

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	08/03/2021 14:40 (SGT)
Date of Accident	06/03/2021 14:25 (SGT)
Exact Location of Accident	Bedok North Flyover, Singapore
Additional Location Information	BEDOK NORTH FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9087K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUM TSE MENG BENNY
NRIC No	SXXXX441E
Email Address	bennylum.bl@gmail.com
Mobile Phone No	(Phone) +65-96194049
Alternative Phone No	+65-97554459

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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
Transmission	Auto
CC	2360

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100412716
Cover Note Number	-

DRIVER

Name of Driver	GOH NAI LEI
NRIC No	SXXXX184Z

Date Of Birth	12/10/1971
Occupation	Indoor
Date Of Driving Pass	09/11/1994
Driving experience	26 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97554459
Alt. Phone Number	-
Email Address	GOH.NAILEI@SEMBBCORP.COM
Address	61 SOO CHOW GARDEN ROAD
Address complement	-
Postcode	575512
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT9815H
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
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) -

WITNESS DETAILS

WITNESS 1

Name JOHAN BIN AMIR
Phone (Phone) +65-97775334
Email -

SKETCH PLAN

IMPORTANT NOTICE

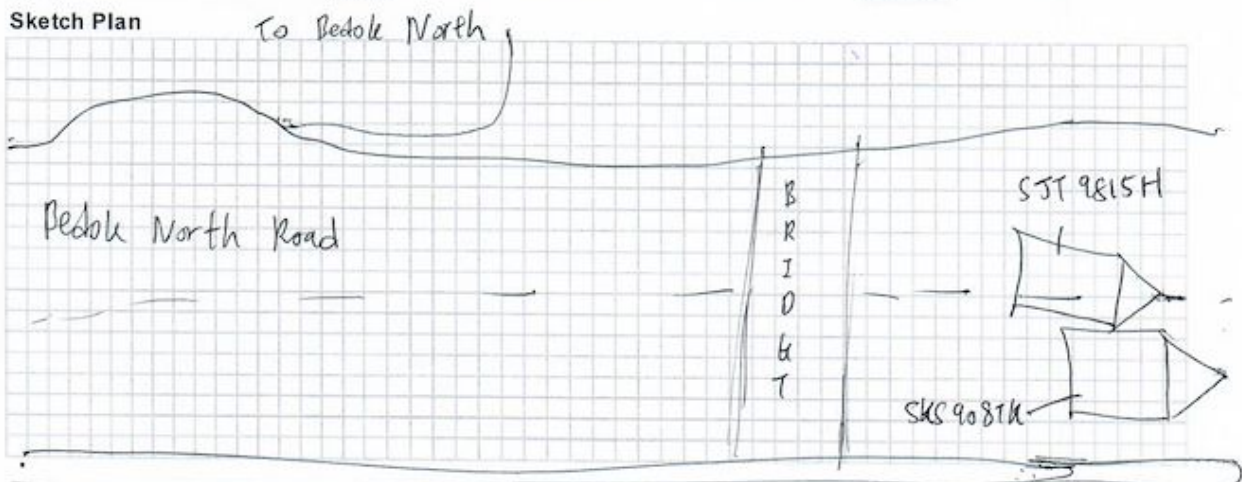
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police Report

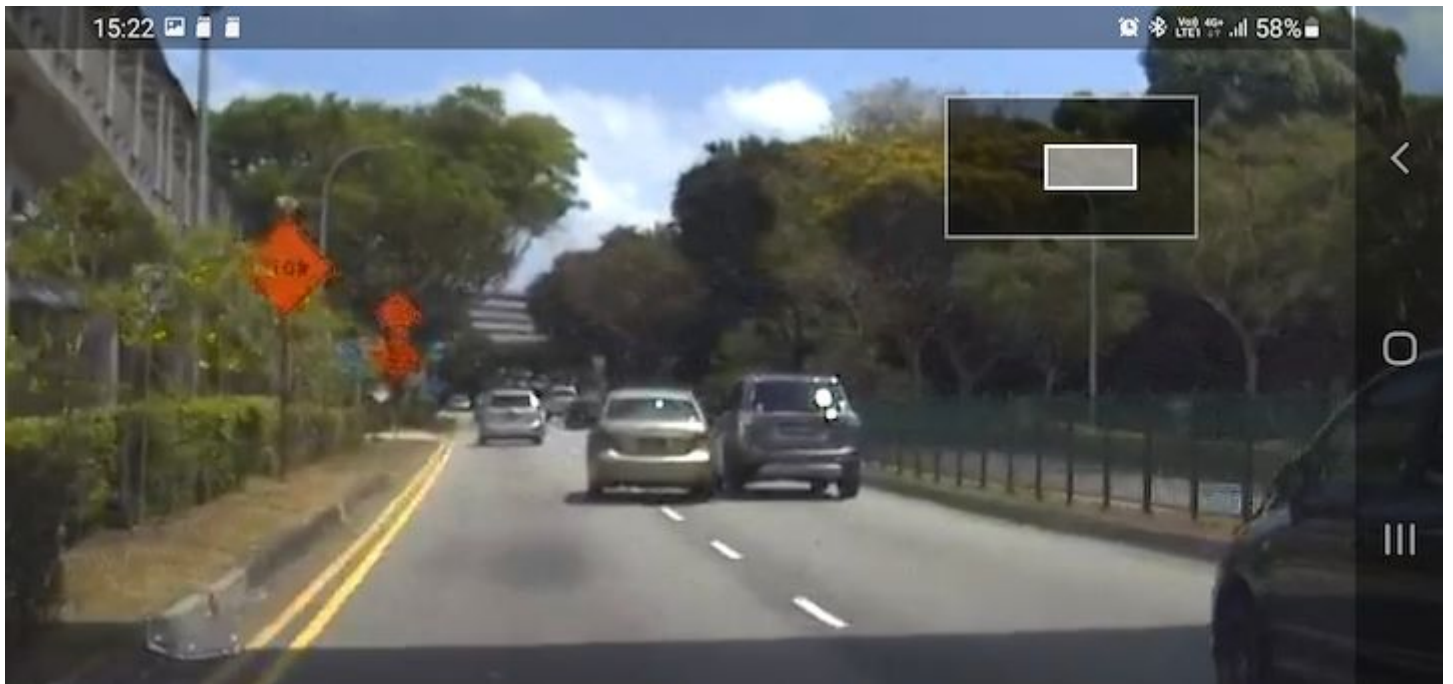
Declaration

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

Witnessed by Reporting Centre
Personnel



























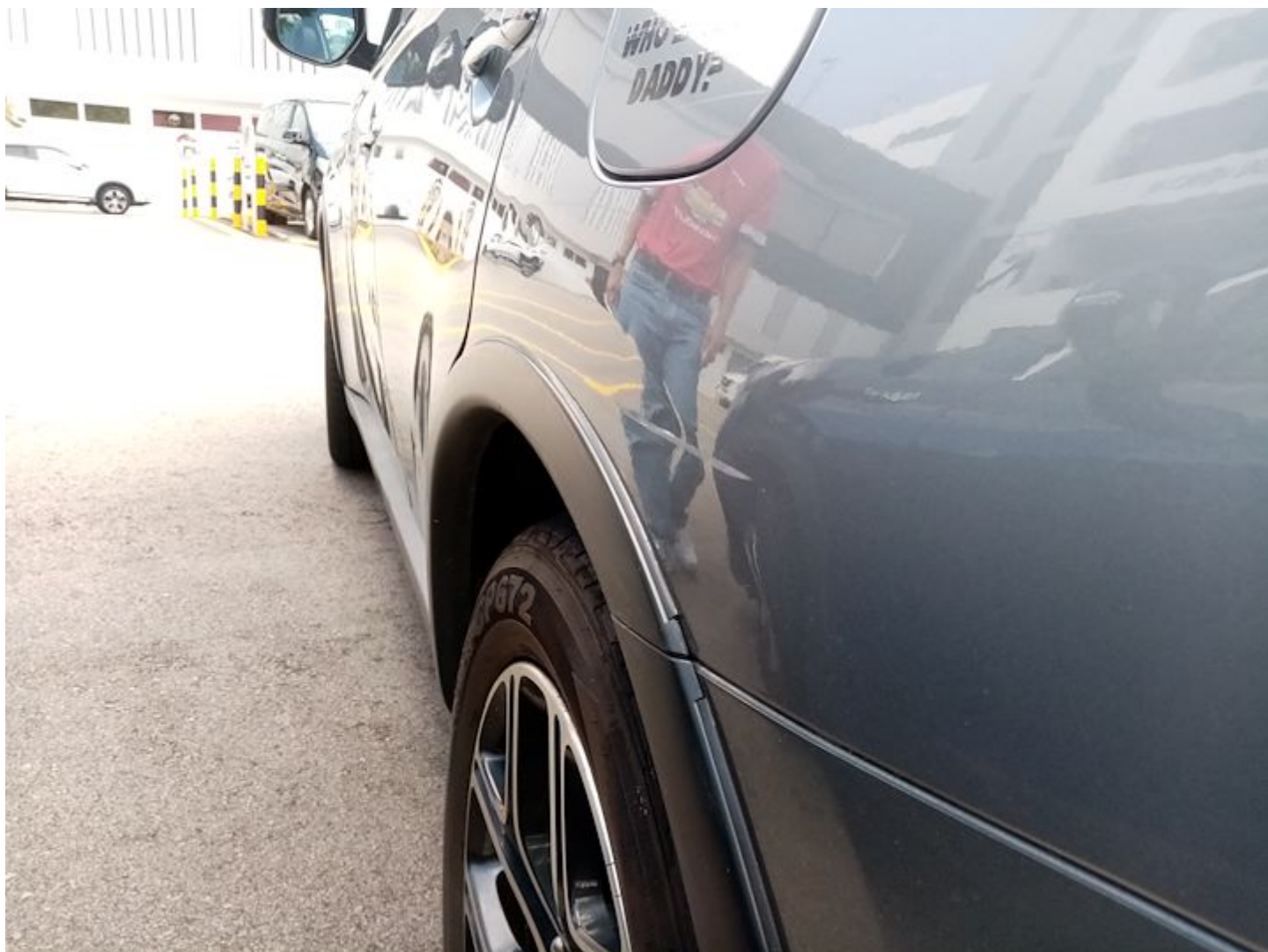




















**SINGAPORE
POLICE FORCE**



G/20210306/7072

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POLICE REPORT (NP299)

Report No. G/20210306/7072

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 06/03/2021 23:39	Vide Report No.	Station Diary No.
Name Of Informant GOH NAI LEI	Address 61 SOO CHOW GARDEN ROAD SINGAPORE 575512	
ID Type / ID No. NRIC NO / S7135184Z	Contact No. Home/Office: Mobile: 97554459	
Nationality SINGAPORE CITIZEN	Email Address gohnailei@gmail.com	
Occupation Management executive	Sex Female	Age 49
Institution/School Name	Date of Birth 12/10/1971	Race Chinese
Date/Time Of Incident 06/03/2021 14:20 - 06/03/2021 14:25	Location Of Incident BEDOK NORTH FLYOVER	

Brief details.

On 6 March 2021 at around 2.20pm, I was driving at the extreme right lane along Bedok North Flyover (before PIE) when the car on my immediate left lane suddenly side-swiped into my car, hitting the left body of my car, damaging both passenger doors on the left and also the area above the left rear wheel. Thankfully there were no other passengers with me.

When the car hit me, I was in momentary shock. I was afraid to stop the car and risk being hit by cars behind me, hence continuing to drive ahead. I tried to find a suitable place to stop. However, the road ahead were all near the PIE entry and exit points, and I could only stop at the bus stop further ahead,

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2021 23:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210306/7072

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210306/7072

after the PIE exit.

I had expected the car that hit me to follow me so that we could settle the incident. However, he did not follow me.

A kind third-party witness who saw what happened drove and met me at the bus stop. The witness, along with his wife and sons in his car, had witnessed the whole incident and through their kind assistance, made available the video footage captured in their car camera.

The footage shows I was consistently driving within my lane. The other car can be seen swaying left and then right, knocking into my car unexpectedly. It slowed down/stopped and put on its hazard light for a while, but instead of following me, exited out into PIE.

Through the witness' help, the car plate and car model details were identified as Toyota Viose SJT9815H.

If needed, verification of the above account can be made with the witness, Johan bin Amir (Sxxxx955A).

I have the following supporting evidence:

1. A video footage of the incident (from the third-party witness car camera) - due to the restriction in size, I am unable to attach but this can be made available
2. An extracted snapshot picture of the car hitting mine in my lane
3. A close up picture of the car showing its car plate number

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2021 23:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210306/7072

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210306/7072

Subjects Involved			
Victim			
Person Name	GOH NAI LEI		
ID Type	NRIC NO	ID No	S7135184Z
Gender	Female	Age	49
Race	Chinese	Language	English
Occupation	Management executive	Address	61 SOO CHOW GARDEN ROAD SINGAPORE 575512
Mobile No	97554459	Is Informant A Victim?	Yes
Person Name	GOH NAI LEI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2021 23:39
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SC1A21380008-01 Vehicle Registration No: SKS 9087K
Name (as shown in NRIC) : Lum Tse Meng Benny NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9619 4049
Email Address : to
Date of Accident : 6/3/21 Time of Accident : 1425 hrs
Place of Accident : Bedok North Flyover
Insurance Company : AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

changing from : 3rd Party claim
↓
OP claim revert

Policyholder / Driver's Signature
Date:


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