

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 10/08/2021 17:04 (SGT)
Date of Accident 07/08/2021 14:50 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF8934S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LI XIUYUE
NRIC No S6871868F
Email Address SHELLYLKB@GMAIL.COM
Mobile Phone No (Phone) +65-90086539
Alternative Phone No +65-90086539

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA421169/1
Cover Note Number -

DRIVER

Name of Driver LI XIUYUE
NRIC No S6871868F

| | |
|--|-----------------------|
| Date Of Birth | 26/07/1968 |
| Occupation | Outdoor |
| Date Of Driving Pass | 18/11/1999 |
| Driving experience | 21 YEARS AND 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-90086539 |
| Alt. Phone Number | +65-90086539 |
| Email Address | SHELLYLKB@GMAIL.COM |
| Address | BLK 118 #17-186 |
| Address complement | BEDOK NORTH ST 2 |
| Postcode | 460118 |
| 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 | 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? | No |
| Was any other vehicle 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHC8703C |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

| | |
|---|------------------|
| Name of Driver | JASNI BIN SALLEH |
| NRIC No | S1583242H |
| 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 | LI XIUYUE - DRIVER OF VEH. A |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | WENT CLINIC FOR MEDICAL TREATMENT & GRANTED 2 DAYS MC |
| Injured person in which vehicle? | SMF8934S |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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' 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.

10 AUG 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ge'lang Changi Rd

Vehicle A SMF 8934S

Vehicle B SHC 8703S

Describe Circumstances of the Accident

Refer to attach police report

Declaration

We declare the foregoing particulars are true in every respect.

9 Shelf

Policyholder's Signature / Date &
Time

10 AUG 2021



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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210808/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210808/7020

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 08/08/2021 23:28 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LI XIUYUE | | | Address: 118 BEDOK NORTH STREET 2 #17-186 SINGAPORE 460118 | | |
| ID Type / ID No.: NRIC NO / S6871868F | | | Contact No.: Home/Office: Mobile: 90086539 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: SHELLYLKB@GMAIL.COM | | |
| Sex: Female | Age: 53 | Date of Birth: 26/07/1968 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Real estate agent | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | |
|---|---------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/08/2021 14:50 | Type of Location: Straight Road |
| Location: GEYLANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|---------|----------------|-------|-----------|-------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| SHC8703S | Car | HYUNDAI | | Blue | | 0 |
| SMF8934S | Car | HONDA | VEZEL+1.5X+CVT | Blue | | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



SINGAPORE
POLICE FORCE



T/20210808/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210808/7020

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMF8934S | AXA INSURANCE SINGAPORE PTE LTD | GA421169 | 28/11/2020 | 27/11/2021 |

| Details of Person Involved | | | |
|-----------------------------------|------------------|-----------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | JASNI BIN SALLEH | ID No. | S1583242H |
| Related Vehicle | SHC8703S (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,2A,3,4,5 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | LI XIUYUE | ID No. | S6871868F |
| Related Vehicle | SMF8934S (Car) | Contact No. | 90086539 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 08/08/2021 | Date | 08/08/2021 |
| No. of Days granted Medical Leave | 02 | Degree of | Slight |

Brief Details.

Geyley
I was driving in my car, SMF8934S, going straight along Changi Road before Haig Road, and I signaled left with the intention of turning left into Haig Road. I checked that my left side was clear before proceeding to filter left slowly but at that moment the other vehicle, SHC8703S came from behind my vehicle at a high speed and banged into the my vehicle, causing huge dents in both the front and rear doors of the left side of my vehicle, with additional damage to my rear banger. Moreover, I woke up with forearm numbness, neck pain, and chest tightness the next morning and sought medical treatment at CityGP Family Clinic at 122 Bedok North Street 2, #1-106, assessed by Dr. Kwok Chun Lin.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210808/7020

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Report No. T/20210808/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/08/2021 23:28

Classification Of Case:













