

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 11/10/2021 17:43 (SGT)
Date of Accident 19/08/2021 14:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information DOVER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR3288S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAYMOND ONG SHAO HOCK
NRIC No S7403768B
Email Address kerlin168@yahoo.com.sg
Mobile Phone No (Phone) +65-92293277
Alternative Phone No +65-92293277

VEHICLE PARTICULARS

Manufacturer BMW
Model 216d
Variant 216D GRAN TOURER LED NAV 7 SEATER
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 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800133760-02
Cover Note Number -

DRIVER

Name of Driver LIM SOR NWAY
NRIC No S7026524I

Date Of Birth	19/07/1970
Occupation	Indoor
Date Of Driving Pass	07/09/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91702352
Alt. Phone Number	-
Email Address	kerlin168@yahoo.com.sg
Address	52 LAKESIDE DRIVE
Address complement	#06-16
Postcode	648316
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	Chain Collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBK9475Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ5879G
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)	-

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

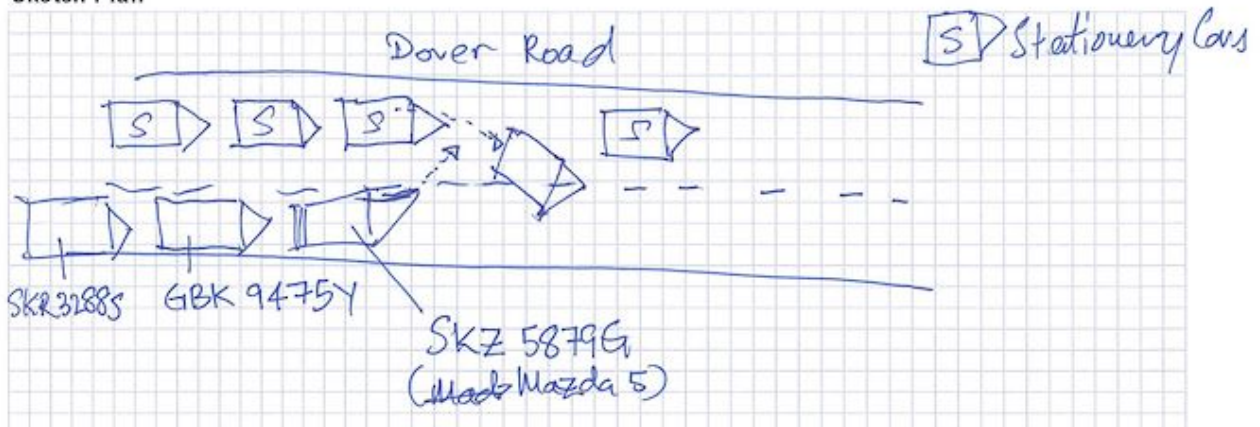
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan

Describe Circumstances of the Accident

LICENSE PLATE:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION:	
Refer to Police report 7/20210819/2125	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input checked="" type="checkbox"/> Reporting Only

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210819/2125

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20210819/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 21:15	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: LIM SOR HWAY	Address: 52 LAKESIDE DRIVE #06-16 SINGAPORE 648316		
ID Type / ID No.: NRIC NO / S70265241	Contact No.: Home/Office: Mobile: 91702352		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 51	Date of Birth: 19/07/1970	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/08/2021 14:50	Type of Location: Straight Road
Location: DOVER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBK9475Y	Van				Slightly Damaged	0
SKR3288S	Car				Slightly Damaged	0
SKZ5879G	Car					0

Details of Person Involved

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



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T/20210819/2125

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20210819/2125

CONTINUATION OF REPORT

Driver			
Name	LIM SOR HWAY	ID No.	S7026524I
Related Vehicle	NIL	Contact No.	91702352
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
Driver			
Name	LOH KHIAM PIEW	ID No.	S7121243B
Related Vehicle	NIL	Contact No.	82184559
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 19/08/2021 at about 1450hrs, I was driving along Dover Road on a two-way road. I wanted to change lane to the 1st lane. On the 1st lane, there was two moving vehicles ahead. As I was approaching the lane, the van of registration plate GBK9475Y suddenly jam brake which causes me to not be able to stop in time and hit the van's rear bumper. The van suffered slight scratch and a dent on it. I do not know if the dent was caused by me during the accident. My car of registration plate SKR3288S, whereas suffered a dent on my car plate number.

The cause of the accident was caused by the Silver Mazda 5 vehicle of registration plate of SKZ 5879G. The Silver Mazda 5 vehicle of registration plate of SKZ 5879G wanted to park at the side of the road along with the other cars as there is a vehicle that is coming out of that spot but the Silver Mazda 5 vehicle of registration plate of SKZ 5879G suddenly stopped which cause the van and myself to jam our brakes. If the Silver Mazda 5 vehicle of registration plate of SKZ 5879G did not stop abruptly, the accident would not have happened.

I wish to state that there is no injury to both parties and I am lodging this report as the other party, Mr Loh Khiam Piew informed that he is lodging a police report.



**SINGAPORE
POLICE FORCE**



T/20210819/2125

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20210819/2125

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 2 ZAINURUL SHAMIRA BINTE ZAINALABIDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2021 21:15
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 34
SIGNATURE	





















