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 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	31/12/2021 12:11 (SGT)
Date of Accident	31/12/2021 06:55 (SGT)
Exact Location of Accident	Stadium Walk, Singapore
Additional Location Information	JUNCTION STADIUM WALK (OUTSIDE INDOOR STADIUM)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4949M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEE POH KWANG (JI BAOGUANG)
NRIC No	SXXXX119A
Email Address	mr_kee@yahoo.com
Mobile Phone No	(Phone) +65-90880566
Alternative Phone No	+65-90880566

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900260946-01
Cover Note Number	-

DRIVER

Name of Driver	KEE POH KWANG (JI BAOGUANG)
NRIC No	SXXXX119A

Date Of Birth	26/05/1972
Occupation	Indoor
Date Of Driving Pass	13/12/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-90880566
Alt. Phone Number	+65-90880566
Email Address	mr_kee@yahoo.com
Address	BLK. 407 JURONG WEST STREET 42
Address complement	#04-641 SINGAPORE
Postcode	640407
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 - Cross Junction
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	Yes
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 West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6484G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	VETHARETINAM S/O P NARAYANAN @ VEDARETNAM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	5

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER 1
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASSENGER 2
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	PASSENGER 3
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	PASSENGER 4
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

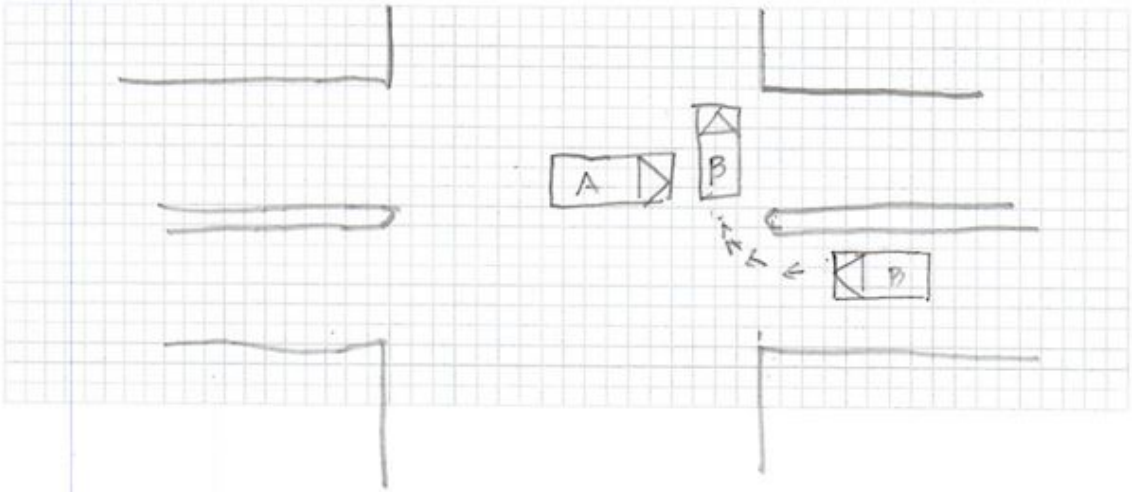
31/12/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report.

Declaration

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

31/12/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: G/2021/12/31/71

I, 2773 T[illegible] V[illegible]
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP.
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One 'Thinkware' 16GB micro SD Card.
2
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10

from Lee Poh Kwang S7722011 9A
(Name, NRIC or Passport No. / Rank and No.)

of Blk 407 Jurong West St 42 #04-641 S(640407)
(Address / Police Station / NPC / NPP)

on 31/12/2021 (Date) at 0820 (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

Lee Poh Kwang S7722011 9A
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

T[illegible] V[illegible]
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

NP 323 (2/16)

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

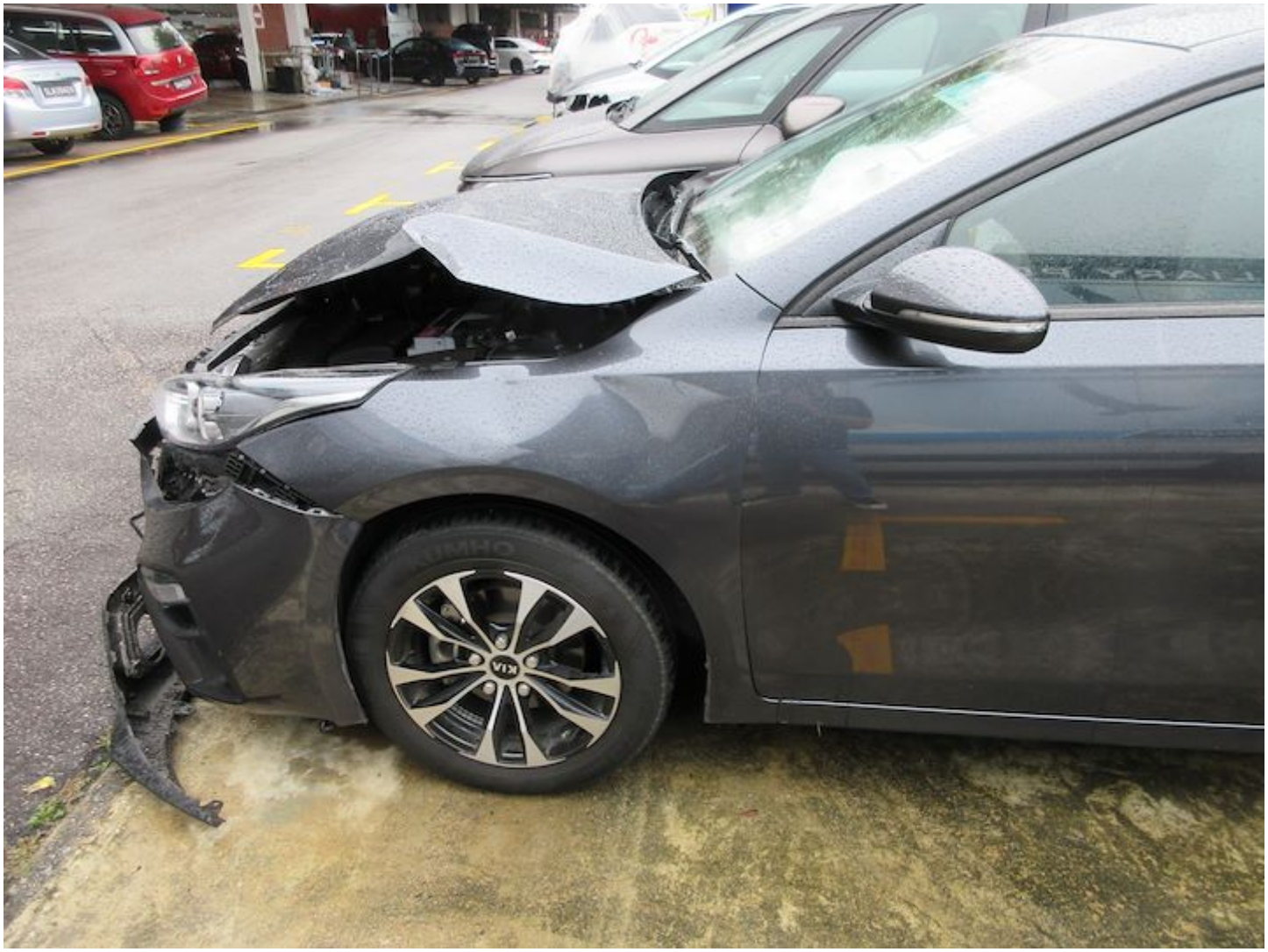
IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12



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KIA MOTORS CORPORATION
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IMAGES #23

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IMAGES #25

IMAGES #26

SINGAPORE POLICE FORCE

T/20211231/2030

Report No. T/20211231/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/12/2021 11:01	G/20211231/0071	23

Informant's Particulars

Name of Informant: KEE POH KWANG			Address: APT BLK 407 JURONG WEST STREET 42 #04-641 SINGAPORE 640407	
ID Type / ID No.: NRIC NO / S7220119A			Contact No.: Home/Office: Mobile: 90880566	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 26/05/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: IT DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

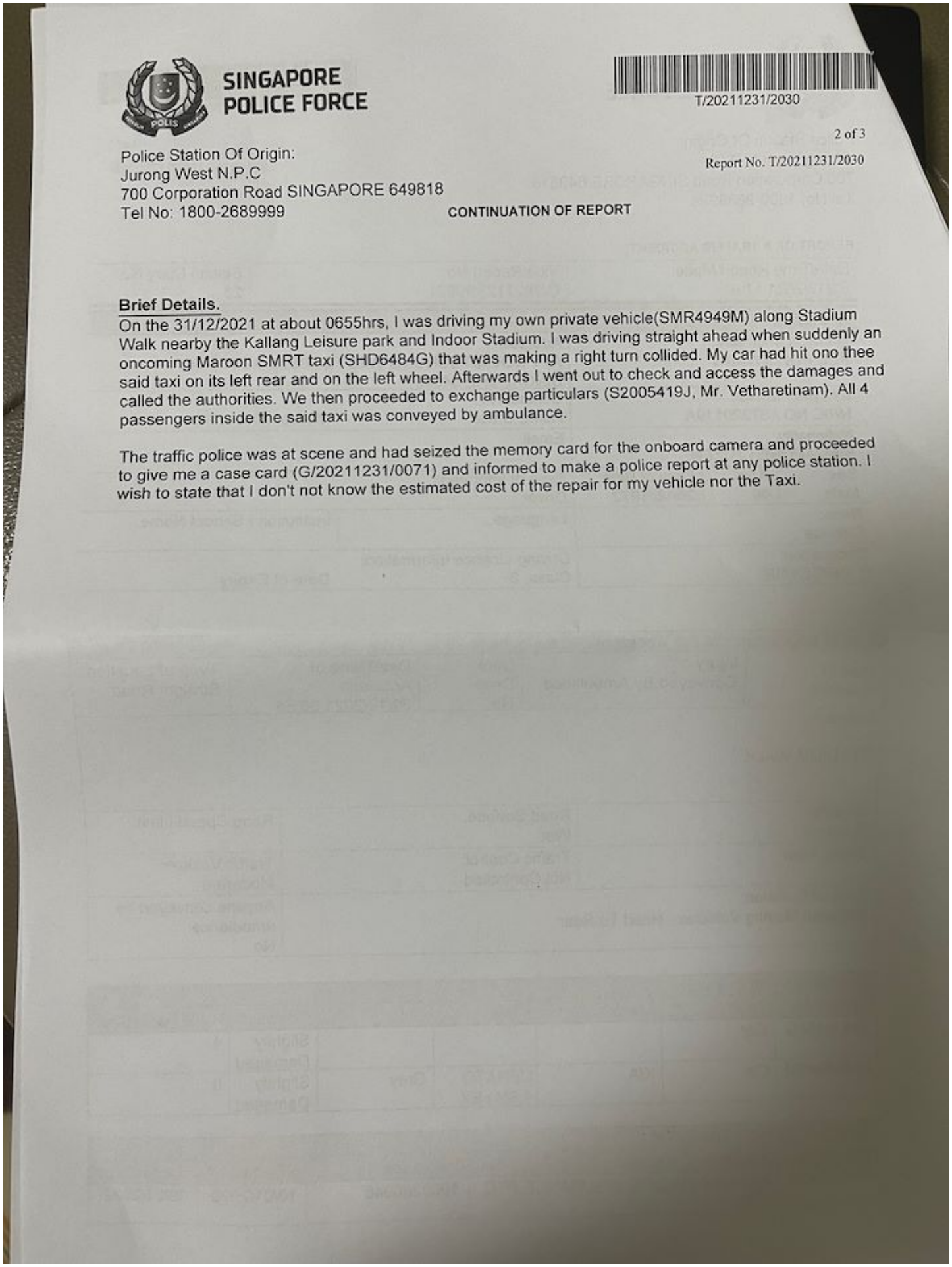
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 06:55	Type of Location: Straight Road
Location: STADIUM WALK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6484G	Car				Slightly Damaged	4
SMR4949M	Car	KIA	CERATO 1.6(A) EX	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR4949M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900260946	10/01/2020	09/01/2022



SINGAPORE POLICE FORCE

T/20211231/2030

2 of 3

Report No. T/20211231/2030

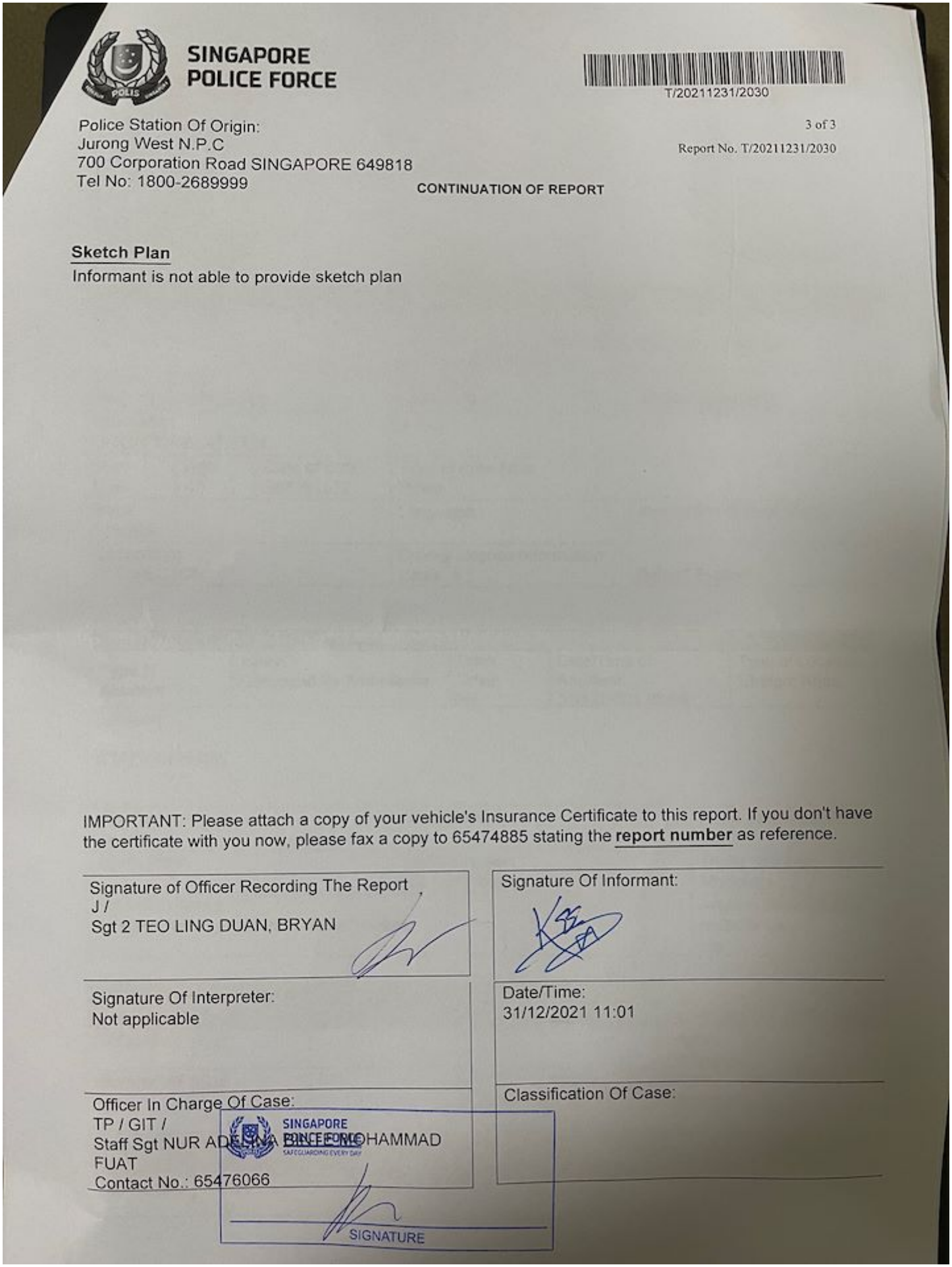
Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Brief Details.

On the 31/12/2021 at about 0655hrs, I was driving my own private vehicle(SMR4949M) along Stadium Walk nearby the Kallang Leisure park and Indoor Stadium. I was driving straight ahead when suddenly an oncoming Maroon SMRT taxi (SHD6484G) that was making a right turn collided. My car had hit ono thee said taxi on its left rear and on the left wheel. Afterwards I went out to check and access the damages and called the authorities. We then proceeded to exchange particulars (S2005419J, Mr. Vetharetinam). All 4 passengers inside the said taxi was conveyed by ambulance.

The traffic police was at scene and had seized the memory card for the onboard camera and proceeded to give me a case card (G/20211231/0071) and informed to make a police report at any police station. I wish to state that I don't not know the estimated cost of the repair for my vehicle nor the Taxi.



SINGAPORE POLICE FORCE

T/20211231/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20211231/2030

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
J /
Sgt 2 TEO LING DUAN, BRYAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2021 11:01

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

Classification Of Case:

SINGAPORE POLICE FORCE
SAFEGUARDING EVERY DAY

SIGNATURE