

# 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 ..... 23/08/2021 11:56 (SGT)  
Date of Accident ..... 22/08/2021 11:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN ANAK BUKIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX2979H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAY KUNMING  
NRIC No ..... S8307977J  
Email Address ..... kun@fegj.com.sg  
Mobile Phone No ..... (Phone) +65-92398657  
Alternative Phone No ..... +65-92398657

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Serena  
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 ..... 1200

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210000092  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOKE HUI YING  
NRIC No ..... S8337465I

Date Of Birth .....	20/11/1983
Occupation .....	Indoor
Date Of Driving Pass .....	29/04/2004
Driving experience .....	17 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97324091
Alt. Phone Number .....	-
Email Address .....	loke.huiying@gmail.com
Address .....	286 BUKIT BATOK EAST AVE 3 #11-415
Address complement .....	-
Postcode .....	650286
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 .....	Collision - Head to Rear
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 .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGQ818K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	BILL
Contact Number .....	(Phone) +65-96791900
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	BILL
Gender .....	Male
Phone No .....	(Phone) +65-96791900
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEG
Injured person in which vehicle? .....	SGQ818K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

Vehicle No: \_\_\_\_\_

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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



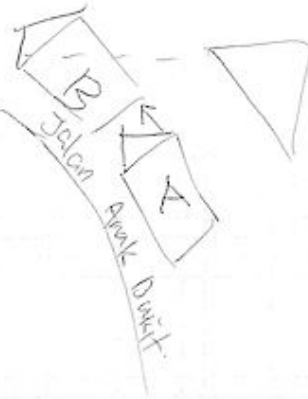
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

Dunearn Rd.



BTP.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No:

Accident Location:

Accident Date: 22 / 8 / 21

Time: 11:10 am. am pm

- B r i e f   D e t a i l s   O f   A c c i d e n t -

Car B stopped at fitter lane. Car A jam brake and skidded.  
Then hit back of Car B. It was heavy traffic due to blockage  
for road works.

## - Other Vehicle Involve Details -

(B) Veh No: SGQ 818K. Hp: 96791900 Pax: Driver Name: Bill

(C)	Veh No:	Hp:	Pax:	Driver Name:
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## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



















































SINGAPORE  
POLICE FORCE



J/20210823/7017

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## POLICE REPORT (NP299)

Report No. J/20210823/7017

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 23/08/2021 11:22	Vide Report No.	Station Diary No.		
Name Of Informant LOKE HUI YING	Address 286 BUKIT BATOK EAST AVENUE 3 #11-415 SINGAPORE 650286			
ID Type / ID No. NRIC NO / S8337465I	Contact No. Home/Office:	Mobile: 97324091		
Nationality SINGAPORE CITIZEN	Email Address LOKE.HUIYING@GMAIL.COM			
Occupation Business development manager	Sex Female	Age 37	Date of Birth 20/11/1983	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/08/2021 11:00 - 22/08/2021 11:20	Location Of Incident 286 BUKIT BATOK EAST AVENUE 3 #11-415 SINGAPORE 650286			

**Brief details.**

My car jam brake, skidded and hit the car in front.

Subjects Involved			
Victim			
Person Name	Bill		
Gender	Male	Race	Chinese

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Not applicable	
Signature Of Interpreter:	Date/Time:
Not applicable	23/08/2021 11:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



J/20210823/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210823/7017

Language	English	Mobile No	96791900
Relation To Informant	No relation		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2021 11:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Traffic Police  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP168 No:	J/20210823/7017	Name:	Loke Hui Ying
Accident Date/Time:	22/08/2021 @1100hrs to 1130hrs	Address:	Blk 286 Bukit Batok East Ave 3
Vehicle(s) Involved:	V1) SMX2979H	#11-415	
	V2) SGQ818K	S(650286)	
		NRIC No:	S83374651
		Tel No:	97324091
		Date:	28/08/2021

Dear Sir / Madam

I wish to add as follows:

Reference to the initial report: J/20210823/7017. I would like to add that the incident location is, at the filter of Jalan Anak Bukit to Dunearn road. My vehicle V1 had collided onto V2's rear due to a skid. The driver V2 is namely, Teo Say Hian, S1606737G, HP: 96791900 and has updated us that he was given 7 days MC.

Yours faithfully



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : STOW218N0001-01 Vehicle Registration No: SMX 29294  
Name(as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 22/08/2021 Time of Accident : 11:00 AM  
Place of Accident : \_\_\_\_\_  
Insurance Company: AiLi

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

MISS OUT VIDEO ATTACHMENT.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: