

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 Submission	14/12/2020 13:02 (SGT)
Date of Accident	11/12/2020 18:20 (SGT)
Exact Location of Accident	Jurong West Street 93, Singapore
Additional Location Information	ALONG JURONG WEST STREET 93 AT CALTEX EXIT JUNCTION BOX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC9002L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIN JINGQUAN
NRIC No	SXXXX152F
Email Address	WHATCHUPJQ@GMAIL.COM
Mobile Phone No	(Phone) +65-91544311
Alternative Phone No	+65-91544311

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070050499
Cover Note Number	-

DRIVER

Name of Driver	LIN JINGQUAN
NRIC No	SXXXX152F
Date Of Birth	22/05/1990

Driving Pass
experience
der
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

Indoor
15/11/2012
8 YEARS AND 1 MONTH
Male
(Phone) +65-91544311
+65-91544311
WHATCHUP.JQ@GMAIL.COM
BLK 666B JURONG WEST STREET 65 #11-205

642666

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

2

Yes

Yes

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes

Jurong Neighbourhood Police Post

(Phone) +65-18002659999

(Fax) +65-62664987

Blk 158 Yung Loh Road #01-58 Singapore 610158

No

-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
COLLISION-HEAD TO SIDE

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

FZ4209G

-

-

-

-

Motorcycle

Driver
Number
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

FZ4209G

No

Yes

SKETCH PLAN

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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: 14/12/2020

Driver's Signature

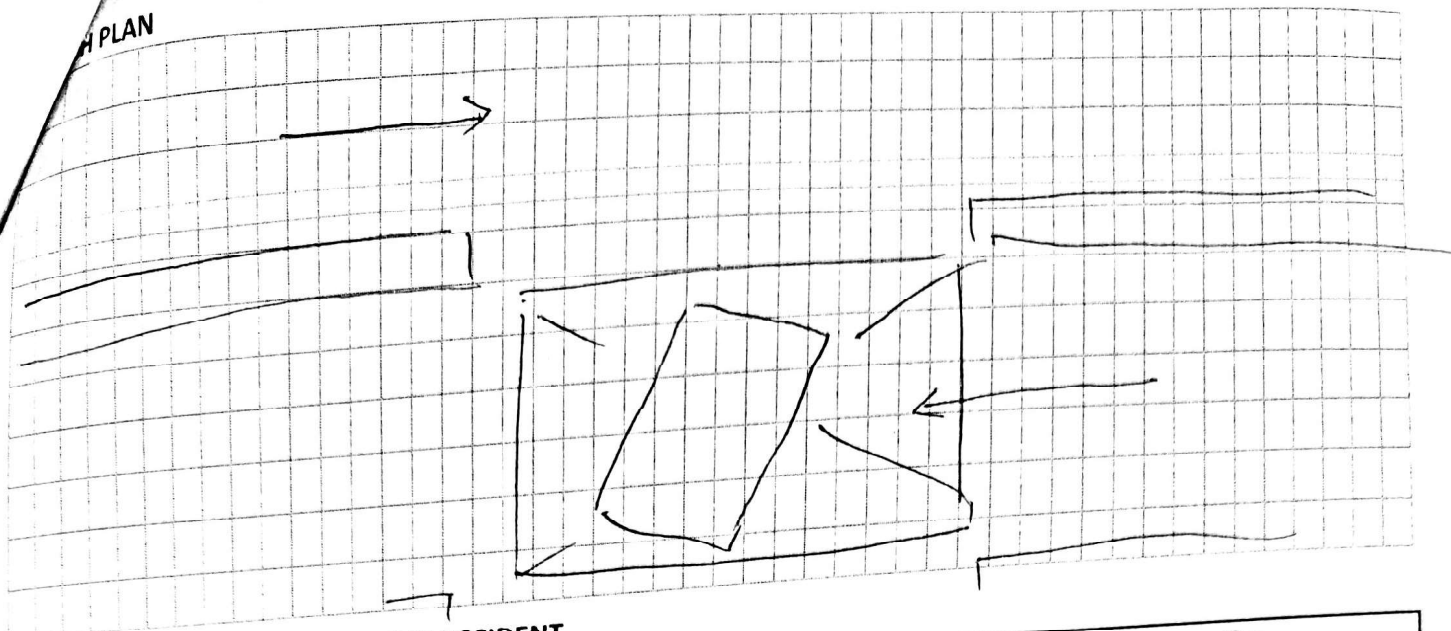
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I just finish car wash from Coltex along Jurong West Street 93. and was about to exit the petrol station by turning ~~to~~ right. After checking right then left then right, I proceed to move into the yellow junction box after ensuring there was no incoming vehicle from the right.

Once in the yellow junction box, i checked the left side and saw incoming vehicle, hence stopped, while i was still looking left, then i heard a horn & a vehicle impacted my vehicle on the right.

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 Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/12/2020 20 52

Vide Report No.:
J/20201211/0130

Station Diary No.:
34

Informant's Particulars

Name of Informant:
LIN JINGQUAN

Address:
APT BLK 666B JURONG WEST STREET 65 #11-205
SINGAPORE 642666

ID Type / ID No.:
NRIC NO / S 152F

Contact No.:
Home/Office: Mobile: 91544311

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 30 22/05/1990

Type of Informant:
Passenger

Race:
Chinese

Language:

Institution / School Name:

Occupation:
Sales Executive

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident: Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
11/12/2020 18:20

Type of Location:
Straight Road

Location:

JURONG WEST STREET 93

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ4209G	Motorcycle				Slightly Damaged	0
SGC9002L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20201211/2128

2 of 3

Report No. T/20201211/2128

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

CONTINUATION OF REPORT

Passenger			ID No.	SGC9002L 152F
Name	LIN JINGQUAN		Contact No.	91544311
Related Vehicle	SGC9002L (Car)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL		Date Discharge	NIL
Date Treatment	NIL		Degree of Injury	NIL
No. of Days granted Medical Leave	NIL			

Brief Details.

On the 11/12/2020 at about 1820hrs, I brought my car SGC9002L for carwash at the Caltex located at Jurong West St 93. After the carwash, I proceeded to exit the Caltex. I have checked my right and left side incoming vehicle before inching forward. As there was no oncoming vehicle, I moved forward into the yellow box. As I was in the yellow box, I slowly drive forward while looking at the left side of the road for on coming vehicle. Suddenly I heard a loud horn from the right side and by the time I turn to my right to take a look, motorbike FZ4209C had collided onto my front driver side door. I quickly came out to take a look and a bystander called for ambulance. Traffic police also arrived at scene. The rider was conveyed by ambulance in groggy state. Traffic police took the SD card to my Car camera for investigations. I am unsure of the repair cost for my vehicle. Vide J/20201211/0130 under TP IO Rahim



**SINGAPORE
POLICE FORCE**



T/20201211/2128

3 of 3

Report No. T/20201211/2128

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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: J / Staff Sgt TAMILLMAARAN S/O LETCHMANAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2020 20:52
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force