

(Draft)

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.

Date Of Report	20/10/2020 11:01
Date Of Accident	19/10/2020 16:15
Exact Location Of Accident	SECOND LANE OF SLE TOWARDS BKE
Country/State of Loss	SINGAPORE
PERSON AND VEHICLE	
Vehicle Registration Number	GZ8868R
Insured/Policyholder	
Name Of Registered Owner	PETS DAY OUT
Co Reg No	5XXXX367J
Email Address	NDRX7RX@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	Office-91941545
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MJTD
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
if No, Please state action to be taken	
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	2070017071
Cover Note Number	
Driver	
Name of Driver	ANDY YE JIA HUA
NRIC No	SXXXX691A
Date Of Birth	07/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1996
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91941545
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 95C HENDERSON ROAD #09-40
Postcode	153095

Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OWNER OF THE COMPANY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-
<b>General Information of the Accident</b>	
Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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)	1
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
Please refer to Sketch Plan & Police Report : T/20201020/2056	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
<b>Details of Vehicle Involved</b>	
Vehicle Registration Number	GBG4195J
Vehicle Make/Model/Colour	TOYOTA DYNA 150 5MT / SILVER
<b>Details Of Properties</b>	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AH LONG
NRIC/Passport Number	
Contact Number	92408441
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	
<b>Details of Injured Person</b>	
Name	AH LONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBG4195J

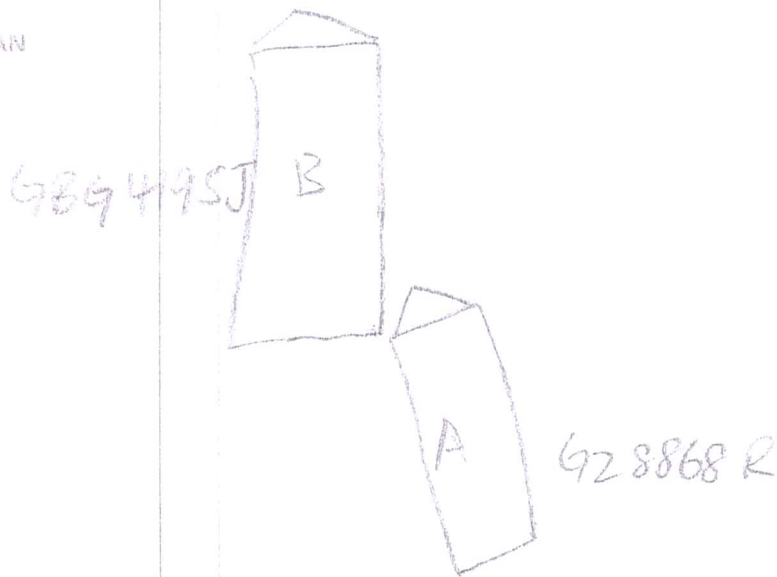
Are seat belts worn?

Is this injured conveyed to hospital by ambulance? NO

Age

Gender

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/20 at about 415pm, I owner of 628868R was driving on the second lane of SLE towards BKE way, I failed to notice Lorry 689495J and collided on the right rear against my front left. The accident happened before exit 8A

DECLARATION

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



*[Signature]*

Policyholder's Signature

Date & Time:

20/10/20

1110485

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20 OCT 2020

*[Signature]*

Reporting Centre Personnel's Signature

Name: Tracia Leong

NRIC/FIN No.:

20 OCT 2020

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.

2. This report 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. Completion and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance company.

5. Any lodge 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.

#### **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  
(or Authorised Driver)

20 OCT 2020

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

20 OCT 2020

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

20 OCT 2020





# SINGAPORE POLICE FORCE



T/20201020/2056

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20201020/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2020 13:49			Vide Report No.:		Station Diary No.: 62
<b>Informant's Particulars</b>					
Name of Informant: ANDY YE JIA HUA			Address: APT BLK 95C HENDERSON ROAD #09-40 SINGAPORE 153095		
ID Type / ID No.: NRIC NO / S7519691A			Contact No.: Home/Office: Mobile: 91941545		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 07/06/1975	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Storekeeper			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2020 16:15	Type of Location: Bend
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBG4195J	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0
GZ8868R	Van	FIAT	DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE	Black	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201020/2056

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Report No. T/20201020/2056

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Ah Long	ID No.	NIL
Related Vehicle	GBG4195J (Lorry)	Contact No.	92408441
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/10/2020	Date Discharge	20/10/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	ANDY YE JIA HUA	ID No.	S7519691A
Related Vehicle	GZ8868R (Van)	Contact No.	91941545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 19/10/2020 at bout 4.15pm, I was driving my vehicle GZ8868R (Fiat/ Black) along SLE towards BKE direction at the 2nd lane. During the point of time, it was not raining and the road surface was dry. The traffic volume was moderate and visibility was clear. Just before Mandai exit, I grazed the left rear side of GBG4195J (Toyota/ Silver) which was travelling at the 3rd lane of the said road. We both stopped by the side to exchange particulars before leaving the accident location. After which, I got to know that the other driver sought treatment at a unknown clinic and was given 4 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20201020/2056

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Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20201020/2056

**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:  
E /  
Staff Sgt ONG KIAN KENG

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time:  
20/10/2020 13:49

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

**SN 061**

**SIGNATURE**