

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 12/10/2021 16:57 (SGT)
Date of Accident 11/10/2021 18:35 (SGT)
Exact Location of Accident Mandai Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG6229C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIAN YIHE
NRIC No SXXXX332F
Email Address yihe84@hotmail.com
Mobile Phone No (Phone) +65-97588655
Alternative Phone No +65-97588655

VEHICLE PARTICULARS

Manufacturer Citroen
Model C4
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 1199

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800155291-01
Cover Note Number -

DRIVER

Name of Driver LIAN YIHE
NRIC No SXXXX332F

Date Of Birth	08/12/1984
Occupation	Indoor
Date Of Driving Pass	25/07/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97588655
Alt. Phone Number	+65-97588655
Email Address	yihe84@hotmail.com
Address	BLK 260B ANG MO KIO STREET 21 #4-153
Address complement	-
Postcode	562260
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 - 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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20211011/7085

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	SJR7366K
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	LIAN YIHE
Gender	Male
Phone No	(Phone) +65-97588655
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMG6229C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

[Signature]

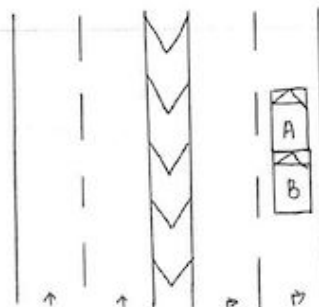
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 12/10/2021
Witnessed by Reporting Centre Personnel

Sketch Plan


Mandai Road before Woodlands Road Junction

VehicleA: SM6629C
VehicleB: SJ27366K



Refer to Police Report No.: L 20211011 7085

We declare the foregoing particulars are true in every respect.


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

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



L/20211011/7085

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POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Report No. L/20211011/7085

Date/Time Report Made 11/10/2021 23:08	Vide Report No.	Station Diary No.
Name Of Informant LIAN YIHE	Address 260B ANG MO KIO STREET 21 #04-153 SINGAPORE 562260	
ID Type / ID No. NRIC NO / S8440332F	Contact No. Home/Office: Mobile: 97588655	
Nationality SINGAPORE CITIZEN	Email Address YIHE84@HOTMAIL.COM	
Occupation Manager	Sex Male	Age 36
Institution/School Name	Date of Birth 08/12/1984	Race Chinese
Date/Time Of Incident 11/10/2021 18:35	Location Of Incident WOODLANDS ROAD	

Brief details.

On the stated date and time, I was driving my vehicle SMG6229C along Woodlands road when I had come to a stop at the traffic light junction of Woodlands Road and Mandai road.

While waiting for traffic light to turn green, I felt a massive impact from the rear causing my body to lunge forward. I had blacked out for a brief moment due to the sudden shock from the unexpected impact.

I alighted to realise that SJR7366K had crashed into the rear of my vehicle.

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: 11/10/2021 23:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20211011/7085

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211011/7085

Shortly after the accident, I started experiencing pain over my neck area. As such, I proceeded to my family doctor at Esteemed Medical Clinic for treatment after reaching home.

I was given 3 days MC.

Later the same evening, I also started experiencing soreness and aches over my lower back area.

I will be following up at my family doctor for further treatment.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
11/10/2021 23:08

Classification Of Case: