

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	18/03/2021 15:59 (SGT)
Date of Accident	17/03/2021 20:50 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	CLEMENTI AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1599Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mr Lai Yi Neng
NRIC No	S8833550C
Email Address	laiyineng@gmail.com
Mobile Phone No	(Phone) +65-86808525
Alternative Phone No	+65-86808525

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

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

DRIVER

Name of Driver	Mr Lai Yi Neng
NRIC No	S8833550C
Date Of Birth	12/09/1988
Occupation	Indoor

Date Of Driving Pass	22/10/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86808525
Alt. Phone Number	+65-86808525
Email Address	laiyineng@gmail.com
Address	Blk 166B Yung Kuang Road #12-20
Address complement	-
Postcode	612166
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JSR1438
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER 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	JSR1438
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SARAVAMAN A/L RAMACHANDRAN
Contact Number	(Phone) +65-82396011
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	SARAVAMAN A/L RAMACHANDRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	TBA
Injured person in which vehicle?	JSR1438
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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, for
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

18/3/2021
1201h

GIA/MC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

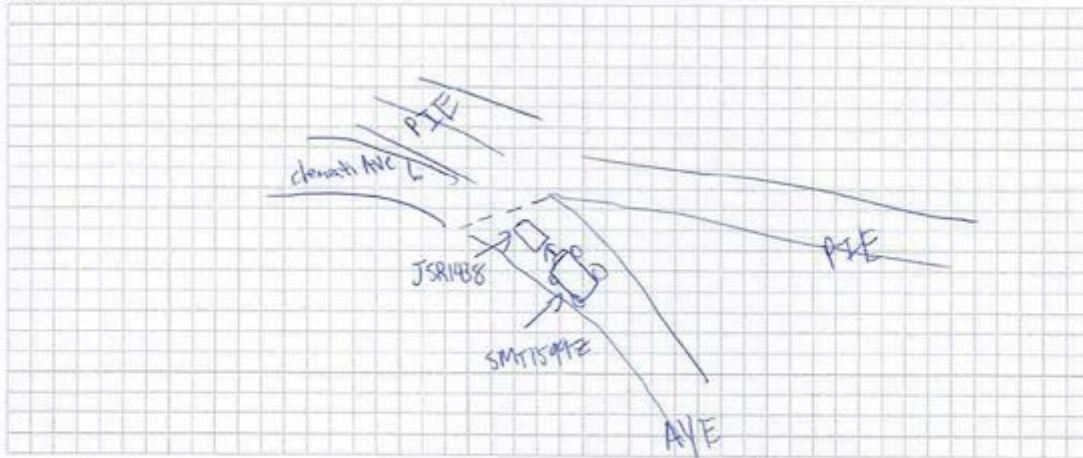
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 17/08/2024 at around 2050hrs, while I was driving my vehicle along AVE towards MCE, I made an exit at Clement Ave to PIE. While making the exit at Clement Ave, my vehicle was situated in the middle of the exit filter lane. While I was driving along the exit filter lane, I had to make a stop to merge into Clement Avenue to PIE. Upon making the stop at the end of the exit filtering lane, I accidentally crashed into the rear end of the motorcycle in front of my vehicle. The motorcycle is bearing the plate number (JSR1438) and had one rider and a pillion. The said motorcycle tried to move off to the extreme left of the filtering lane and I followed behind. The said motorcycle and my vehicle then made a complete stop.

I then exited my vehicle to render my assistance to said motorcycle. I quickly contacted 999 and noticed motorcyclist complained of left leg pain. I asked the rider to sit on the ground and exchanged particulars. I noticed the front right bumper of my vehicle SMR1599Z had a slight crack due to the impact. The rear end bumper and license plate of said motorcycle JSR1438 was also slightly damaged with keys and license plate dropped off said vehicle.

At around 2100h, two traffic police officers arrived and questioned me about the incident. I did not notice if said motorcycle had a camera fitted.

At around 2105h, an ambulance arrived at scene and conveyed rider to nearby hospital with the pillion accompanying. I am unsure which hospital the rider was conveyed to.

At around 2110h, two friends of rider arrived and proceeded to drive said motorcycle away. I then proceeded to nearest police station to make a statement.

DECLARATION

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

Policyholder's Signature

Date & Time:

18/3/2021
ST0B21310001_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





















































**SINGAPORE
POLICE FORCE**



T/20210317/2137

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210317/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 23:33		Vide Report No.: D/20210317/0099		Station Diary No.: 107	
Informant's Particulars					
Name of Informant: LAI YI NENG			Address: 3 JALAN RAJAWALI #07-03 SINGAPORE 598436		
ID Type / ID No.: NRIC NO / S8833550C			Contact No.: Home/Office: Mobile: 86808525		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 12/09/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Pathologist			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: 17/03/2021 20:50	Type of Location: Bend
Location: CLEMENTI AVENUE 6				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSR1438	Motorcycle			Red	Slightly Damaged	1
SMT1599Z	Car	MAZDA	MAZDA3 4DR 1.5 AT M-HYBRID ELEGANCE	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210317/2137

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210317/2137

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT1599Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070051474	30/03/2020	29/03/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SARAVANAN A/L RAMACHANDRAN	ID No.	NIL
Related Vehicle	JSR1438 (Motorcycle)	Contact No.	82396011
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	Slight
Driver			
Name	LAI YI NENG	ID No.	S8833550C
Related Vehicle	SMT1599Z (Car)	Contact No.	86808525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the above mentioned person and affirmed it to be correct and true. I am working as a Pathologist at SGH for the past one year.

On this date, 17/03/2021 at around 2030hrs, I was driving my vehicle, a Grey Mazda 3 bearing the plate number SMT1599Z from Yung Kuang Rd, Taman Jurong to Jalan Rajawali after having dinner at my sister's residence at Yung Kuang Rd.

At around 2050hrs on 17/03/2021, while I was driving my vehicle along AYE towards MCE, I made an exit at Clementi Avenue 6 towards PIE. While making the exit at Clementi Avenue 6, my vehicle was situated in the middle of the exit filter lane. While I was driving along the exit filter lane, I had to make a stop as the lane was merging into Clementi Avenue 6 towards PIE. I wish to state that there was moderate traffic along Clementi Avenue 6 and I was unable to filter into Clementi Avenue 6 and therefore I made a stop.

Upon making the stop at the end of the exit filtering lane, I accidentally crashed into the rear end of a

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POLICE FORCE**

T/20210317/2137

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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210317/2137

CONTINUATION OF REPORT

motorcycle in front of my vehicle. The motorcycle was bearing the plate number, JSR1438 and had one rider and a pillion. I wish to state that I did not notice the said motorcycle while making the stop as I was looking at the right blind spot of my vehicle. The said motorcycle tried to move off to the extreme left of the filtering lane and I followed behind. The said motorcycle and my vehicle then made a complete stop.

I then exited my vehicle and proceeded to render my assistance to the said motorcycle. I wish to declare that I was not injured due to the incident. Seeing that the rider of the motorcycle was injured on the left leg, I quickly contacted 999 and ask the rider to have a sit on the ground. I also managed to exchange our particulars with the rider. The front bumper of my vehicle SMT1599Z had a slight crack due to the incident. The rear end bumper and the license plate of the said motorcycle JSR1438 was also slightly damaged with dents due to the incident and the license plate dropped off from the said vehicle.

At around 2100hrs on 17/03/2021, two traffic police officers arrived at scene, a car and a motorcycle. The traffic police officers questioned me what exactly happened and took the SD card of my in-car camera as evidence and issued to me a NP323. I wish to state that I did not notice the said motorcycle have any camera fitted to the motorcycle or pillion or rider.

At around 2105hrs on 17/03/2021, an ambulance also arrived at scene and then conveyed the rider to the nearby hospital while the pillion accompanied the rider. I wish to state that I am unaware which hospital the rider was conveyed to.

At around 2110hrs on 17/03/2021, two friends of the rider and pillion arrived and proceeded to bring back the said motorcycle. I was then advice to go to the nearest police station to lodge a NP168 and was issued a case card reference to incident number D/20210317/0099.



**SINGAPORE
POLICE FORCE**



T/20210317/2137

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Report No. T/20210317/2137

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:

D /

SCCPL NOOR ARMAND BIN NOOR AZLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/03/2021 23:33

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE