

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 14/07/2021 10:41 (SGT)
Date of Accident 12/07/2021 22:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE (TUAS) SLIP ROAD INTO BKE (WOODLANDS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT9094Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DU PENG
NRIC No SXXXX017C
Email Address dp.sports.dp@gmail.com
Mobile Phone No (Phone) +65-82680279
Alternative Phone No +65-90690685

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700074608-02
Cover Note Number -

DRIVER

Name of Driver DU PENG
NRIC No SXXXX017C

Date Of Birth	06/11/1983
Occupation	Indoor
Date Of Driving Pass	20/09/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82680279
Alt. Phone Number	+65-90690685
Email Address	dp.sports.dp@gmail.com
Address	BLK. 348 WOODLANDS AVENUE 3
Address complement	#11-71 SINGAPORE
Postcode	730348
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	Collision - Change/cross lane
Weather Conditions	Raining
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	LI QIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT AND 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	VIDEO FOOTAGE HANDED TO TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA453S
-----------------------------------	---------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-87883131
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	LI QIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	37
Injuries Sustained	LOWER BACK PAIN
Injured person in which vehicle?	SLT9094Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**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. 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.

 4:10pm
13/07/2021
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Declaration

Policyholder's Signature / Date &
Time

Witnessed by Reporting Centre
Personnel



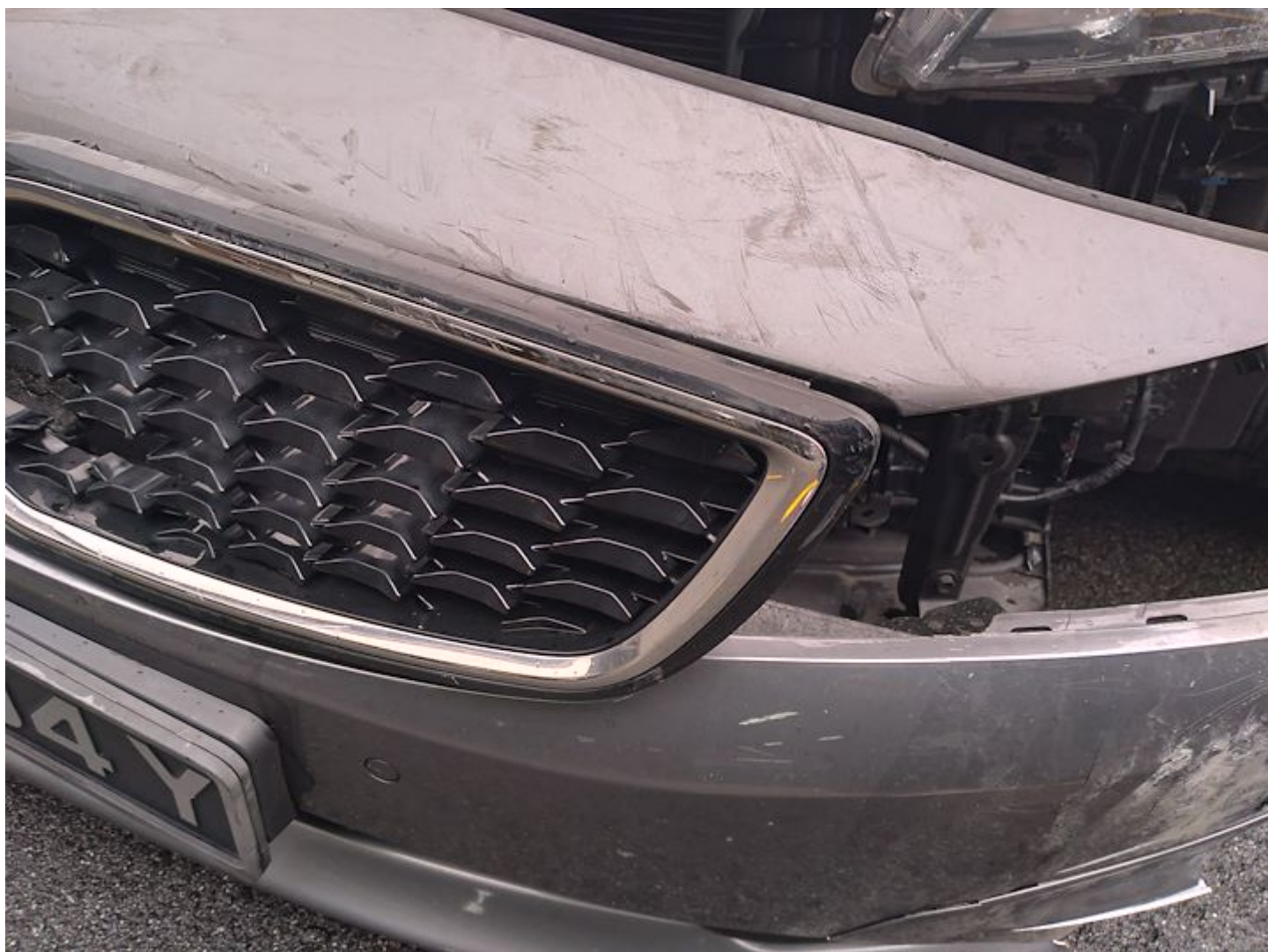










































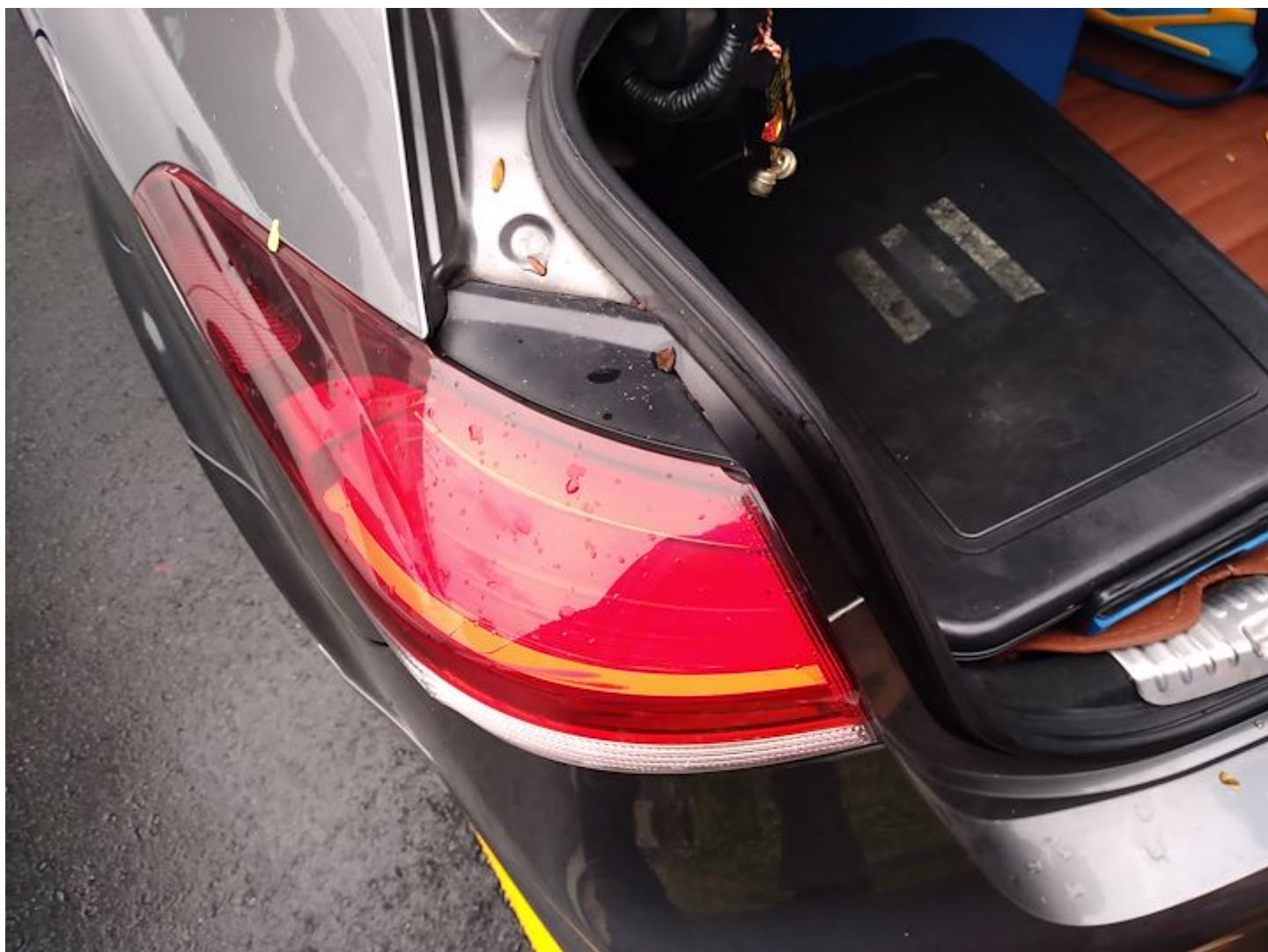




















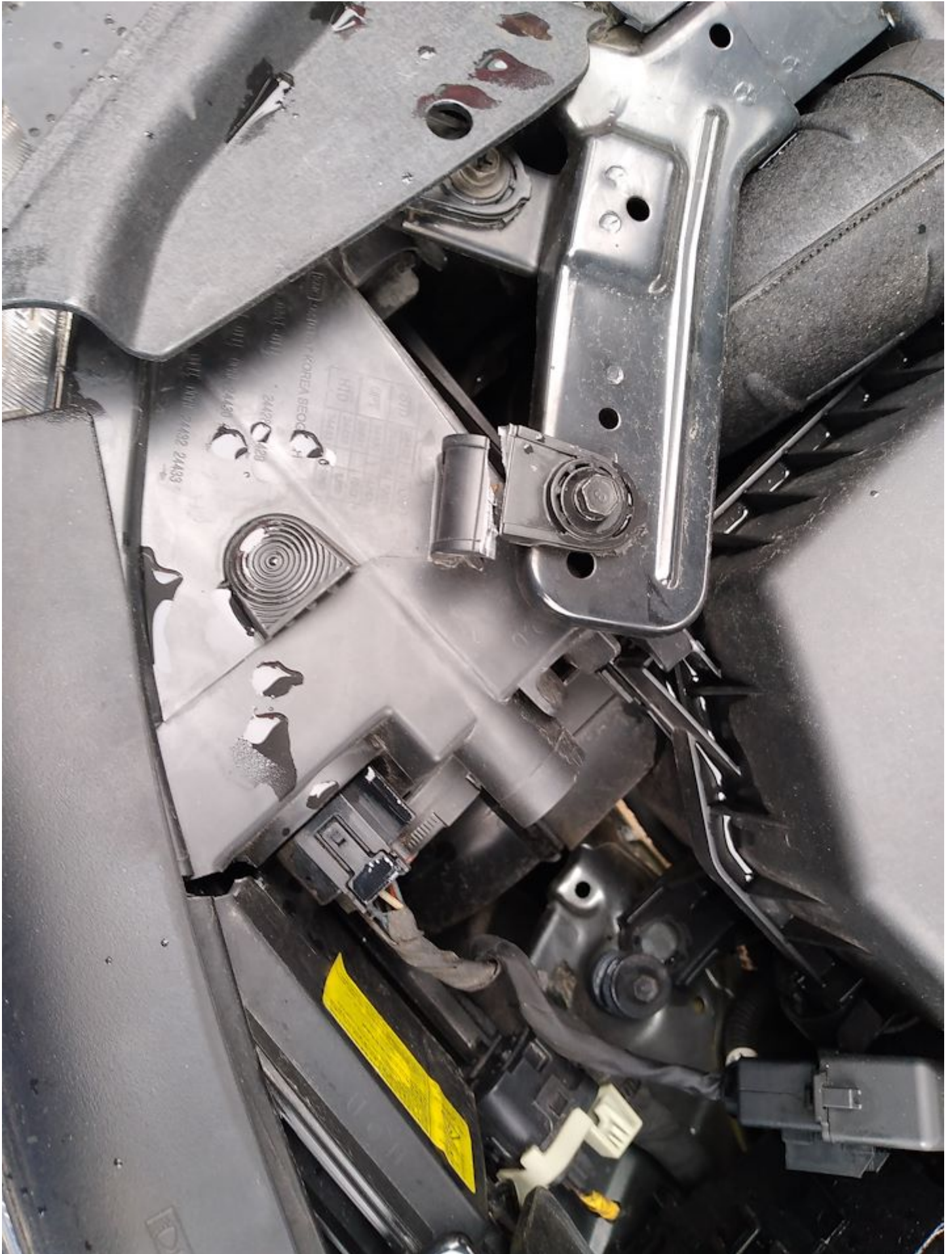


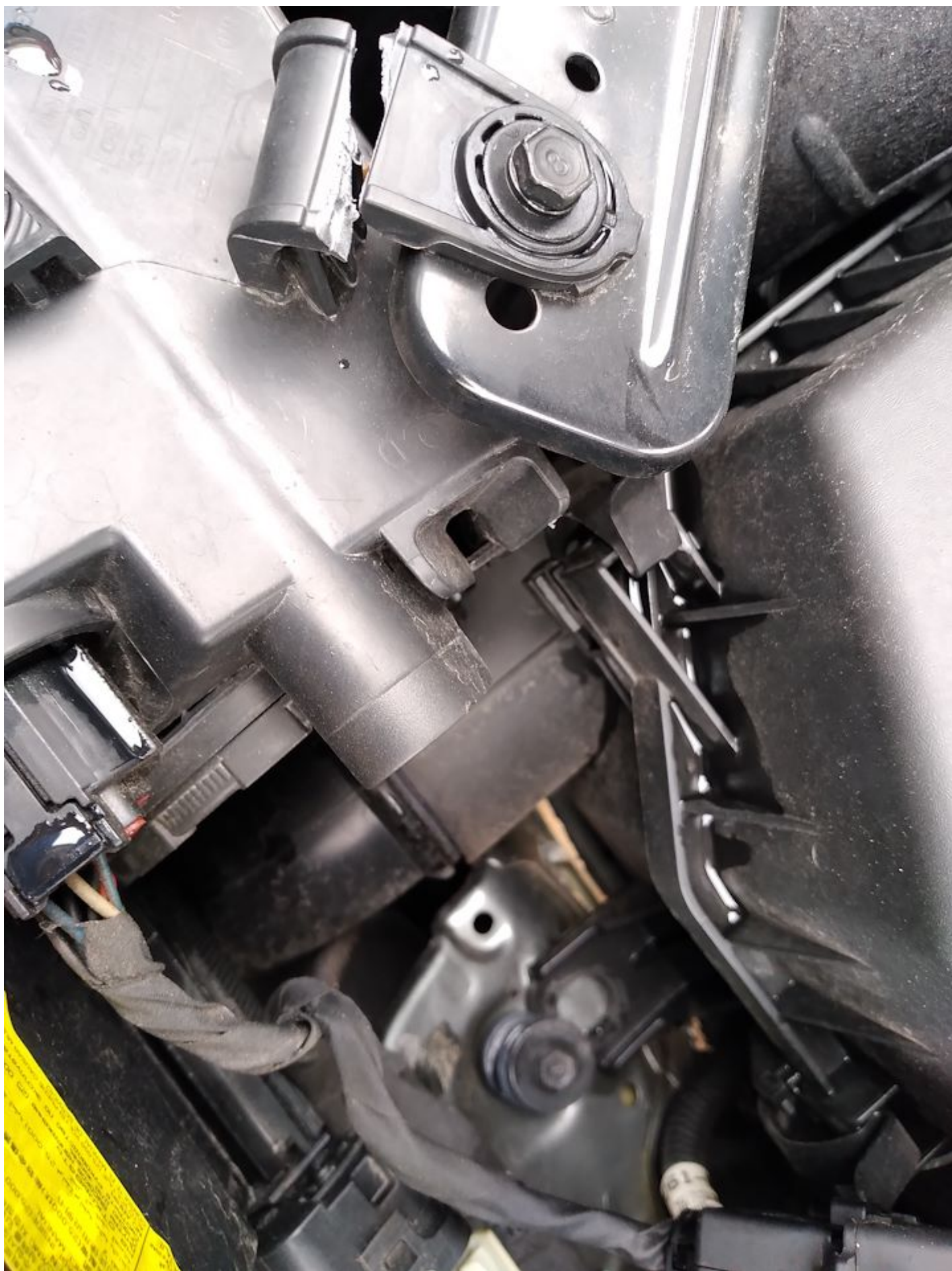


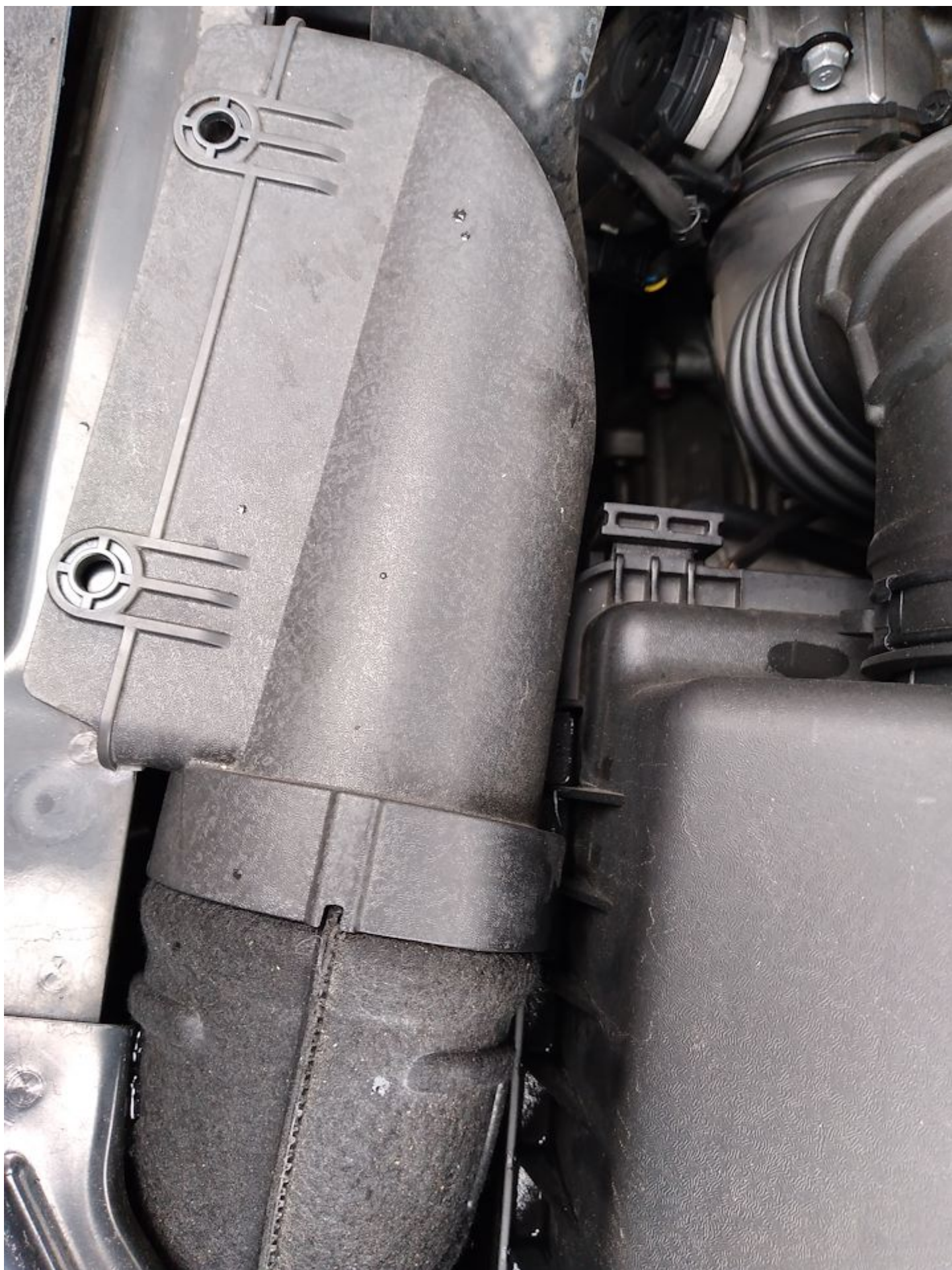
















**SINGAPORE
POLICE FORCE**



T/20210713/2073

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20210713/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 14:01		Vide Report No.: F/20210712/0191		Station Diary No.: 97	
Informant's Particulars					
Name of Informant: DU PENG			Address: APT BLK 348 WOODLANDS AVENUE 3 #11-71 SINGAPORE 730348		
ID Type / ID No.: NRIC NO / S8381017C			Contact No.: Home/Office: 82680279 Mobile:		
Nationality: CHINESE			Email:		
Sex: Male	Age: 37	Date of Birth: 06/11/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Badminton Coach			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/07/2021 22:30	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT9094Y	Car	KIA	CERATO K3 1.6A SUNROOF	Grey	Seriously Damaged	1
SMA453S	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20210713/2073

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20210713/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT9094Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700074608-02	16/11/2020	15/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DU PENG		ID No. S8381017C
Related Vehicle	SLT9094Y (Car)		Contact No. 82680279
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 12/07/2021 at about 2230hrs, I was travelling along the most left lane of the PIE(TUAS) SLIP ROAD INTO BKE (WOODLANDS) when we have made a bend and was approaching the straight road. I was looking forward when suddenly a vehicle (SMA453S) from my right side had zoomed past my vehicle and crashed into the divider on the left side. Due to the impact, his vehicle had moved back and onto my lane in which my front had collided into his right side driver door area. My vehicle had then stopped at the second lane after which I then got out of my vehicle and called for assistance. I saw the other driver stayed in the vehicle due to the pain and only had exited shortly after prior to police arrival. We had then wait for police and ambulance to arrive and had informed that of what had happened as well. I then saw that the other party was conveyed by ambulance and my vehicle was towed due to the damage as well. We had then waited for the second ambulance to come and my wife was conveyed as well due to her back pain as well. I had also handed over my in-car camera footage to Traffic Police at scene. I am unsure what had caused the accident as well.



**SINGAPORE
POLICE FORCE**



T/20210713/2073

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20210713/2073

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:

L /

Sgt 3 CHOONG JIA LE, DION

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/07/2021 14:01

Classification Of Case: