

# 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 .....	02/09/2021 16:43 (SGT)
Date of Accident .....	01/09/2021 21:35 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 3, Singapore
Additional Location Information .....	TOWARDS CTE CITY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR551C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM SER MENG
NRIC No .....	S1265107D
Email Address .....	scotchere123@gmail.com
Mobile Phone No .....	(Phone) +65-98284051
Alternative Phone No .....	+65-86459355

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1193

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1900257928
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIN JIAYANG
NRIC No .....	S9426368I

Date Of Birth .....	27/07/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	11/02/2015
Driving experience .....	6 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86459355
Alt. Phone Number .....	-
Email Address .....	ah.yangyang@live.com
Address .....	BLK 56 HAVELOCK ROAD #32-142
Address complement .....	-
Postcode .....	161056
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLEASE REFER TO POLICE REPORT T/20210902/7001

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM5544D
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJT7679Y
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) .....	-

#### INJURED PERSONS DETAILS




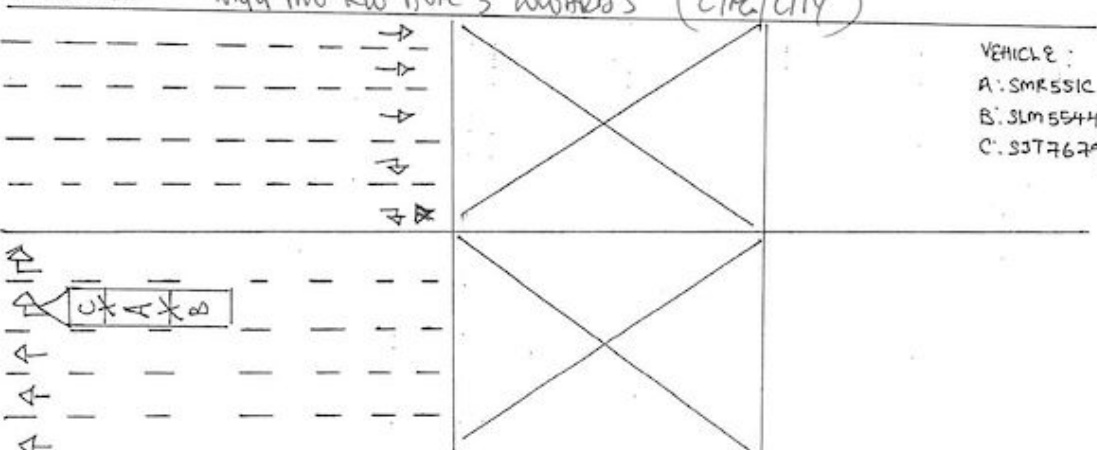
##### INJURED 1

Name of injured person .....	LIN JIAYANG
Gender .....	Male
Phone No .....	(Phone) +65-86459355
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMR551C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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' 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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		 07/09/2021
Sketch Plan		
ANG MO KIO AVE 3 TOWARDS (CTE/CITY)		
		
VEHICLE : A. SMR551C B. 3LM55440 C. 33T7679Y		
AMK AVE 3 TURNING TO CTE/CITY		


Describe Circumstances of the Accident


REFER TO POLICE  
REPORT.

T / 20210902 / 7001

Declaration

We declare the foregoing particulars are true in every respect.

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

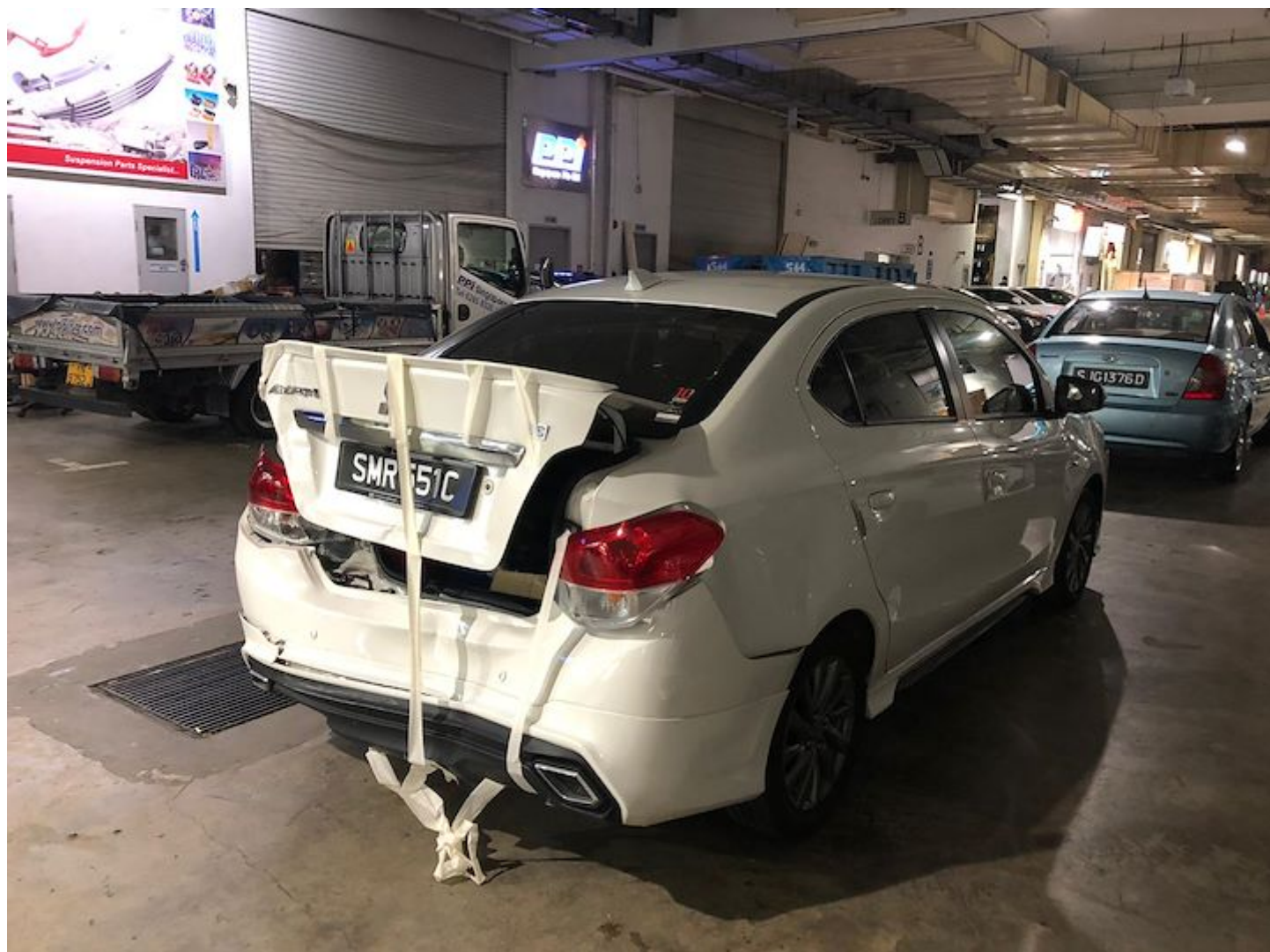
  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

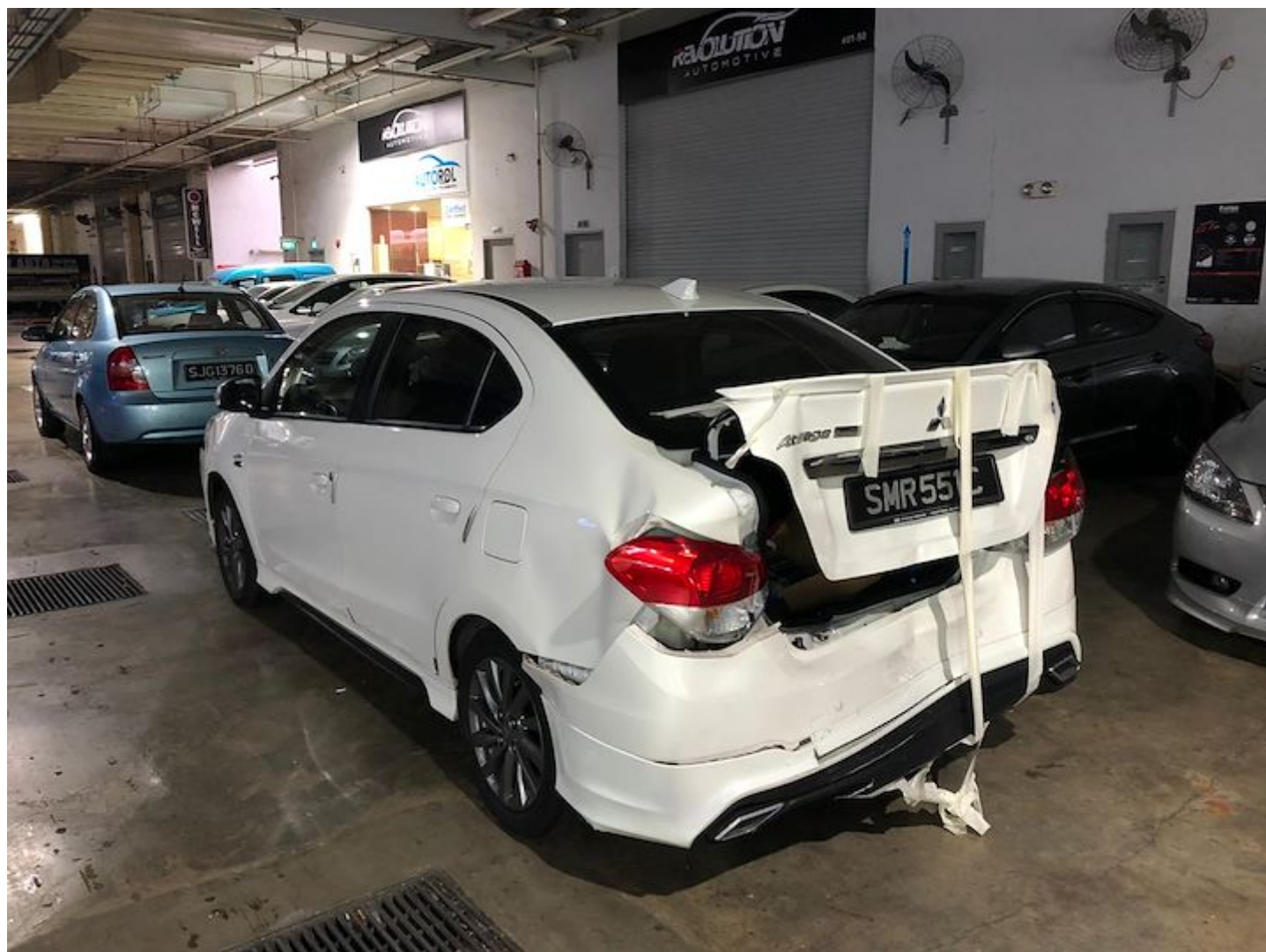


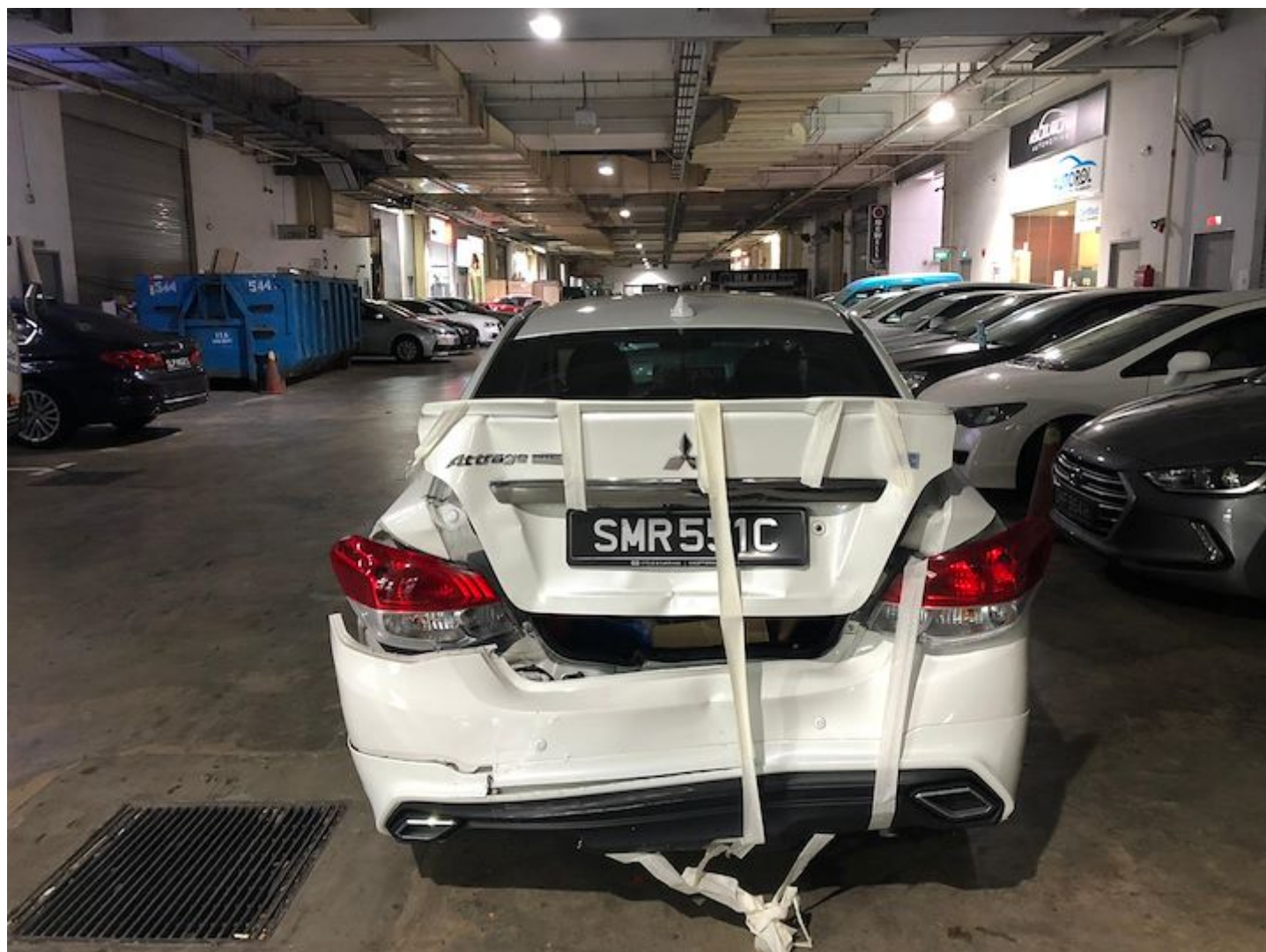

























**SINGAPORE  
POLICE FORCE**


T/20210902/7001

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

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Report No. T/20210902/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2021 01:12		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIN JIAYANG			Address: 56 HAVELOCK ROAD #32-142 SINGAPORE 161056		
ID Type / ID No.: NRIC NO / S9426368I			Contact No.: Home/Office: Mobile: 86459355		
Nationality: SINGAPORE CITIZEN			Email: AH.YANGYANG@LIVE.COM		
Sex: Male	Age: 27	Date of Birth: 27/07/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2021 21:35	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 3				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT7679Y	Car				Seriously Damaged	1
SLM5544D	Car				Seriously Damaged	0
SMR551C	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210902/7001

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

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Report No. T/20210902/7001

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIN JIAYANG	ID No.	S9426368I
Related Vehicle	SMR551C (Car)	Contact No.	86459355
Hospital/Clinic	KOVAN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/09/2021	Date	01/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

ON THE 01/09/2021 ABOUT 2135HRS. I LIN JIA YANG WAS STATED VEHICLE DRIVER OF SMR551C. I WAS TRAVELING BACK HOME FROM ANG MO KIO AVE 3 TURNING RIGHT TO CTE TOWARDS AYE. THE TRAFFIC LIGHT WAS RED AND I WAS STATIONARY WAITING. OUT OF A SUDDEN, THERE WAS A HUGE IMPACT CAME FROM MY REAR AND MY VEHICLE WAS FORCE TO MOVE FORWARD AND COLLIDED ONTO THE FRONT VEHICLE CARPLATE SGT7679Y. AFTER AWHILE I CAME DOWN AND REALIZE VEHICLE CARPLATE SLM5544D CAUSE THE WHOLE ACCIDENT TO HAPPEN. WE EXCHANGE PARTICULAR AND MOVE ON. I FELT PAIN ON MY NECK, SHOULDER, LOWER BACK, CHEST AND HAND WRIST. SO I WENT TO CONSULT A DOCTOR AT KOVAN INTEMEDICAL CLINIC AND WAS GIVEN FIVE DAYS OF MC.



**SINGAPORE  
POLICE FORCE**

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



T/20210902/7001

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Report No. T/20210902/7001

**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 / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
02/09/2021 01:12

Classification Of Case: