

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 19/05/2021 10:55 (SGT)
Date of Accident 18/05/2021 14:55 (SGT)
Exact Location of Accident Near off 357684, Upper Serangoon Rd, Singapore
Additional Location Information NEX SHOPPING CENTRE, SERANGOON LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCU9818C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HOON PEI WEN, VALERIE
NRIC No S8602418G
Email Address valeriehoon@gmail.com
Mobile Phone No (Phone) +65-92987113
Alternative Phone No +65-92987113

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
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
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700058845-03
Cover Note Number -

DRIVER

Name of Driver HOON WEE LEE
NRIC No S0233129B

Date Of Birth	31/10/1947
Occupation	Indoor
Date Of Driving Pass	14/12/1966
Driving experience	54 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98152112
Alt. Phone Number	-
Email Address	valeriehoon@gmail.com
Address	144 UPPER BUKIT TIMAH ROAD #19-04
Address complement	-
Postcode	588177
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SKG9205A
Insurance Company of Other Vehicle Owned by Driver	AXA Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - U-Turn
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WANG WEE WAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED DOCUMENTS AND VIDEO FOOTAGE

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	FBE4149D
Vehicle Manufacturer	Yamaha
Vehicle Model	Fino
Vehicle Variant	-

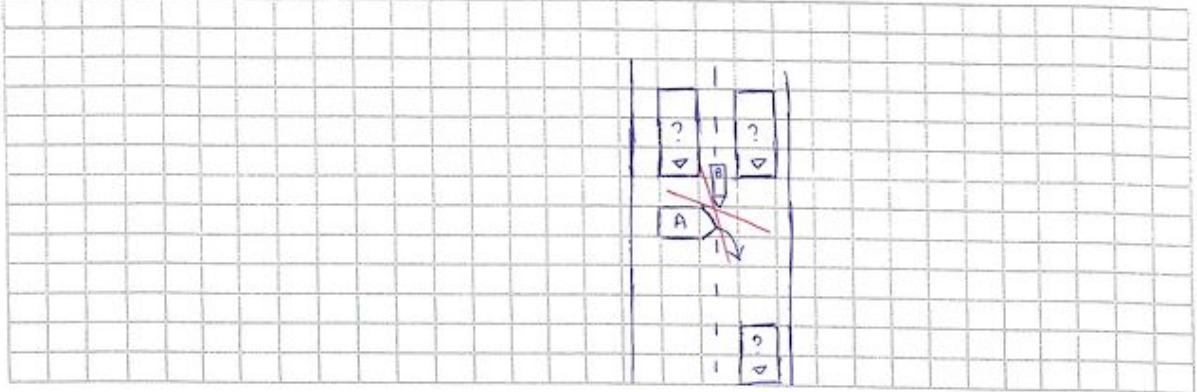
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	50
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	FBE4149D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report (Report : T/20210518/2081)

* VIDEO FOOTAGE WITH TRAFFIC POLICE (TO ATTACH ONCE RETURNED)

* VEH A : SCU 9818 C → SUBARU FORESTER (CAR)

* VEH B : FBE 4149 D → YAMAHA FINO (BIKE)

DECLARATION

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


Policyholder's Signature


Driver's Signature


Reporting Centre Personnel's Signature

SKETCH PLANIMPORTANT NOTICE

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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: DANIEL
 NRIC/PIN NO.: SXXXX518D









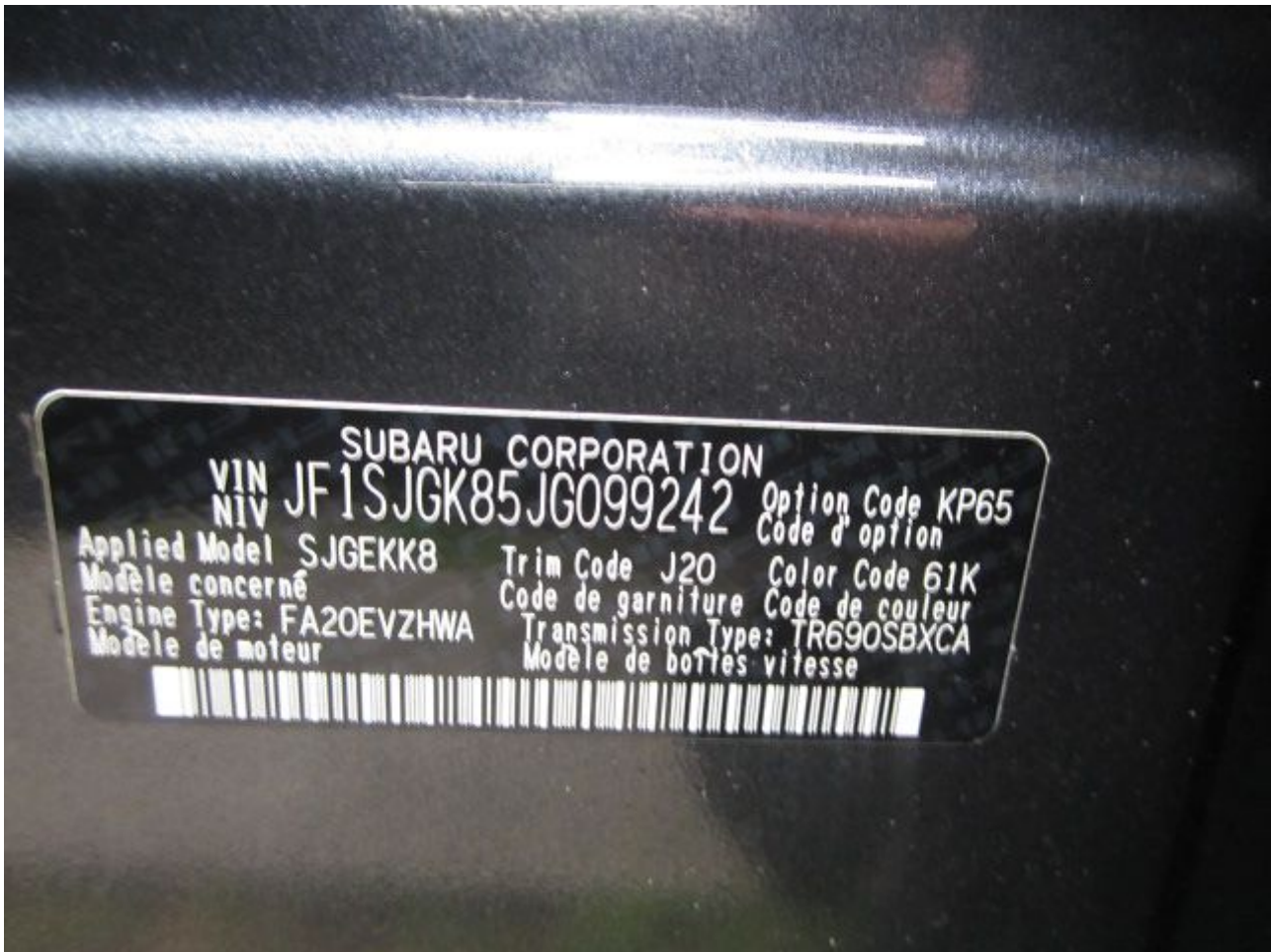
























































**SINGAPORE
POLICE FORCE**



T/20210518/2081

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20210518/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2021 17:16		Vide Report No.: F/20210518/0113		Station Diary No.: 50
Informant's Particulars				
Name of Informant: HOON WEE LEE		Address: 144 UPPER BUKIT TIMAH ROAD #19-04 SINGAPORE 588177		
ID Type / ID No.: NRIC NO / S0233129B		Contact No.: Home/Office: Mobile: 98152112		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 73	Date of Birth: 31/10/1947	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: BUSINESSMAN		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: 18/05/2021 14:55	Type of Location:
Location: SERANGOON LINK				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4149D	Motorcycle				Slightly Damaged	0
SCU9818C	Car				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20210518/2081

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20210518/2081

CONTINUATION OF REPORT

Brief Details.

On 18/05/2021 at about 1455hrs, I was driving my vehicle bearing registration number SCU9181C along Serangoon Link (NEX Mall Loading/Unloading Bay). The road leads to a dead end and I had to make a U-turn to get on to the main road. At that time, the road was congested with lorries that were stationary as they were loading and unloading. I made checks on my surrounding before proceeding to make a U-turn out. I had reversed slightly and maneuvered the U-turn slowly in front of a stationary lorry. Out of the sudden, one motorbike bearing registration number FBE4149D had collided onto the left front bumper of my vehicle. Due to the impact, the said motorbike rider fell off from her motorbike. I immediately came out of my vehicle to render assistance. The said motorbike rider was conveyed to the hospital and the Traffic Police at scene had seized my in-car-camera memory card, I also have the footage retrieved by a van that had captured the whole incident. That is all.



**SINGAPORE
POLICE FORCE**



T/20210518/2081

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20210518/2081

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 3 MOHAMMED FARIZ BIN ABDUL AZIZ



**SINGAPORE
POLICE FORCE**

SN 156

Signature Of Interpreter:

Not applicable

SIGNATURE

Signature Of Informant:

Date/Time:

18/05/2021 17:16

Classification Of Case:

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No.: 65476960

Authentication Stamp

NP168