

## 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	22/10/2020 15:08
Date Of Accident	21/10/2020 19:30
Exact Location Of Accident	TPE TOWARDS SLE BEFORE JALAN KAYU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2410L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE QUEE LIAN
NRIC No	SXXXX028Z
Email Address	LEOW_LC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83996454
Alternative Phone No	OTHERS-83996454

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
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	2100400758-05
Cover Note Number	

### Driver

Name of Driver	LEOW LI CHUAN (LIAO LICHUAN)
NRIC No	SXXXX795J
Date Of Birth	13/04/1994
Occupation	INDOOR
Date Of Driving Pass	05/12/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83996454
Fax Number	
Contact Number	OTHERS-83996454
Email Address	LEOW_LC@HOTMAIL.COM

Address	154 CACTUS ROAD
Postcode	809655
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 - HEAD TO REAR
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: : JING YI GENDER: : FEMALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201022/7014

#### 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	YQ336X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

DETAILS OF INJURED PERSON 1

NameLEOW LI CHUAN (LIAO LICHUAN)  
Approximate Age  
Injuries SustainSLIGHT INJURY  
Injured person in which vehicle?SKR2410L  
Were seat belts worn?YES  
Was this injured conveyed to hospital by ambulance?NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

NameJING YI  
Approximate Age  
Injuries SustainSLIGHT INJURY  
Injured person in which vehicle?SKR2410L  
Were seat belts worn?YES  
Was this injured conveyed to hospital by ambulance?NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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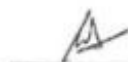
#### 8. Consent under the Personal Data Protection Act (PDPA)

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:

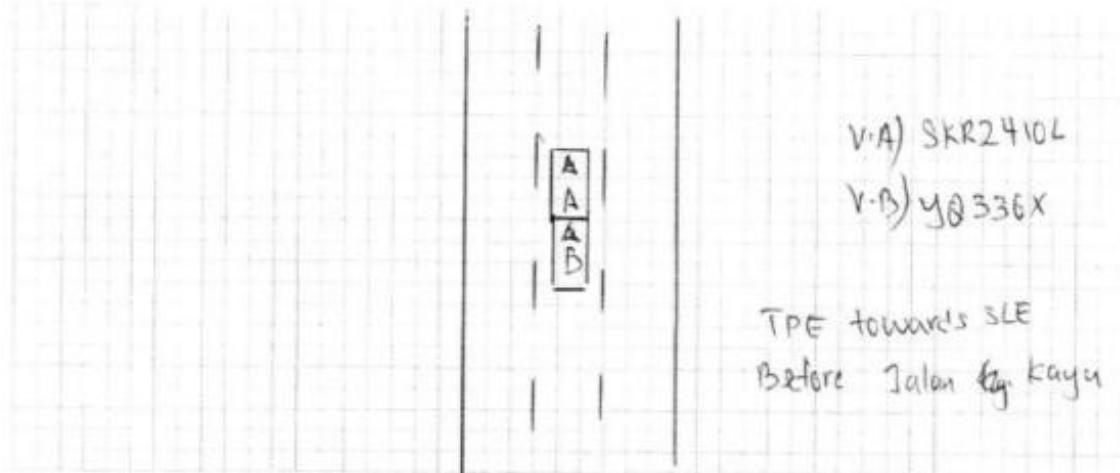


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SKR2410L was travelling on the stated venue. I was travelling straight in my lane, slowed down my vehicle as the vehicle in front of me brake just when I'm about to come to a complete stop. I felt a huge impact on my vehicle rear portion. Shortly I got out of my vehicle and realised it was YQ336X had collide against my vehicle rear portion.

POLICE REPORT T/20201022/7014

## 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:

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201022/7014

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

1 of 3

Report No. T/20201022/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2020 13:25	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: LEOW LI CHUAN			Address: 154 CACTUS ROAD SINGAPORE 809655	
ID Type / ID No.: NRIC NO / S9413795J			Contact No.: Home/Office: Mobile: 83996454	
Nationality: SINGAPORE CITIZEN			Email: LEOW_LC@HOTMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 13/04/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2020 19:30	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision:				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKR2410L	Car	NISSAN	SYLPHY	Blue		1
YQ336X	Lorry			White		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201022/7014

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

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Report No. T/20201022/7014

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR2410L	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	JING YI	ID No.	NIL
Related Vehicle	SKR2410L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	22/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	LEOW LI CHUAN	ID No.	S9413795J
Related Vehicle	SKR2410L (Car)	Contact No.	83996454
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/10/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

### Brief Details.

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE SKR2410L WITH A PASSENGER ONBOARD. I WAS TRAVELLING STRAIGHT IN MY LANE, SLOWED DOWN MY VEHICLE AS THE VEHICLE INFRONT OF ME BRAKE. JUST WHEN IM ABOUT TO COME TO A COMPLETE STOP, I FELT A HUGE IMPACT ON MY VEHICLE REAR PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED I WAS INVOLVED IN AN ACCIDENT. VEHICLE YQ336X HAD COLLIDED AGAINST MY VEHICLE. LATER MIDNIGHT ME AND MY PASSENGER FELT UNWELL AND WENT TO SEEK DOCTOR ADVISE FROM MOUNT ALVERNIA. WE WERE GIVEN 5 DAYS MC EACH.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201022/7014

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

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Report No. T/20201022/7014

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP158

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
22/10/2020 13:25

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo

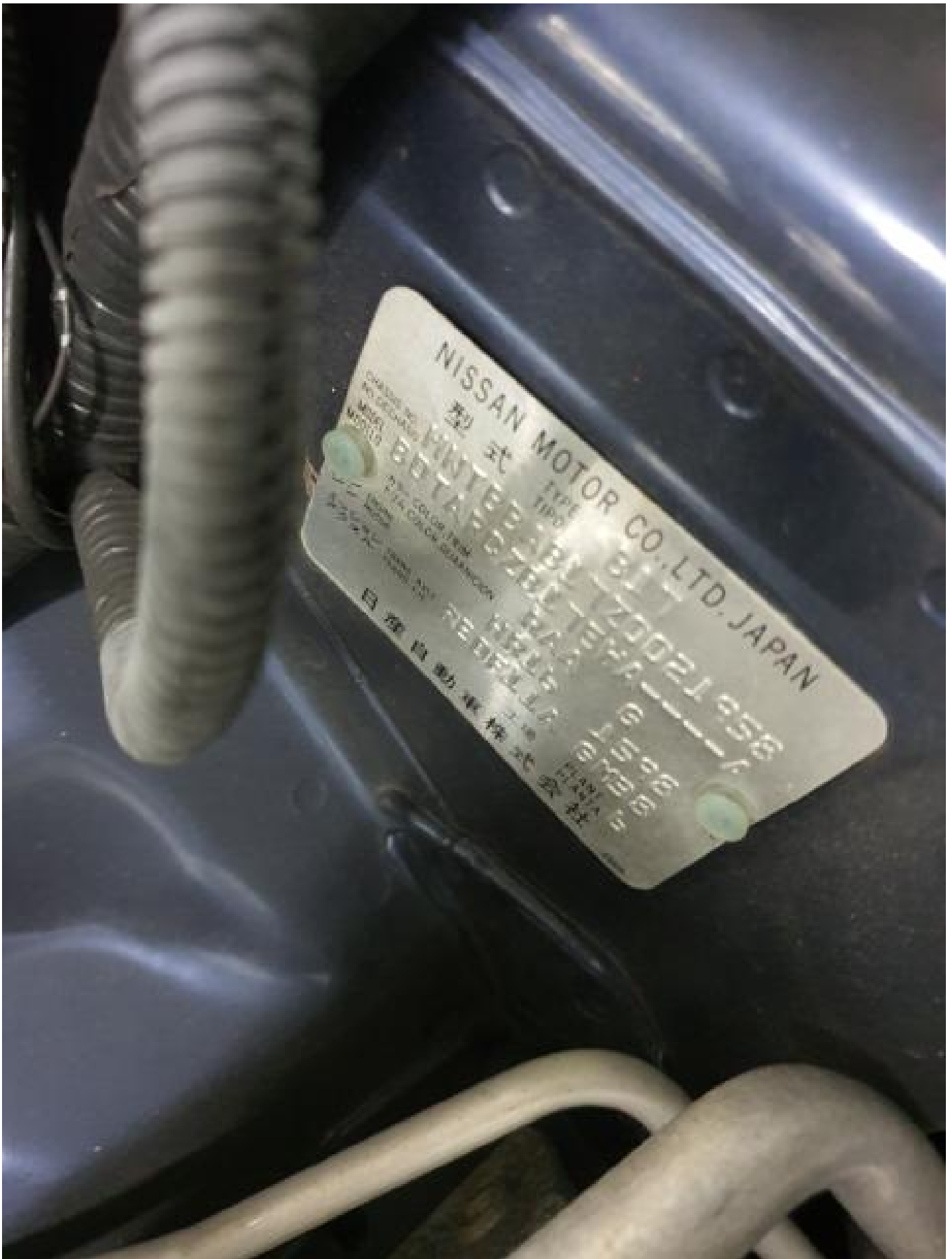




Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

