

# 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 ..... 23/02/2021 14:32 (SGT)  
Date of Accident ..... 18/01/2021 09:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU6688L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SUN HOPE PTE LTD  
Company Reg No ..... 201817641N  
Email Address ..... GOODMORROWYAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91466029  
Alternative Phone No ..... +65-91466029

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Alphard  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900057869  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIU YAN  
NRIC No ..... S7782080I  
Date Of Birth ..... 05/11/1977  
Occupation ..... Indoor

Date Of Driving Pass .....	07/07/2012
Driving experience .....	8 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91466029
Alt. Phone Number .....	-
Email Address .....	GOODMORROWYAN@GMAIL.COM
Address .....	BLK 135 LORONG AH SOO
Address complement .....	#14-482
Postcode .....	530135
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SLS2181E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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

## SKETCH PLAN

**IMPORTANT NOTICE**

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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.



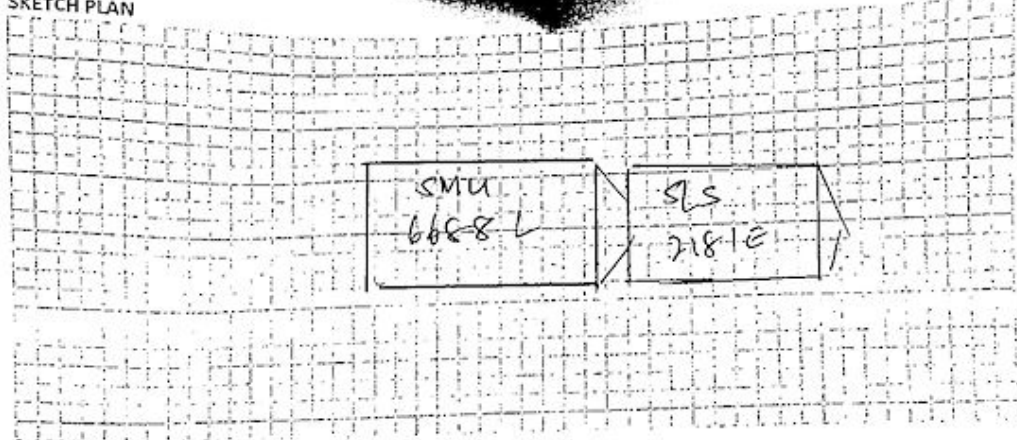
Policyholder's Signature  
Date & Time: .

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

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

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### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## DECLARATION

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



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

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

Scanned with CamScanner







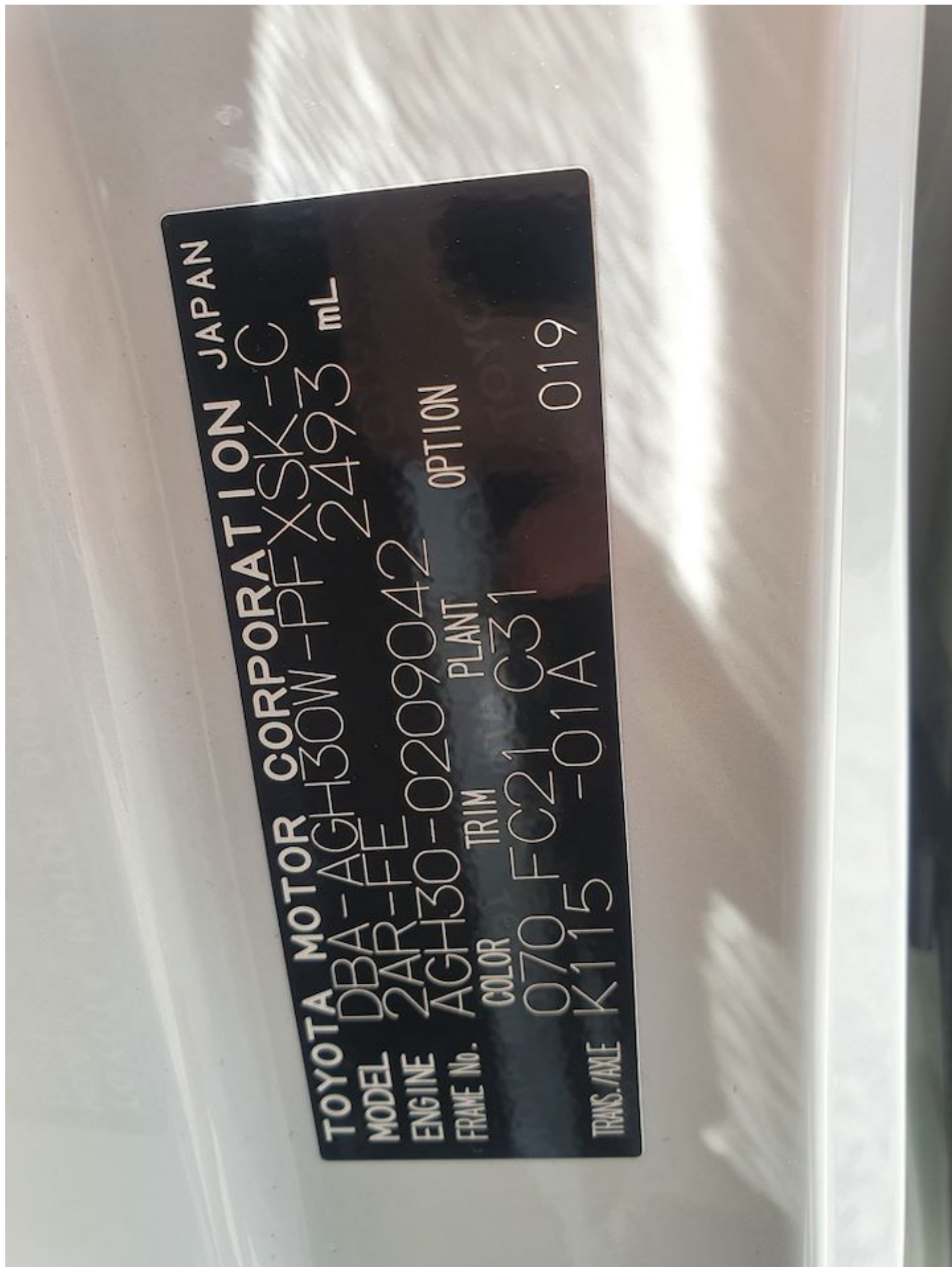




























**SINGAPORE  
POLICE FORCE**



T/20210128/2050

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No. T/20210128/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2021 12:57	Vide Report No.:	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: LIU YAN	Address: APT BLK 135 LORONG AH SOO #14-482 SINGAPORE 530135		
ID Type / ID No.: NRIC NO / S7782080I	Contact No.: Home/Office: Mobile: 91466029		
Nationality: CHINESE	Email:		
Sex: Female	Age: 43	Date of Birth: 05/11/1977	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Personal Assistant	Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2021 09:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS2181E	Car					1
SMU6688L	Car					1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20210128/2050

Police Station Of Origin:  
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SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20210128/2050

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ANG GEOK GWEE		ID No. S6838738H
Related Vehicle	SLS2181E (Car)		Contact No. 81575653
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
<b>Driver</b>			
Name	LIU YAN		ID No. S7782080I
Related Vehicle	SMU6688L (Car)		Contact No. 91466029
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 18/01/2021 at 0925hrs, I was driving my company vehicle with registration plate number SMU6688L with 1 female passenger along AYE towards city. I noticed that the traffic volume was heavy and the traffic was moving quite slow.

The vehicle in front of me with registration plate number SLS2181E then came to a stop. As such, I came to a stop but however I didn't noticed I did not apply a full brake. My vehicle was slowly moving forward and collided with the said vehicle.

After which, we came out of our vehicle to make a check however there were no damages seen on both our vehicles. We then exchange our particulars and nobody was injured.

No ambulance or police had came to the scene as such we left.

My vehicle has in-vehicle CCTV.





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114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



T/20210128/2050

3 of 3

Report No. T/20210128/2050

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:

F /

Sgt 2 TAI YOONG CHAN, DOMINIQUE

*Dam*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP166

Signature

*Dam*

Singapore Police Force

Signature Of Informant

*[Signature]*

Date/Time:

28/01/2021 12:57

Classification Of Case: