

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 28/12/2020 17:10 (SGT)
Date of Accident 24/12/2020 11:50 (SGT)
Exact Location of Accident Henderson Rd, Singapore
Additional Location Information TOWARDS TELOK BLANGAH HEIGHTS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG542L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SEOW KIT YEE, JOACQUIUM(XIAO JIEYU)
Company Reg No S9025752H
Email Address ashley9567@yahoo.com
Mobile Phone No (Phone) +65-91295123
Alternative Phone No +65-91295123

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800143247
Cover Note Number -

DRIVER

Name of Driver SEOW KIT YEE, JOACQUIUM(XIAO JIEYU)
Company Reg No S9025752H
Date Of Birth 17/07/1990
Occupation Indoor

Date Of Driving Pass	02/04/2011
Driving experience	9 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91295123
Alt. Phone Number	+65-91295123
Email Address	ashley9567@yahoo.com
Address	BLK 64 TELOK BLANGAH HEIGHTS
Address complement	#05-192
Postcode	100064
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHENG KAI XIAN, TOBIAS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201224/7035

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	SGD666A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
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	SEOW KIT YEE, JOACQIUM(XIAO JIEYU)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMG542L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

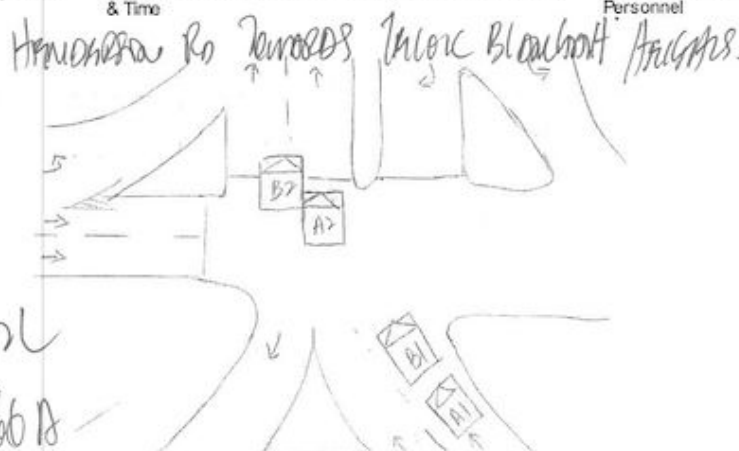
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A) SNG 542L
B) SGD 666A



Refer to A/ice Report No: T/20201224/7035

~~We declare the foregoing particulars are true in every respect.~~

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

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**SINGAPORE
POLICE FORCE**


T/20201224/7035

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

1 of 3
Report No. T/20201224/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2020 18:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEOW KIT YEE, JOACQUIM			Address: 64 TELOK BLANGAH DRIVE #05-192 SINGAPORE 100064		
ID Type / ID No.: NRIC NO / S9025752H			Contact No.: Home/Office: Mobile: 91295123		
Nationality: SINGAPORE CITIZEN			Email: joaquim.sky@gmail.com		
Sex: Female	Age: 30	Date of Birth: 17/07/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FINANCIAL PLANNING MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2020 11:50	Type of Location: T-Junction
Location: HENDERSON ROAD				
Weather: ATER RAIN		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		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	Conditio	No of
SGD666A	Car					0
SMG542L	Car	AUDI	A5 SB 2.0 TFSI S TRONIC (DESIGN)	Red		0



**SINGAPORE
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T/20201224/7035

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

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Report No. T/20201224/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG542L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800143247-01	30/11/2020	29/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW KIT YEE, JOACQUIM	ID No.	S9025752H
Related Vehicle	SMG542L (Car)	Contact No.	91295123
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/12/2020	Date	24/12/2020
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	CHENG KAI XIAN, TOBIAS	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 24/12/2020 AROUND 1150HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SMG542L) TRAVELING ON HENDERSON ROAD TOWARDS TELOK BLANGAH HEIGHTS ON THE LEFT LANE. WHEN I WAS TURNING INTO TELOK BLANGAH HEIGHTS, SUDDENLY VEHICLE BEARING NUMBER PLATE (SGD666A) CUT INTO MY LANE AND COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE CAUSING DAMAGES. I THEN FELT UNWELL AND WENT TO CONSULT A DOCTOR AT CHUNG & EE MEDICAL CLINIC, I WAS GIVEN 5 DAYS OF MC.



SINGAPORE POLICE FORCE

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



T/20201224/7035

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Report No. T/20201224/7035

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 /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

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

Date/Time:
24/12/2020 18:18

Classification Of Case: