

# 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 ..... 26/08/2021 17:29 (SGT)  
Date of Accident ..... 05/08/2021 11:00 (SGT)  
Exact Location of Accident ..... Ghim Moh Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... ER5115R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE BON LEONG  
NRIC No ..... SXXXX220Z  
Email Address ..... bonleongl@gmail.com  
Mobile Phone No ..... (Phone) +65-97323672  
Alternative Phone No ..... +65-97323672

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... S400i  
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 ..... 3498

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100370479-07  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE BON LEONG  
NRIC No ..... SXXXX220Z

Date Of Birth .....	06/10/1946
Occupation .....	Indoor
Date Of Driving Pass .....	17/01/1974
Driving experience .....	47 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97323672
Alt. Phone Number .....	+65-97323672
Email Address .....	bonleongl@gmail.com
Address .....	26 BUKIT SEDAP ROAD
Address complement .....	-
Postcode .....	279924
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 .....	No 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WIFE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Alexandra Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004739999
Alt. Police Station Phone No .....	(Fax) +65-64713569
Police Station Address .....	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210811/2074

#### 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 .....	NOT WORKING.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMZ4930Z
-----------------------------------	----------

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**

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' 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

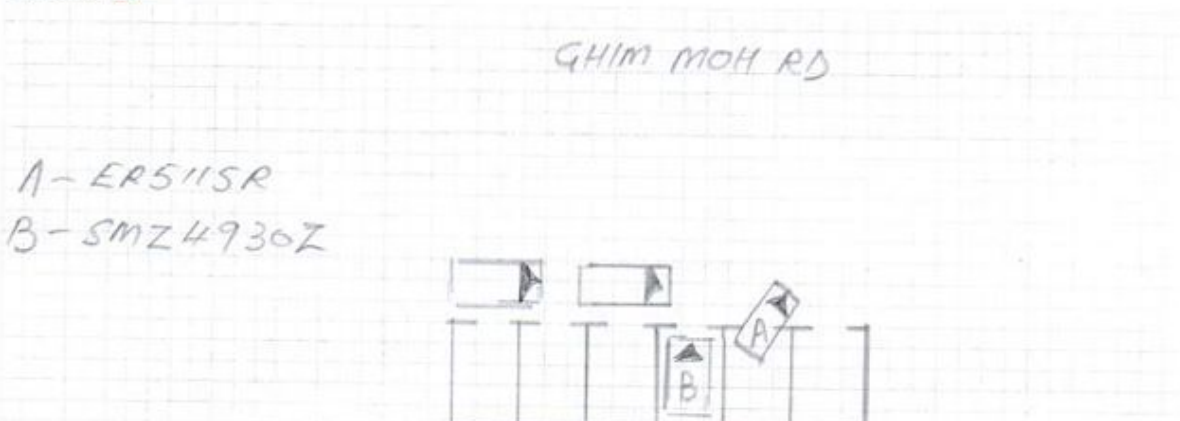
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
Policyholder's Signature / Date &  
Time 26/8/21

Sketch Plan

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

*[Signature]* 26/8/21  
Witnessed by Reporting Centre  
Personnel



## Describe Circumstances of the Accident

Pls refer to the police report: 7/20210811/5074

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

26/8/21

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

Witnessed by Reporting Centre  
Personnel

2/21 26/8/21





**SINGAPORE  
POLICE FORCE**



T/20210811/2074

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

2 of 3

Report No. T/20210811/2074

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
ER5115R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100370479-07	15/04/2021	14/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE BON LEONG		ID No. S2034220Z
Related Vehicle	NIL		Contact No. 97323672
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 11/08/2021 at about 1355hrs I called Mr Tan Chin Yong as I received a letter from TP (TP/IP/37395/2021). I informed him that I received a letter and told him that I was unaware of the incident as I did not hit anything or anybody to my knowledge. Mr Tan informed me to lodge a report.

On 05/08/2021 at about 1100hrs(Unsure of timing) I was at 20 Ghim Moh Market to buy food. I parked my vehicle at 19 Ghim Moh Road carpark. I wish to state that to my knowledge I am unaware of the incident that was mentioned in the letter. I wish to state that my car does not have any new damage at all. I wish to state that I have in car camera however it is not working for about 2 years. I wish to state I was with my wife that day.





















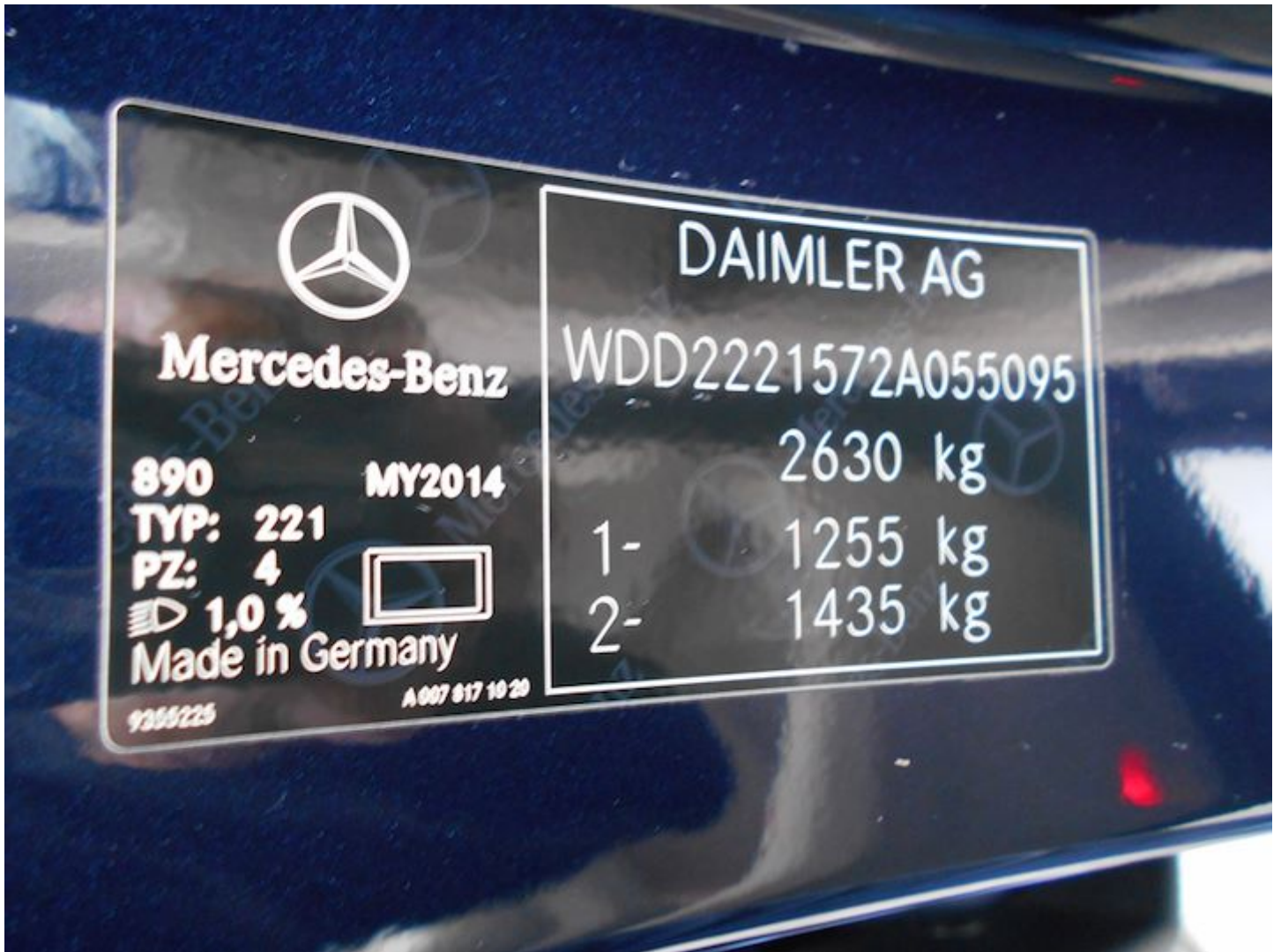


















# SINGAPORE POLICE FORCE



T/20210811/2074

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

1 of 3

Report No. T/20210811/2074

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2021 15:40		Vide Report No.:		Station Diary No.: 18
<b>Informant's Particulars</b>				
Name of Informant: LEE BON LEONG		Address: 26 BUKIT SEDAP ROAD SINGAPORE 279924		
ID Type / ID No.: NRIC NO / S2034220Z		Contact No.: Home/Office: Mobile: 97323672		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 74	Date of Birth: 06/10/1946	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	05/08/2021 11:00	Car Park
Location: GHIM MOH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ER5115R	Car	MERCEDES BENZ	S400 HYBRID SEDAN LONG (R19 LED)	Blue	No Damage	0
SMZ4930Z	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210811/2074

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

2 of 3

Report No. T/20210811/2074

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
ER5115R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100370479-07	15/04/2021	14/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE BON LEONG		ID No. S2034220Z
Related Vehicle	NIL		Contact No. 97323672
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 11/08/2021 at about 1355hrs I called Mr Tan Chin Yong as I received a letter from TP (TP/IP/37395/2021). I informed him that I received a letter and told him that I was unaware of the incident as I did not hit anything or anybody to my knowledge. Mr Tan informed me to lodge a report.

On 05/08/2021 at about 1100hrs(Unsure of timing) I was at 20 Ghim Moh Market to buy food. I parked my vehicle at 19 Ghim Moh Road carpark. I wish to state that to my knowledge I am unaware of the incident that was mentioned in the letter. I wish to state that my car does not have any new damage at all. I wish to state that I have in car camera however it is not working for about 2 years. I wish to state I was with my wife that day.





**SINGAPORE  
POLICE FORCE**



T/20210811/2074

3 of 3

Report No. T/20210811/2074

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

**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 SUNG HONG HOW

Signature Of Informant:

Signature Of Interpreter.  
Not applicable

Date/Time:  
11/08/2021 15:40

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No: 65476151

Classification Of Case:

Authentication Stamp  
NP168

	<p>SINGAPORE POLICE FORCE</p>	<p>SN 47</p>
<p>SIGNATURE</p>		