

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 12/03/2022 09:40 (SGT)
Date of Accident 06/03/2022 20:20 (SGT)
Exact Location of Accident Victoria St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK6968T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Koo Seng Long
NRIC No S2583993E
Email Address slkoo@singnet.com.sg
Mobile Phone No (Phone) +65-94507087
Alternative Phone No +65-94507087

VEHICLE PARTICULARS

Manufacturer Jaguar
Model Xj
Variant XJ 2.0 SWB PREMIUM LUXURY
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 1999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100499780
Cover Note Number -

DRIVER

Name of Driver Susanna Leung Mi Ling
NRIC No S2583994C

Date Of Birth	28/06/1959
Occupation	Indoor
Date Of Driving Pass	22/05/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94507087
Alt. Phone Number	-
Email Address	slkoo@singnet.com.sg
Address	15 Mount Sinai Rise #15-04
Address complement	-
Postcode	276906
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Daniel Lee
Gender	Male

PASSENGER 2

Name	Elma Cheong
Gender	Female

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 ATTACHED

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	SLJ172S
Vehicle Manufacturer	LandRover
Vehicle Model	Evoque
Vehicle Variant	-
Vehicle Colour	Brown
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)	-

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.
- (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.

x 

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

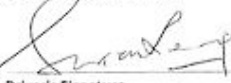
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.

DECLARATION

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

x 
 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.:















**SINGAPORE
POLICE FORCE**



T/20220306/2052

1 of 3

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

Report No. T/20220306/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2022 22:27		Vide Report No.:		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: SUSANNA LEUNG MI LING			Address: BLK 15 MOUNT SINAI RISE #15-04 SINGAPORE 276906		
ID Type / ID No.: NRIC NO / S2583994C			Contact No.: Home/Office: Mobile: 96731047		
Nationality: BRITISH			Email:		
Sex: Female	Age: 62	Date of Birth: 28/06/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/03/2022 20:20	Type of Location: Straight Road
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ172S	Car	RANGE ROVER		Brown	Slightly Damaged	0
SLK6968T	Car	JAGUAR		Black	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20220306/2052

CONTINUATION OF REPORT

Driver			
Name	MANISHA RAJESH SHETH		ID No. S2741953D
Related Vehicle	SLJ172S (Car)		Contact No. 90083447
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUSANNA LEUNG MI LING		ID No. S2583994C
Related Vehicle	SLK6968T (Car)		Contact No. 96731048 7
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 6/3/2022 at around 2021hrs, I was driving my vehicle (SLK6968T) on the 1st lane of the 3-lane road of Victoria Street towards North Bridge Road. I was heading towards Raffles Hospital when I noticed a car (SLJ172S) on the 2nd lane coming from my rear at a very fast speed. As the car approached my car, I felt an impact on the left side of my car. I had a feeling that the car had hit me on the left side, therefore I followed her. We stopped shortly in front of the incident location to exchange particulars and to settle the matter. I wish to state that I have an in car camera. I also believe that there were police cameras around the location where the incident happened. I am unsure of the estimated cost of damages. My front left fender is damaged due to the impact. I am making this report also for insurance purposes. I wish for the IO to contact me regarding this case to give me an update.



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T/20220306/2052

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20220306/2052

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 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/03/2022 22:27

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

NP168

Ashraf