

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	30/04/2021 10:47 (SGT)
Date of Accident	29/04/2021 10:10 (SGT)
Exact Location of Accident	Ipoh Ln & Haig Rd, Singapore
Additional Location Information	CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1869B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ms Wen Fengduo
NRIC No	S8779465B
Email Address	LAIX6999@GMAIL.COM
Mobile Phone No	(Phone) +65-98524968
Alternative Phone No	+65-98524968

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
Transmission	Auto
CC	1499

INSURANCE COMPANY

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

DRIVER

Name of Driver	DAI JIA DI
NRIC No	S8187865Z

Date Of Birth	09/10/1981
Occupation	Indoor
Date Of Driving Pass	05/02/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98524968
Alt. Phone Number	-
Email Address	LAIX6999@GMAIL.COM
Address	157 Yung Loh Road
Address complement	-
Postcode	-
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	Collided into Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MA XUE
Gender	Female

PASSENGER 2

Name	MR MA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CAR WITH POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

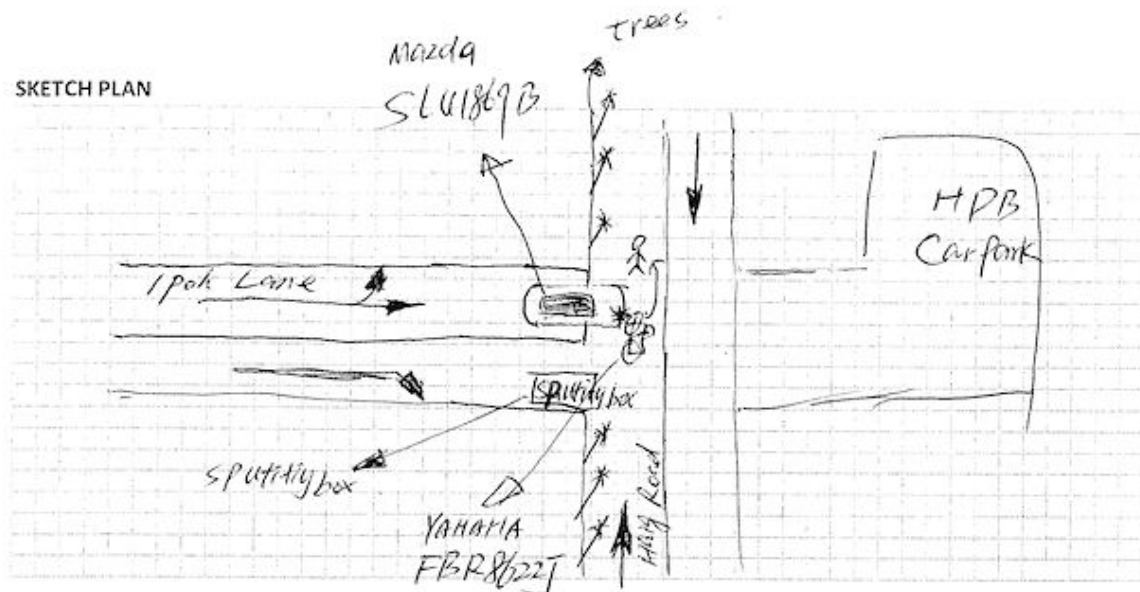
Vehicle Registration Number	FBR8622J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTOR BIKE RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29/04/2021 around 10:10am, I was driving my car SLU1869B along 1pkh Lane towards Haily Road, with no traffic light in the junction. I stopped at the stop line and checked my right side, and left side to see if the traffic was clear before proceeding on straight. While I ~~was proceeding forward~~ started to proceed forward, I suddenly saw a motorcycle appear from my right. I was not able to stop in time and the motorcycle hit on to the front right side of my car.

The speed of the motorcycle was very fast so that the rider ~~was~~ fall forward and lay down on the road, my left side. I then came down immediately and go to the rider and try to help him. I tried to ask for his driving licence and contact number for a record and report, ~~but~~ but he rejected. Hence, I only got his vehicle no. FBR8622J, and have no more other details of him.

The rider said his left arm was pain. We called the ambulance and traffic police.

The rider was conveyed to the hospital.

~~The~~ I wish to state that I have in-car camera and handed over the memory card to traffic police.

In addition, ^{some} trees and sp utility box on the right side a little block the sight.

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: 30/04/2021

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

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, 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: 30/04/2021

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

































**SINGAPORE
POLICE FORCE**



T/20210429/2049

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20210429/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2021 12:56		Vide Report No.: G/20210429/0065		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: DAI JIADI			Address: 65 SHELFORD ROAD #01-06 SINGAPORE 288455		
ID Type / ID No.: NRIC NO / S8187865Z			Contact No.: Home/Office: Mobile: ² 94956189		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 09/10/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/04/2021 10:15	Type of Location: X-Junction
Location: HAIG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBR8622J	Motorcycle	YAMAHA	TRICITY 155 ABS	Grey		0
SLU1869B	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Red		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210429/2049

2 o

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210429/20

CONTINUATION OF REPORT

Driver			
Name	DAI JIADI		ID No. S8187865Z
Related Vehicle	SLU1869B (Car)		Contact No. 94956189
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 29/04/2021 at around 1010hrs, I was driving my car SLU1869B along Ipoh Lane. I was at the cross junction of Ipoh Lane and Haig Road.
I stopped at the stop line and checked to see if the traffic was clear before proceeding on straight. While I was proceeding forward, I saw a motorcycle suddenly appear from my right. I was not able to stop in time and the motorcycle hit on to the right side of my car.
I then spoke to the rider whom was an elderly male Chinese. He was angry with me but no dispute took place. Ambulance and traffic police came and the rider was conveyed to the hospital.
I wish to state that I have in-car camera and I have handed over the memory card to Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20210429/2049

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210429/2049

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 /

Sgt 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/04/2021 12:56

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEEN

Contact No.: 65476206

Classification Of Case:

SN 49

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE