

# 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 ..... 01/06/2021 09:19 (SGT)  
Date of Accident ..... 30/05/2021 01:20 (SGT)  
Exact Location of Accident ..... 97 Commonwealth Cres, Block 97, Singapore 140097  
Additional Location Information ..... 97 COMMONWEALTH CRESCENT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW6699T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CELESTINE YUAN KUM WAN  
NRIC No ..... SXXXX526B  
Email Address ..... CELESTINEYUAN@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-96300110  
Alternative Phone No ..... +65-85339982

### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... DS7 CROSSBACK  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900260325  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BESTIAN LONG TIANJIE  
NRIC No ..... TXXXX263F

Date Of Birth .....	04/03/2000
Occupation .....	Indoor
Date Of Driving Pass .....	29/07/2019
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85339982
Alt. Phone Number .....	-
Email Address .....	Longbestian@gmail.com
Address .....	7 ONE-NORTH GATEWAY #05-35
Address complement .....	-
Postcode .....	138642
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
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
Reasons for not uploading a video of the accident .....	FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*Ben 31/5/21 4.10 pm*  
\_\_\_\_\_  
Driver's Signature (# driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

On 30/05/2021 at about 0120 hrs, I was driving my mother's car along Queensway towards Ferrer Road near to lamp post 24 in front block 97 Commonwealth Crescent as I am on the way to my friend's house located at Newton area.

At the point of time, I was travelling along lane 1 of Queensway and subsequently collided with right side curb and lost control of my car and mounted on the centre of road divider and my car flipped. Thereafter, I came out of my car and shortly the Police and ambulance came.

The Police officer then interviewed me and seized my in-build video camera memory for investigation purpose. Paramedic also made a check on me and I like to state that I did not suffer any injury. The Police then advised me to lodge a Police accident report at any Police station.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*Ben* 31/5/21 4:10 pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel





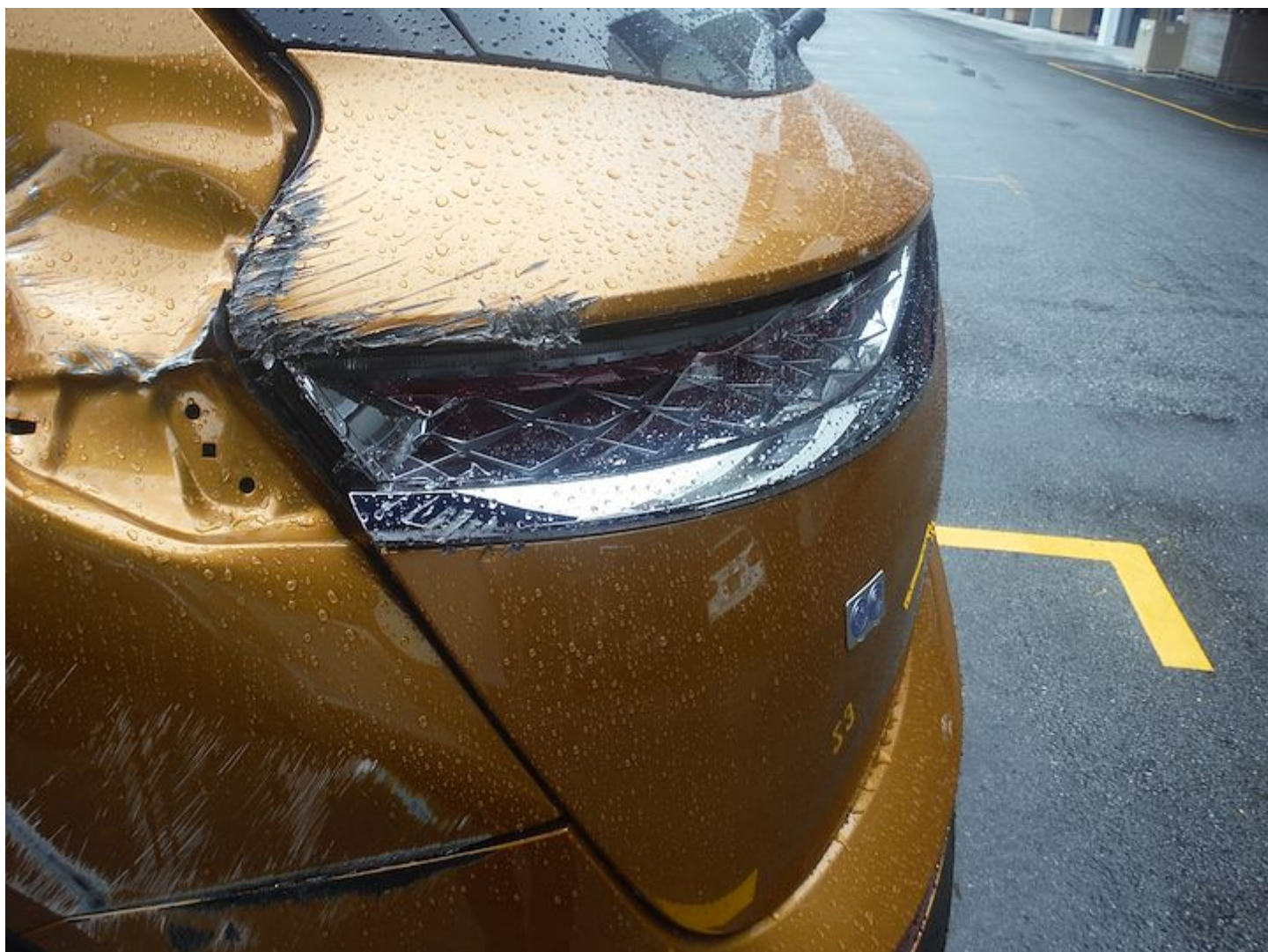












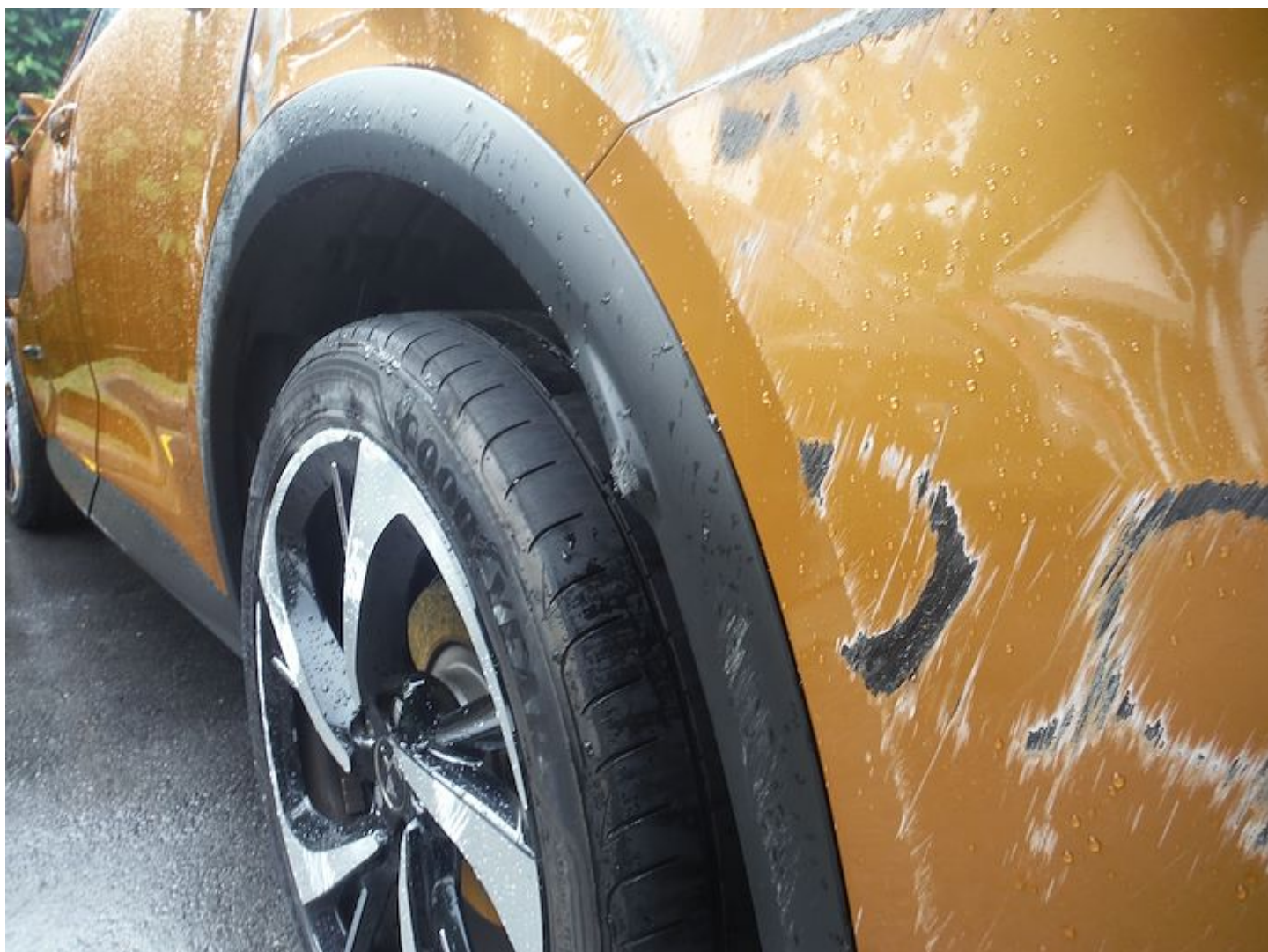


















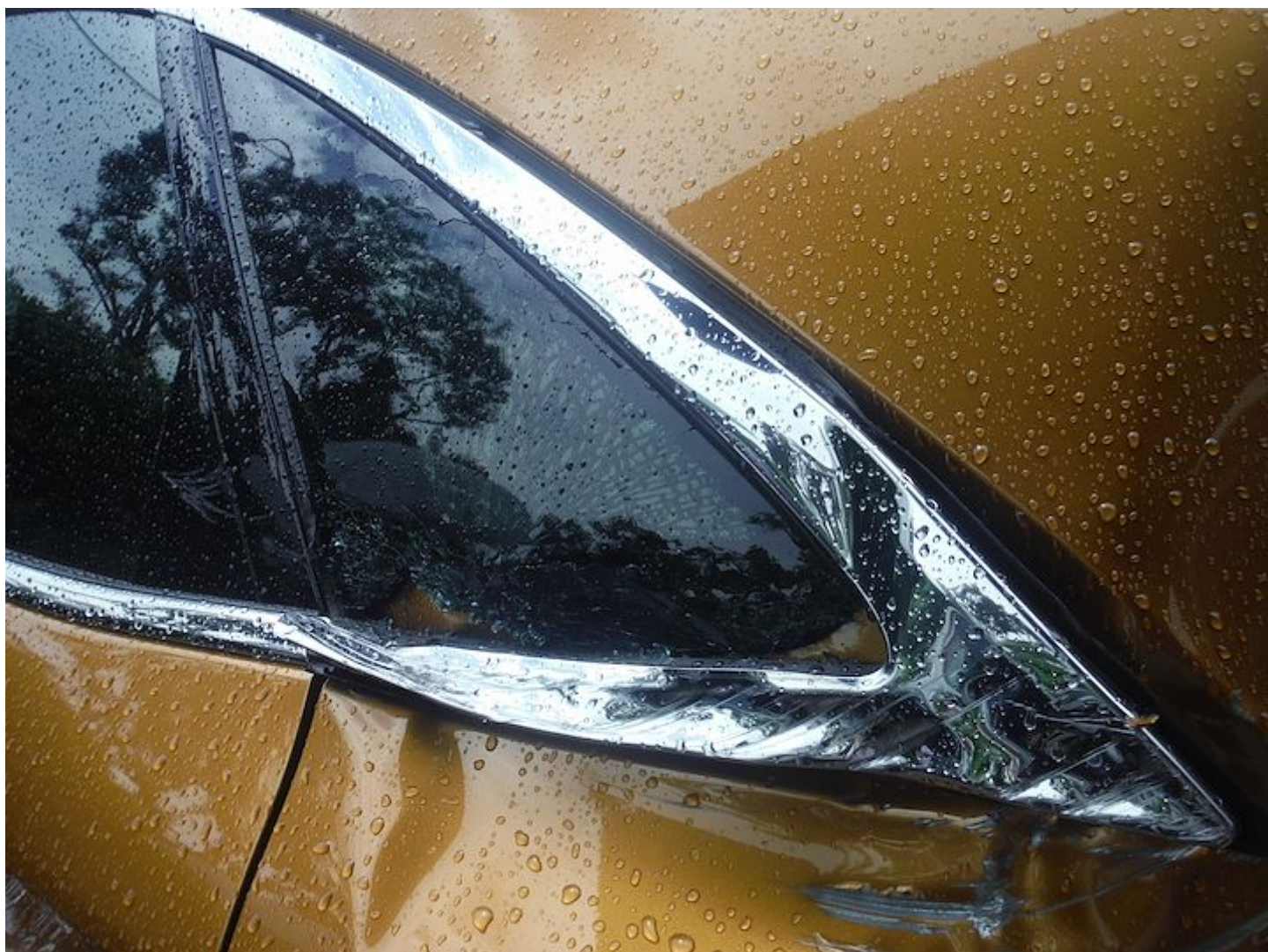
















































































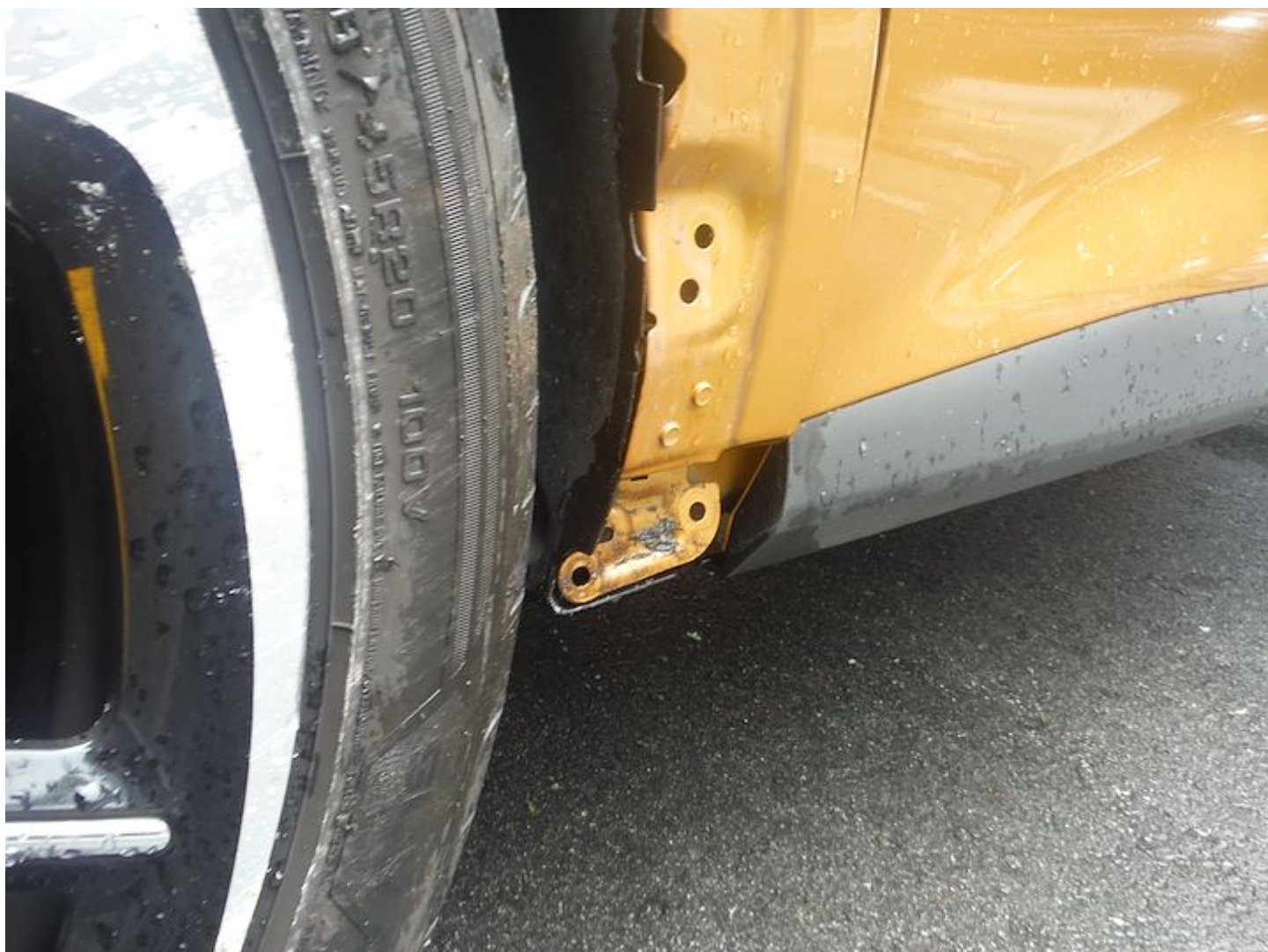
















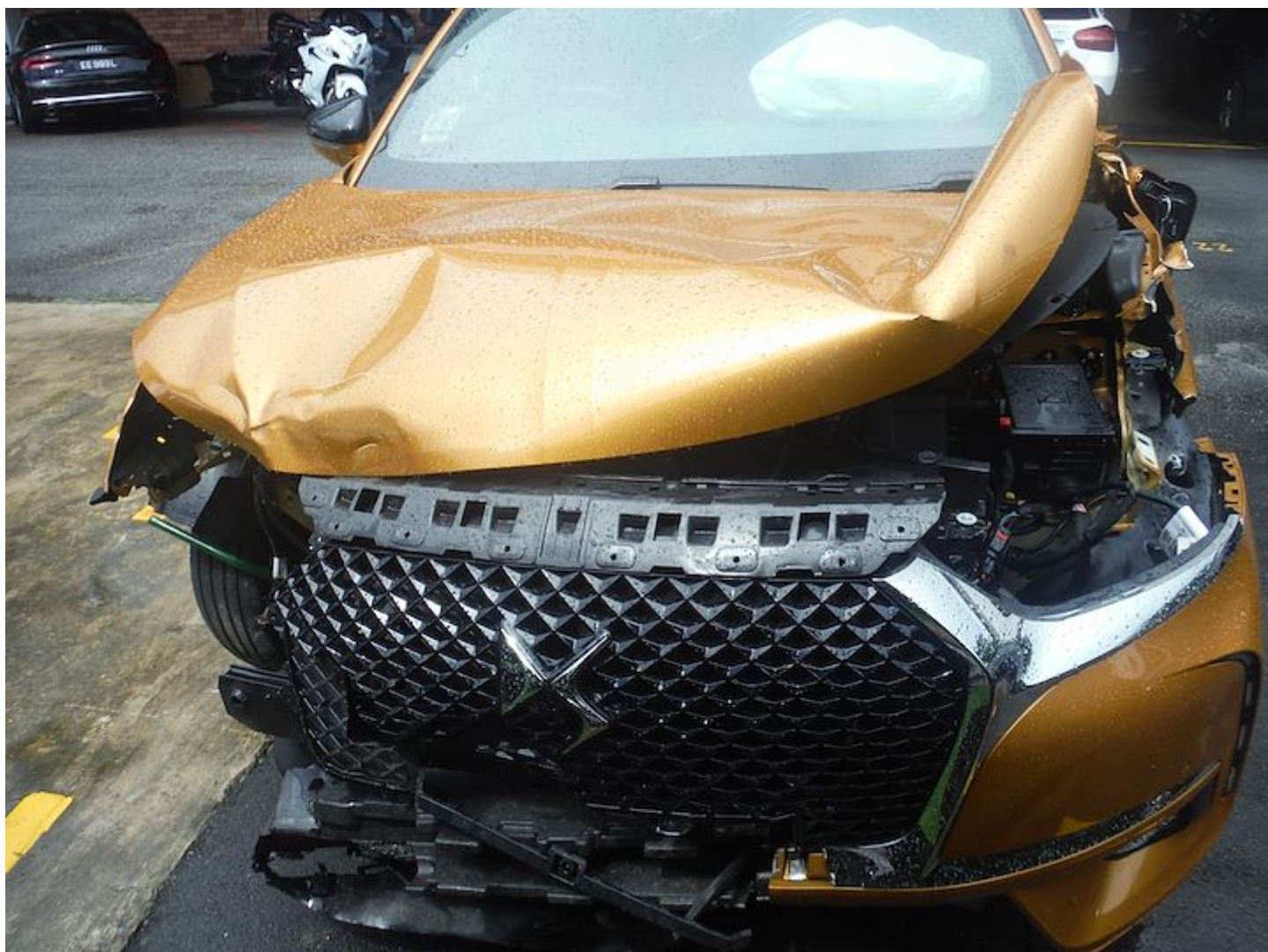








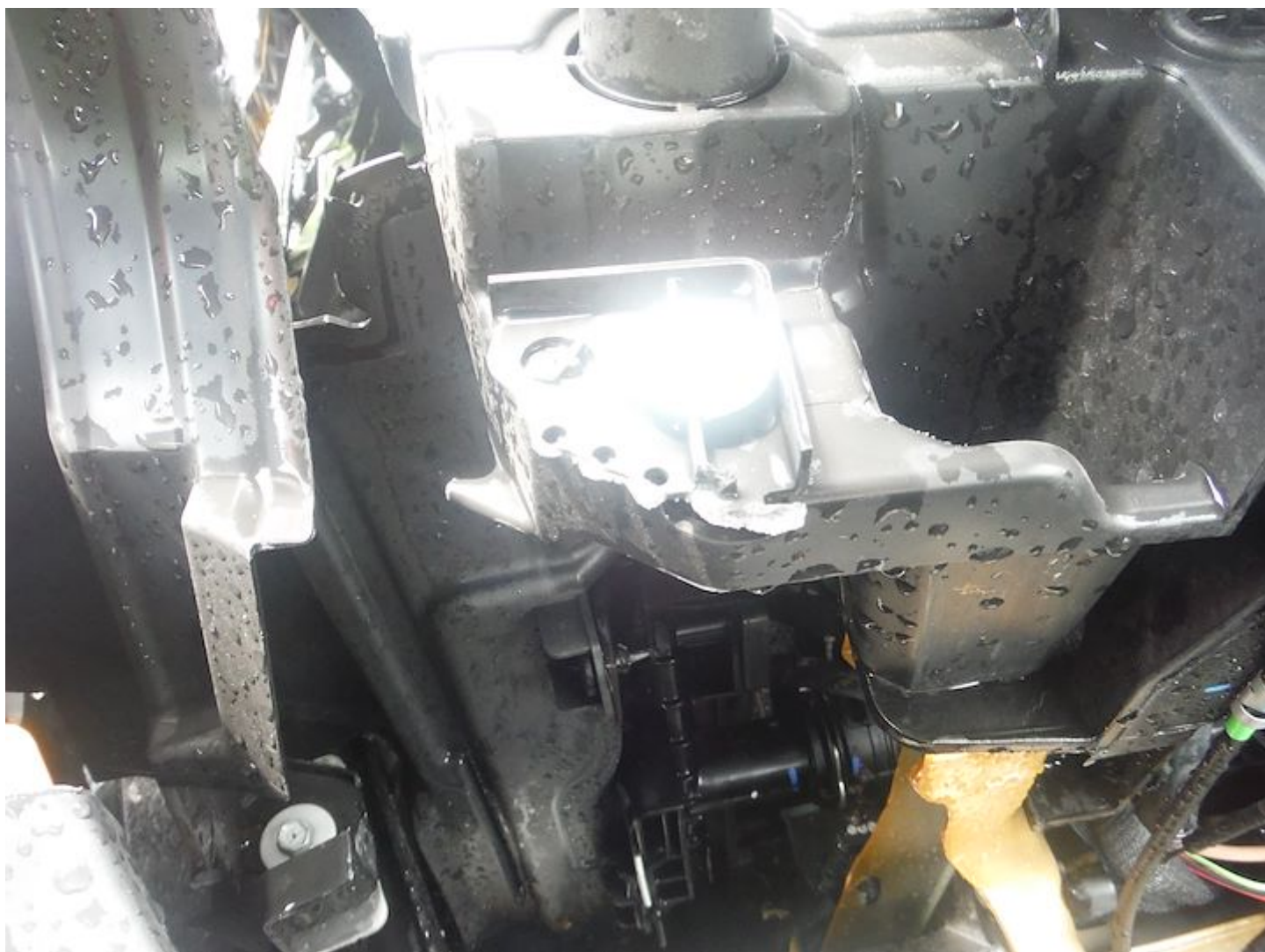




































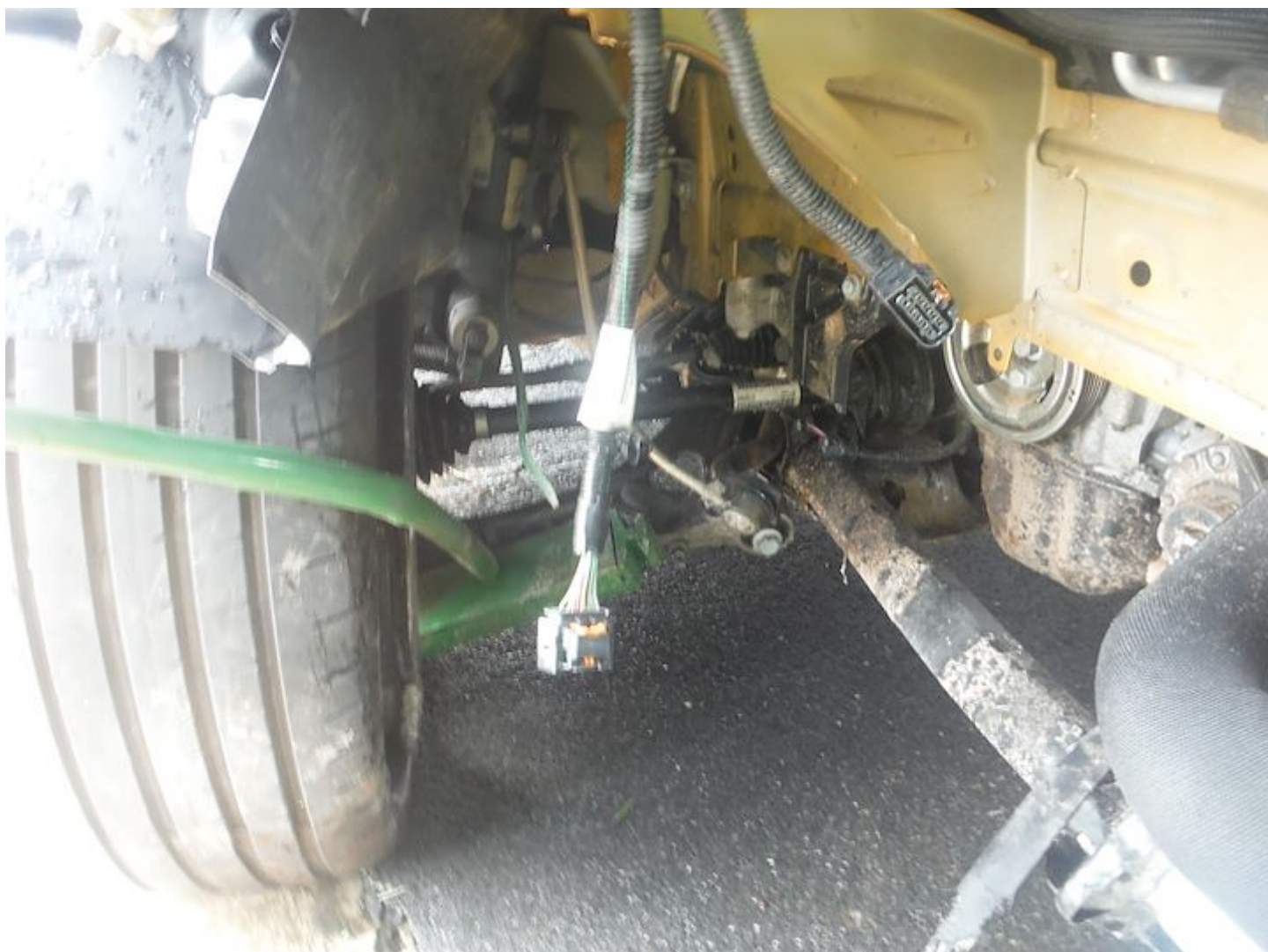






















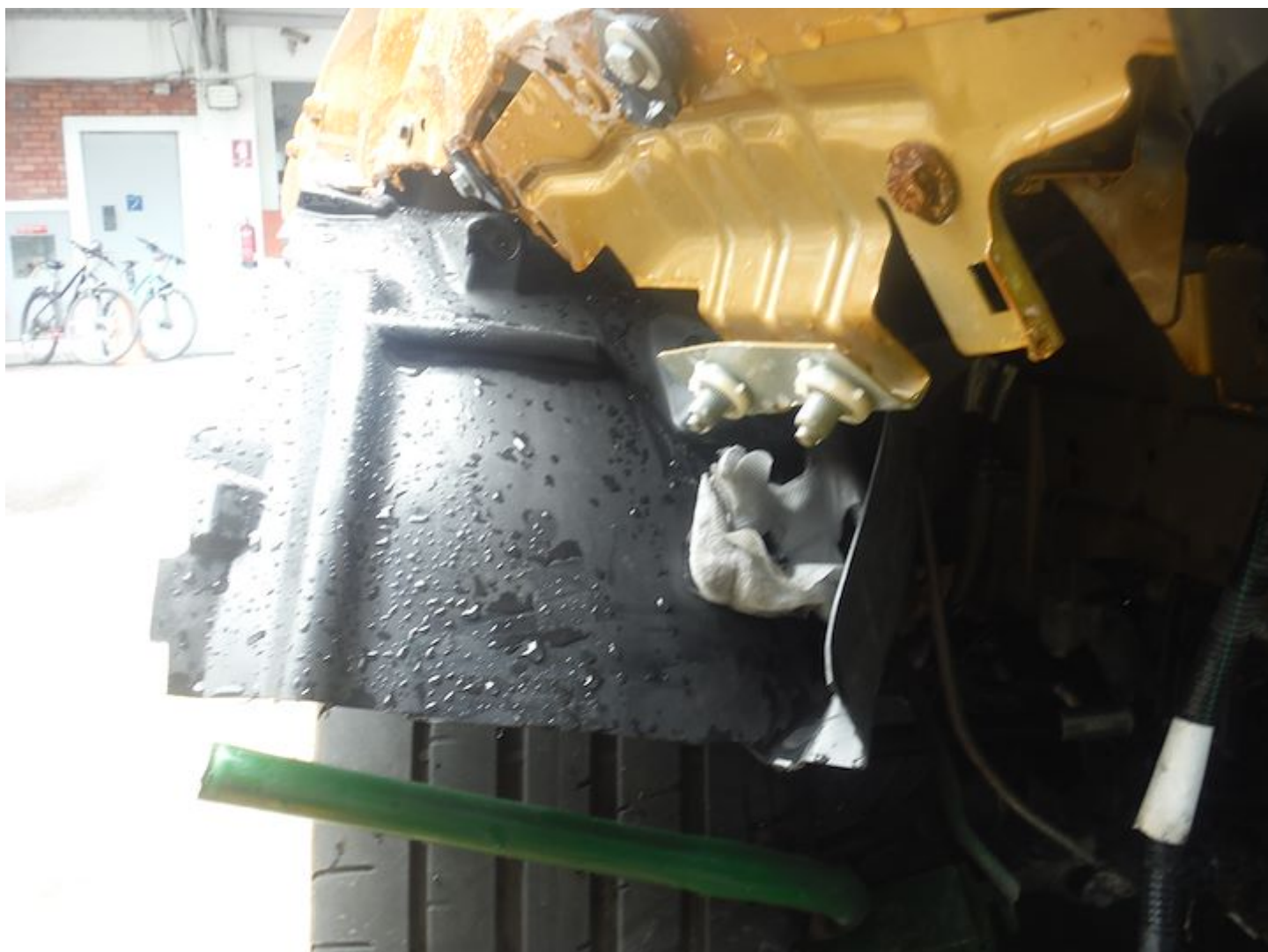


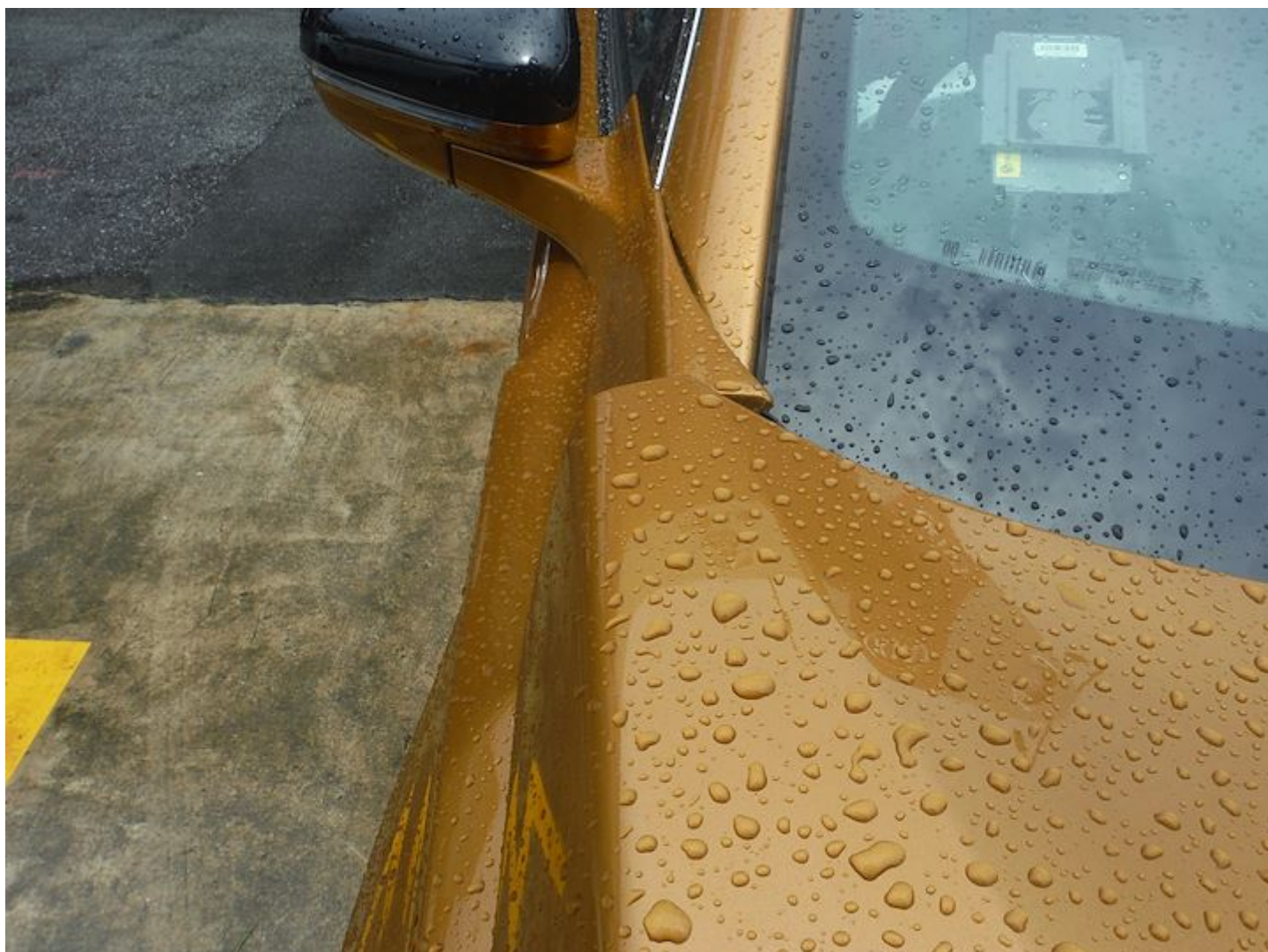






























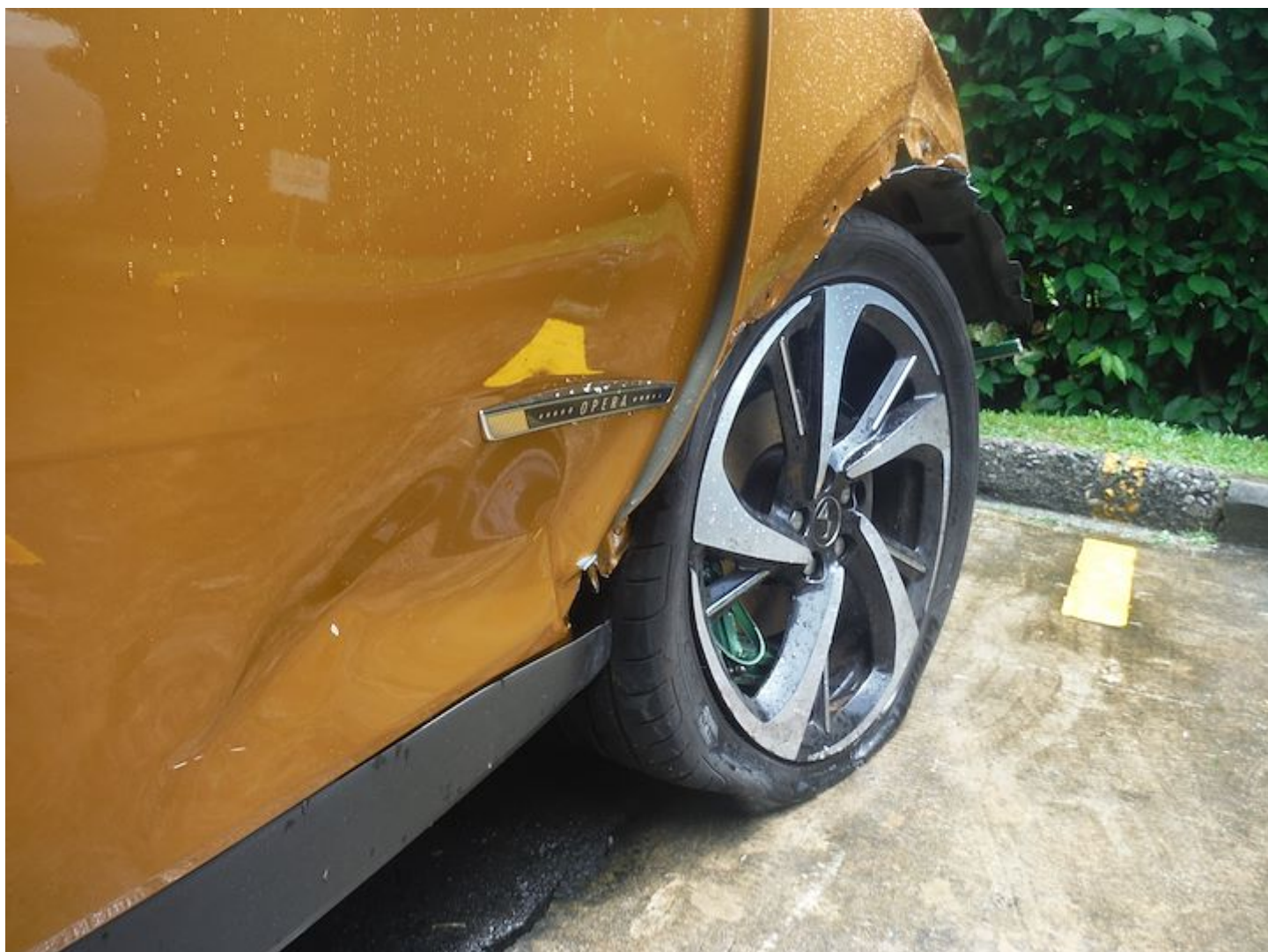
































































**SINGAPORE  
POLICE FORCE**

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



T/20210530/2005

1 of 3

Report No. T/20210530/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
30/05/2021 03:28

Vide Report No.:  
D/20210530/0016

Station Diary No.:  
17

**Informant's Particulars**

Name of Informant: BESTIAN LONG TIANJIE		Address: 7 ONE-NORTH GATEWAY #05-35 SINGAPORE 138642	
ID Type / ID No.: NRIC NO / T0007263F		Contact No.: Home/Office: Mobile: 85339982	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 04/03/2000	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Odd job person		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2021 01:20	Type of Location: Straight Road
Location: QUEENSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW6699T	Car				Totally Damaged	0

**Details of Person Involved**

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



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



T/20210530/2005

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Report No. T/20210530/2005

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	BESTIAN LONG TIANJIE		ID No.	T0007263F
Related Vehicle	SKW6699T (Car)		Contact No.	85339982
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.**

On 30/05/2021 at about 0120hrs, I was driving my mother's car along Queensway towards Farrer Road near to lamp post 24 in front block 97 Commonwealth Crescent as I am on the way to my friend's house located at Newton area.

At the point of time, I was travelling along lane 1 of Queensway and subsequently collided onto right side curb and lost control of my car and mounted on the centre road divider and my car flipped. Thereafter, I came out from my car and shortly the Police and ambulance came.

The Police officer then interviewed me and seized my in-built video camera memory for investigation purpose. Paramedic also made a check on me and I like to state that I did not suffer any injury. The Police then advised me to lodge a Police accident report at any Police station.





**SINGAPORE  
POLICE FORCE**

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



T/20210530/2005

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Report No. T/20210530/2005

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 3 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/05/2021 03:28

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476438

Classification Of Case:

Authentication Stamp  
NP168

SN 37

SIGNATURE



# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: \* D/20210530/016

\* IO Ken Lee

\* 6547 6423

↳ lodge Traffic  
accident Police  
report immediately

I, Sgt Shahan

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1x 32 GB micro SD Card

2

3

4

5

6

7

8

9

10

from Long Foo Pieng, S69021681 (Father)

(Name, NRIC or Passport No. / Rank and No.)

of 1 One-North Gateway #05-35, HP: 93386969

(Address / Police Station / NPC / NPP)

on 30.5.21

(Date)

at

0240

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

Received by:

Bf...

(Signature)

S69021681

(Name, NRIC or Passport No. / Rank and No.)

Sgt Shahan

Signature

Sgt Shahan

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: