALIZED THAT IT HAD HIT MY CAR WHEN I KEPT HORNING. THE CAR THEN STOPPED FOR AWHILE. I THEN DROVE FORWARD TOWARDS PIE TO STOP MY VEHICLE AT THE ROADSIDE AS THERE WAS A LOT OF VEHICLE BEHIND US. THE CAR THAT HIT ME HOWEVER CONTINUED TOWARDS PAYA LEBAR EVEN THOUGH THE LANE IT WAS TAKING IS A RIGHT TURN TOWARDS PIE. WE WERE BOTH ON THE LANE TURNING TOWARDS PIE. I WANTED TO EXCHANGE PARTICULARS WITH THE DRIVER HOWEVER THE DRIVER ALREADY DROVE OFF. I THEN RECEIVED A LETTER FROM TP TO LODGE A TRAFFIC ACCIDENT REPORT WHICH I AM DOING NOW.
THATS ALL.
IO IN CHARGE NOR AFFENDY

Police Report



**SINGAPORE
POLICE FORCE**



T/20200610/2063

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200610/2063

CONTINUATION OF REPORT

TEL: 65476368

Police Report



**SINGAPORE
POLICE FORCE**



T/20200610/2063

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200610/2063

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:
TP /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/06/2020 21:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo

