

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 witholding 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 the research of this report will for a fee the made available upon application by interested parties. 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 Date of Accident	13/10/2021 16:51 (SGT)
	12/10/2021 17:20 (SGT)
Exact Location of Accident	Near Cashew Stn, Singapore
Additional Location Information	Along Upper Bukit Timah Road > Choa Chu Kang Rd (Before Gombak Dr Junction)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8991E
INSURED/POLICYHOLDER	

Mazda

2WD 14

Is company?	No
Name Of Registered Owner	Lee Chye Peng
NRIC No	S7205923I
Email Address	kyet ghh@singnet.com.sg
Mobile Phone No	(Phone) +65-96335916
Alternative Phone No	+65-96335916

VEHICLE PARTICULARS

Manufacturer

Model Variant	Cx-5 CX-5 2.0 AT LUXURY
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission CC	Auto 1998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No
Policy Number Cover Note Number	7210039862 29/04/2021-28/04/2023

DRIVER

Name of Driver Yap Lee Goon, Jean NRIC No S9533796A Date Of Birth 18/09/1995 Occupation Indoor Date Of Driving Pass 16/07/2015 Driving experience 6 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-96201501 Alt. Phone Number Email Address jeanyap-@hotmail.com Address Blk 157 Jln Teck Whye #07-129 Address complement Postcode 680157 Is the driver the policyholder? Nο 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 Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? FOREIGN VEHICLE 1 Vehicle Registration Number JSR1578 Vehicle Category Motorcycle PASSENGER 1 Name Lee Chye Peng Gender Female **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 Kindly refer to the sketch plan ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

SD card with Traffic Police

Was there any audio recorded?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

JSR1578
Honda
-
-
-
Motorcycle
Chai Kian Wei
(Phone) +65-98327387
<u>-</u>
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	Chai Kian Wei Male (Phone) +65-98327387
Address Complement Post Code Approximate Age Years Old	- -
Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn?	JSR1578 No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - 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.

Poffcyholder's Signature Date & Time: |3|10|2 (

2012

Driver's Signature

(If driver is not the policyholder) Date & Time: 1310 2.1

3:HPIM

Reporting Centre Personnel's Signature Name: Rales worrer . Ana.

NRIC/FIN No.:

SKETCH PLAN	
	A - 5 - 60016
	A - SJC8991E
	8-256 1878
Upper Bu	alua Timoda RJ.
	A
Gomble	
Or	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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sowiy filtening leftwards (jeft signal was on) and keliping	A proper lookant so that can turn left
at the next intersection to up anto thea thu king Rd I to go he	1941, Then, we had a boret encounter
NHN MOTOR BURY #1 Where my front type braed Motorbike #1	l exhaust tipe i Motorbikotti daih am
toologe submitted to Officer Aig Vin WhatApp). Monoray-115	tit) did not tall down, we stopped and
conversed through the car hindox, to out to the left most	lane to settle.
fither the can to the left (left signal not on). Then I heard none point of my con's body. My mother, who was the passe author as Matombikethe mas blocking the ar door. Motovo Motorcyaist \$12 to the kerb to real of slow fither the an left among the or chear.	enger that to poen the car door but yelliethi helped Motoraketh 2 and
Realised Motorcyclin #12 self-skidded and sulflered a brysse	bl theorap with a ? distorated struitter the
vigs convey to the hospital you are amountable. Reached a privile	
for Traffic police to arrive to write down statement. Pictures topon, p	100
	Reporting Only SSQ
You had been advised by workshop that in the event that you wish to against your own policy (OD claim), there is a Fourteen (14) days or	[Cl 00
whereby the claim must be made within the stipulated timeframe	
the day of occurance.	Claim OD / TP at other workshop
DECLARATION	
/We declare the foregoing particulars are true in every respect.	
Calma Jeens.	Leve-
Policyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 13/10/21 (If driver is not the policyholder) Date & Time: 13/10/21	Name: Ratesucitors. pmn ? NRIC/FIN No.:
3:11 pm 5:11pm	













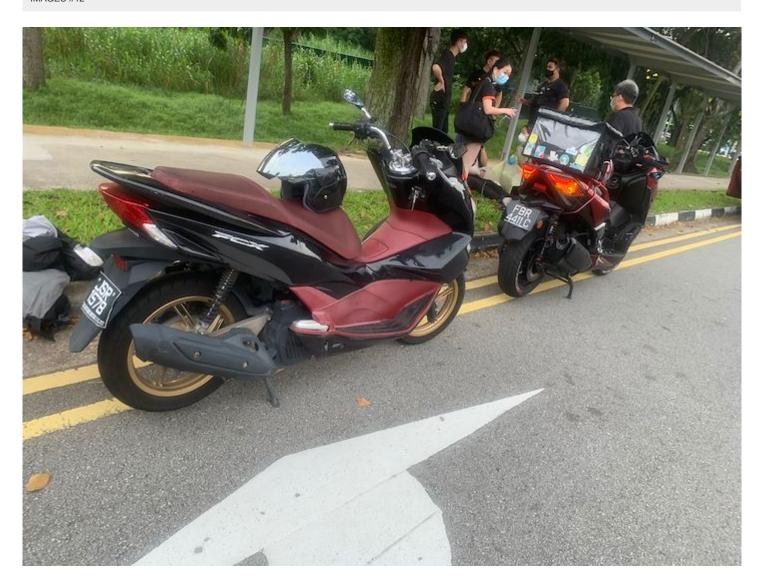




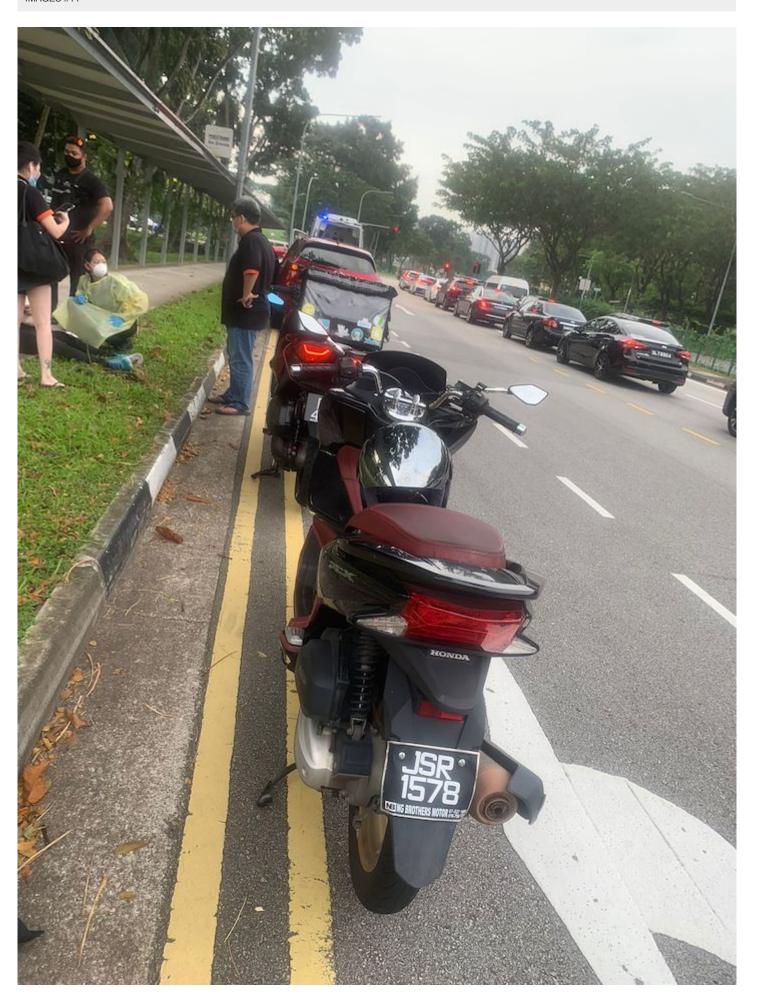






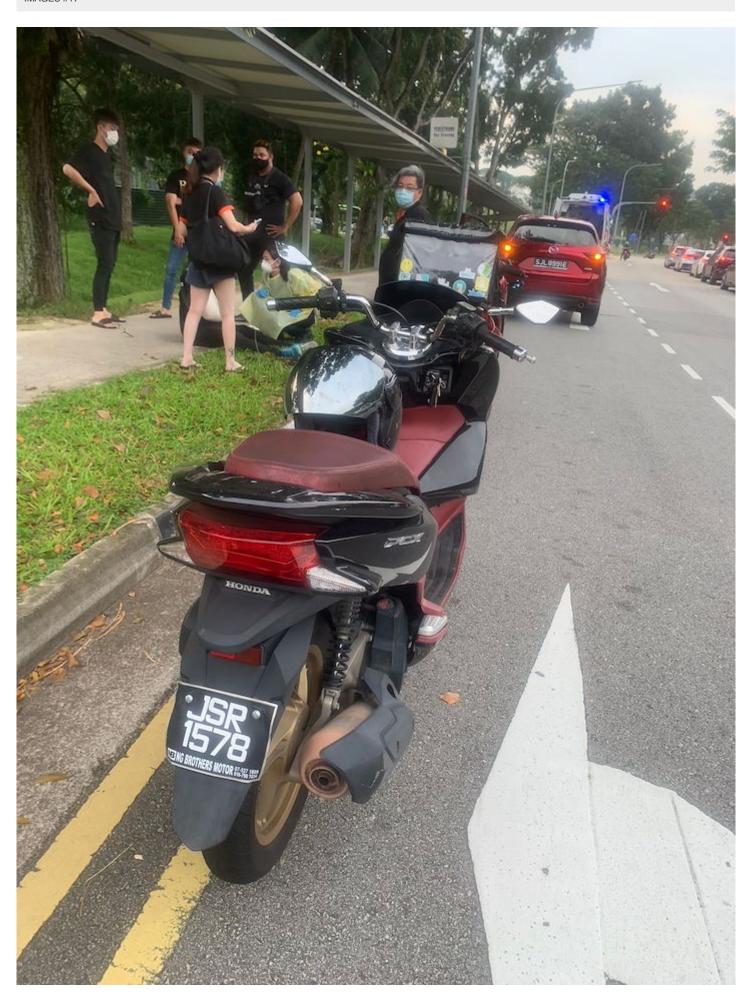












Amended





1 of

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000 Report No. J/20211013/7009

Date/Time Report Made 13/10/2021 10:05	Vide Rep	ort No.		Station Diary No.
Name Of Informant	Address			
YAP LEE GOON, JEAN	157 JALAN TECK WHYE #07-129 SINGAPORE 680157			
ID Type / ID No. NRIC NO / S9533796A	Contact No. Home/Office: Mobile: 96201501			
Nationality SINGAPORE CITIZEN	Email Address jeanyap-@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Healthcare assistant	Female	26	18/09/1995	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 12/10/2021 17:15 - 12/10/2021 17:20	Location Of Incident UPPER BUKIT TIMAH ROAD			
Brief details.				

I was on the most right lane on Upper Bukit Timah Rd (before Gombak Dr), slowly filtering leftwards (left signal was on) and keeping a proper lookout so that can turn left at the next intersection to go onto Choa Chu Kang Rd (to go home). Then, we had a brief encounter with Motorbike#1 where my front tyre braced Motorbike#1 exhaust pipe (Motorbike#1 dash cam footage submitted to Officer Afiq via WhatsApp). Motorcyclist#1 did not fall down, we stopped and converse through the car window, to cut to the left most lane to settle.

Traffic stopped, all the cars behind stopped and gave way to me, I continued to drive the car slowly and

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: 13/10/2021 10:05
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20211013/7009

filter the car to the left (left signal was on). Then I heard a brake-squeezing and impact sound at the lower part of my car's body. My mother, who was the passenger tried to open the car door but couldn't as Motorbike#2 was blocking the car door. Motorcyclist#1 helped Motorbike#2 and Motorcyclist#2 to the kerb to rest. I slowly filtering the car leftwards to stop by the kerb and we alighted to check.

Realised that Motorcyclist#2 self-skidded and suffered a bruised kneecap with a ?dislocated shoulder, he was conveyed to the hospital via an ambulance.

Reached a private settlement with Motorcyclist#1. Waited for Traffic Police to arrive to write down statement, pictures were taken, particulars of Motorcylist#1 and Motorcyclist#2 and dash cam SD card was handed over to SSgt Farhan.

Subjects Involve	d		Note that the second
Victim	CHECKER SERVICE STATE		
Person Name	Muhammad Nazhrul E	Bin Md Ismail	
ID Type	NRIC NO	ID No	S9323429D
Gender	Male	Race	Malay
Language	English	Mobile No	87484407
Person Name	Chai Kian Wei		
Gender	Male	Language	Chinese
Mobile No	98327387		

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: 13/10/2021 10:05
Officer In-Charge Of Case:	Classification Of Case:



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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SE0021AD0004 _____Vehicle Registration No: SJL8991E Name(as shownin NRIC) : Lee Chye Peng NRIC/FIN/Passport No : SXXXX923I (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address ____Singapore(____Mobile No.:__ Contact (Tel) **Email Address** _____Time of Accident : 17:20 Date of Accident : 12/10/2021 Place of Accident : Along Upper Bukit Timah Road > Choa Chu Kang Rd (Before Gombak Dr Junction) Insurance Company: AIG Asia Pacific Insurance Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 1. Amend Video footage No to Yes 2. Amend to add injured person Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: Rakesugram - Angral

NRIC/FINNo.: Date: