

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 26/03/2022 15:16 (SGT)
Date of Accident 26/03/2022 06:50 (SGT)
Exact Location of Accident South Buona Vista Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB1570M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIU HUILING
NRIC No SXXXX321C
Email Address LIUHUILING87@GMAIL.COM
Mobile Phone No (Phone) +65-98311226
Alternative Phone No (Office) +65-98311226

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210084009
Cover Note Number -

DRIVER

Name of Driver LIU HUILING
NRIC No SXXXX321C

Date Of Birth	27/10/1987
Occupation	Indoor
Date Of Driving Pass	11/08/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98311226
Alt. Phone Number	(Office) +65-98311226
Email Address	LIUHUILING87@GMAIL.COM
Address	26 JAMBOL PLACE
Address complement	-
Postcode	119353
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20220326/2012

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	CAR CAMERA SD CARD HAS TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BICYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BICYCLIST
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

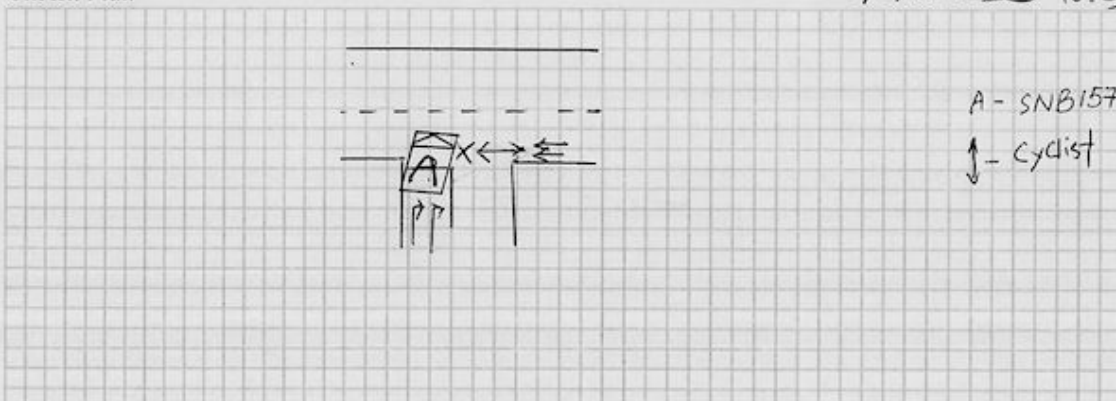

Policyholder's Signature / Date &
Time

Sketch Plan

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

Witnessed by Reporting Centre
Personnel

26/3/2022 @ 10:25



Describe Circumstances of the Accident


Please refer to the sketch plan & police report T/20220326/2012

Declaration

We declare the foregoing particulars are true in every respect.

Hueh 26/3/22
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

26/3/2022 @ 10:25



10 1SA
65476214

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20220326/0041

I, SSR Hisham
(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 32gb micro sd card 0493DVHCAQFP
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Liu Huiling, S8733321C
(Name, NRIC or Passport No. / Rank and No.)
of 26 Jambol place 119353
(Address / Police Station / NPC / NPP)
on 26/3/22 at 0738hr
(Date) (Time)

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

(Signature)
Liu Huiling S8733321C
(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)
SSR Hisham
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

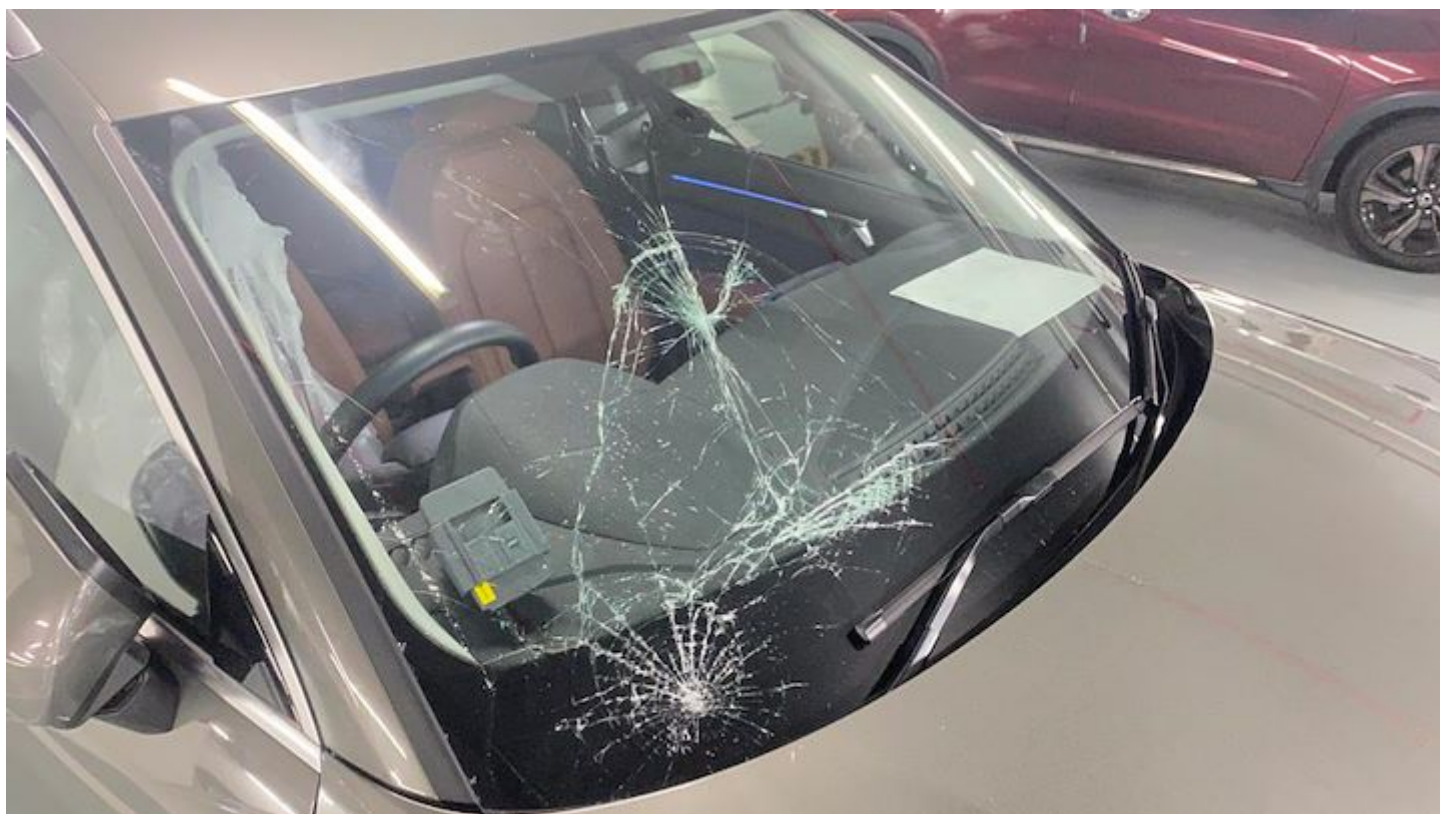
Other Remarks: _____













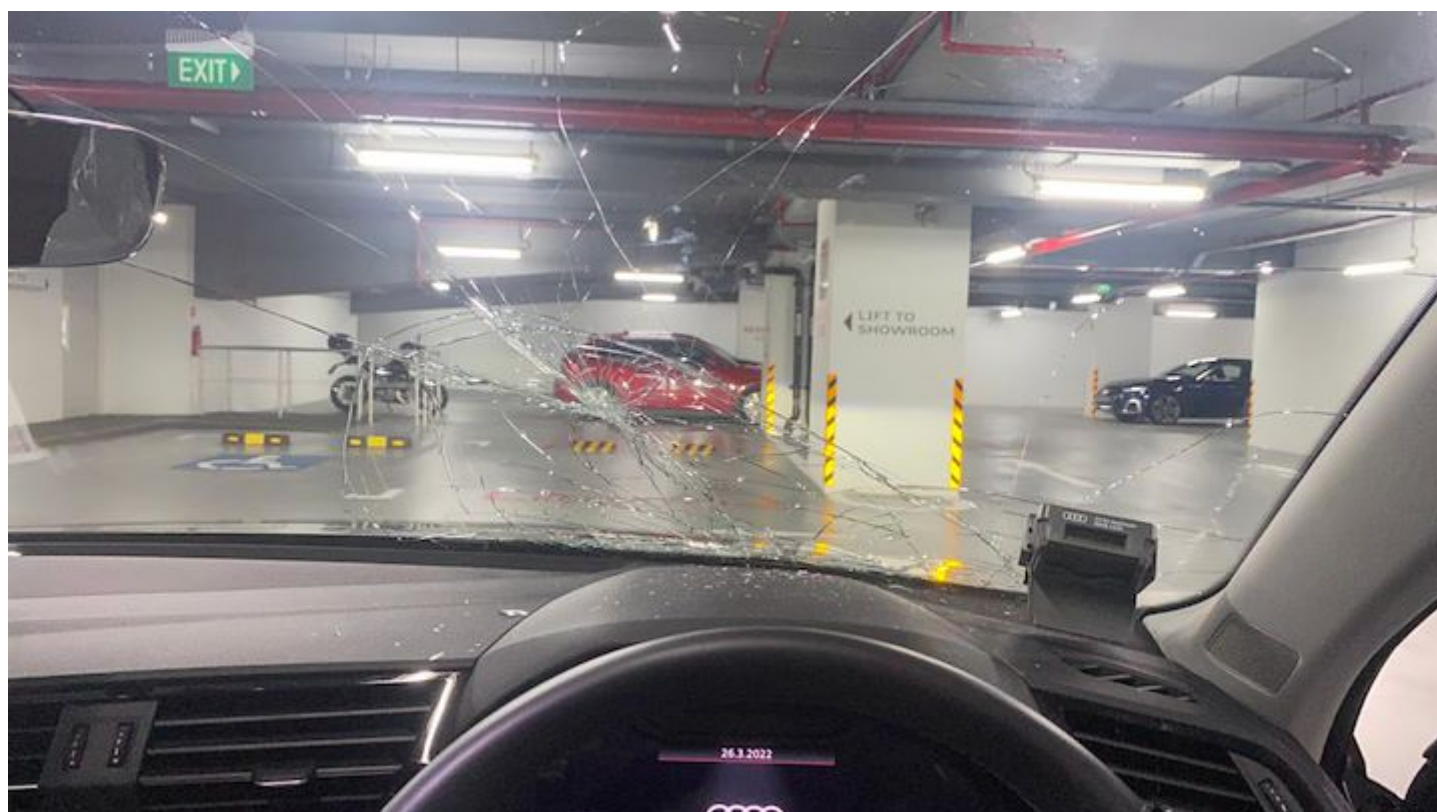


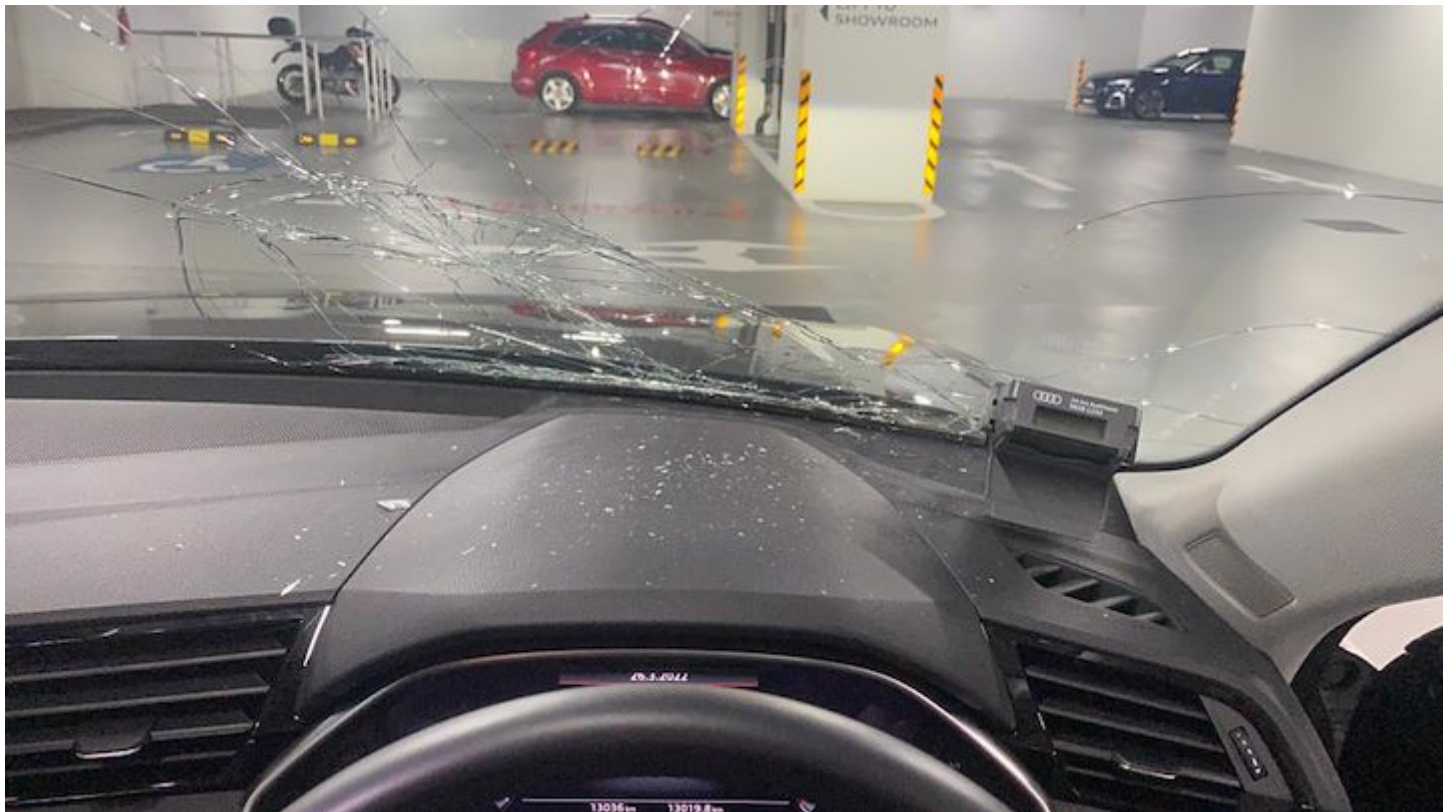


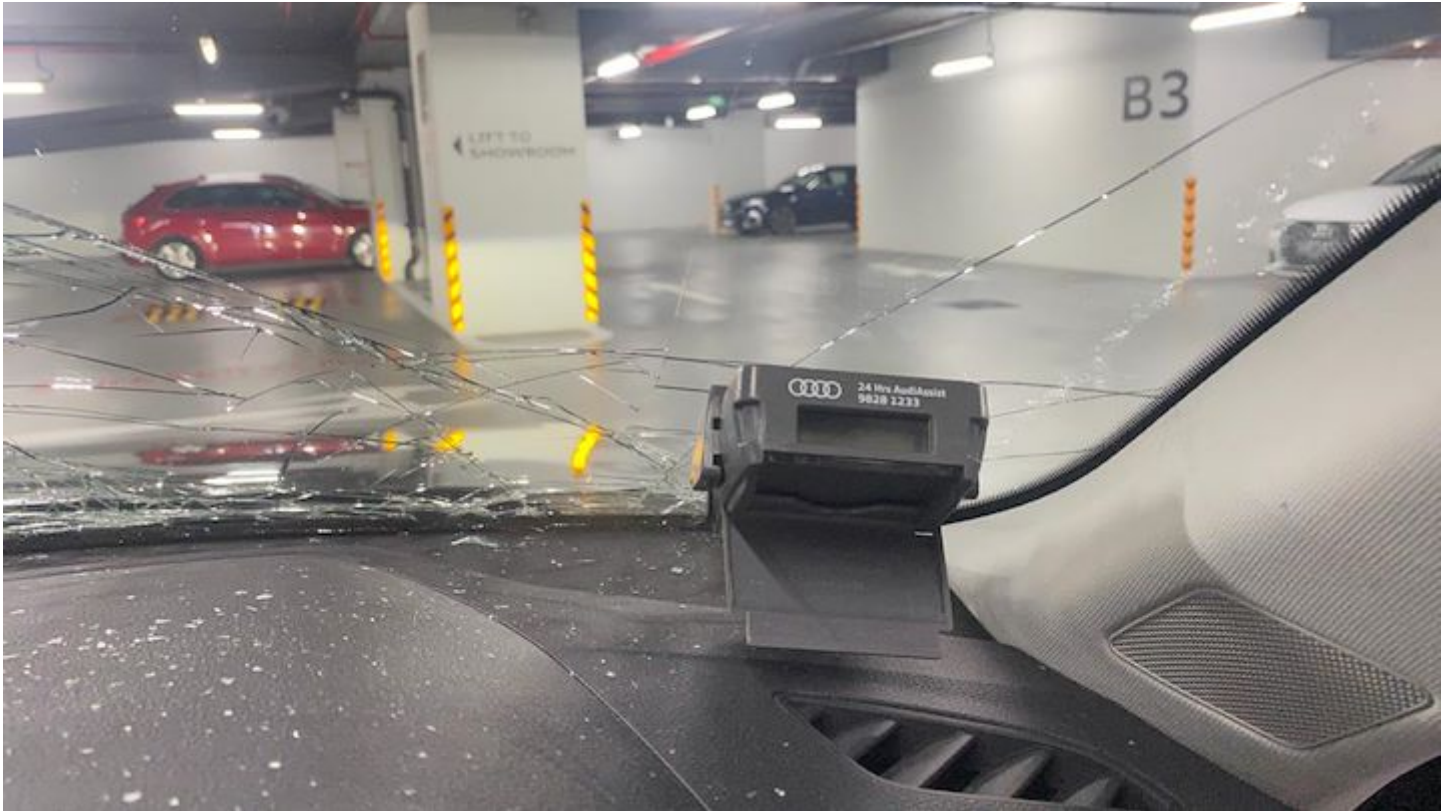













**SINGAPORE
POLICE FORCE**


T/20220326/2012

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20220326/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2022 09:07	Vide Report No.: D/20220326/0041	Station Diary No.: 21
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Informant's Particulars

Name of Informant: LIU HUILING			Address: 26 JAMBOL PLACE SINGAPORE 119353	
ID Type / ID No.: NRIC.NO / S8733321C			Contact No.:	Mobile: 98311226
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 34	Date of Birth: 27/10/1987	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: : DOCTOR		Driving Licence Information:		
		Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2022 06:50	Type of Location: T-Junction
Location: SOUTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Against cyclist			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB1570M	Car	AUDI	Q3 1.4 TFSI S TRONIC (17")	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SNB1570M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210084009	30/07/2021	29/07/2022



**SINGAPORE
POLICE FORCE**



T/20220326/2012

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20220326/2012

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LIU HUILING	ID No.	S8733321C
Related Vehicle	NIL	Contact No.	98311226
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 26/3/22 at about 0650hrs, I was driving along South Buona Vista Rd wanting to make a right turn. I had stopped at the stop line and looked out for vehicles from my left. After my left was cleared, I drove out slowly and looked over my right to see if it was clear. I was about to make the right turn when I saw a cyclist approaching on my right. I quickly stepped onto my brake however the cyclist could not stop in time hence hit onto my windscreen. He was conscious and sustained abrasions on his right forearm. I then assisted to call for the ambulance. He was then conveyed to NUH before the traffic police arrived. My car's windscreen had cracked and there is a dent on the front right side of my car. The traffic police had already took my car's SD card for my in-car camera. I wish to state that I do not sustain any injuries and I was driving alone at that time.

**SINGAPORE
POLICE FORCE**

T/20220326/2012

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20220326/2012

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:
D / SGT 3 Nurjannah Binte Amran

Signature Of Informant:


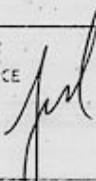
Signature Of Interpreter:
Not applicable

Date/Time:
26/03/2022 09:07

Officer In Charge Of Case:
TP / GIT /
Other INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

NP168

 SINGAPORE POLICE FORCE		SN 45
SIGNATURE		