

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 22/02/2021 15:20 (SGT)
Date of Accident 03/02/2021 21:35 (SGT)
Exact Location of Accident Marine Parade, Singapore
Additional Location Information X-JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC2036P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WANG LEARING CENTRE PTE LTD
Company Reg No 200401730H
Email Address KIM_1023@HOTMAIL.COM
Mobile Phone No (Phone) +65-93863379
Alternative Phone No (Home) +65-93863379

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800082855-01
Cover Note Number -

DRIVER

Name of Driver WANG KIM LIAN
Passport No/FIN G7990140M
Date Of Birth 23/10/1986
Occupation Indoor

Date Of Driving Pass	25/05/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93863379
Alt. Phone Number	-
Email Address	KIM_1023@HOTMAIL.COM
Address	9 MARINE VISTA
Address complement	#06-03
Postcode	449033
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 - Cross Junction
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
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	SHA2399L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

SKETCH PLAN

PLEASE SEE POLICE REPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SMC2036P

ACCIDENT DATE: 03/02/2021

CONTACT NUMBER: 93863379

ACCIDENT TIME: 21:35

EMAIL: kim_10235@hotmail.com

LOCATION: MARINE PARADE ROAD

PLEASE SEE POLICE REPORT

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ REPORTING ONLY

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:
NAIC/FIN No.:

GIARMC SketchPlanForm_V3

22 / 2 / 21

10:38 AM

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SKETCH PLAN**IMPORTANT NOTICE**

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5. Any false 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.
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.:

GIARMC SketchPlanForm_V3

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**SINGAPORE
POLICE FORCE**



T/20210204/2124

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20210204/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 22:01	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars			
Name of Informant: WANG KIM LIAN		Address: 9 MARINE VISTA #06-03 SINGAPORE 449033	
ID Type / ID No.: NRIC NO / S86862681		Contact No.: Home/Office: Mobile: 93863379	
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 34	Date of Birth: 23/10/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN.		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/02/2021 21:35	Type of Location: X-Junction
Location: MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2399L	Car				Slightly Damaged	0
SMC2036P	Car				Slightly Damaged	0

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



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Report No. T/20210204/2124

CONTINUATION OF REPORT

Name	CHAN CHOON CHUAN		ID No.	S1735159A
Related Vehicle	SHA2399L (Car)		Contact No.	97353735
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	
Driver				
Name	WANG KIM LIAN		ID No.	S8686268I
Related Vehicle	SMC2036P (Car)		Contact No.	93863379
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	

Brief Details.

On the above mentioned date place and time, I was travelling along Marine Parade Road and wanting to turn right to Still Road south to enter towards ECP.

The green light and I was at the second lane(straight and right turn), after looking at the opposite direction, I see that there wasn't any vehicle. As such I turned right and after I entered Still Road towards ECP, I felt an impact on the left and discovered that a taxi driver had hit onto my vehicle. We both shift our vehicle to the roadside and settle the issue.

We exchange particulars and the other parties said its my fault and we tried to settle the issue by private settlement and he started asking me for \$2500/- for the damage and income, I told him that I will get back to the him the next day,

This morning I checked with one car workshop and was inform that to repair the taxi is about \$400/-. I contact the driver and inform that I am willing to pay him from \$800/- to \$1000/-. However he kept asking for \$2500/- to which I disagree and both decided to lodge a police report.

I have in car camera but did not save the footage. Damage to my vehicle left rear passenger door dent and scratches.



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300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20210204/2124

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Report No. T/20210204/2124

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:
G /
Sgt 2 LIM XI HAO, NICHOLAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/02/2021 22:01

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SIGNATURE