

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 29/03/2022 09:58 (SGT)
Date of Accident 28/03/2022 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE EXIT 1A TURNING LEFT INTO JALAN BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDL9698S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAU KUIN SAM @ LIM KUIN SAM
NRIC No S0037570E
Email Address SAMLAU@SINGNET.COM.SG
Mobile Phone No (Phone) +65-90116338
Alternative Phone No (Home) +65-90116338

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
Variant NISSAN SYLPHY 1.6
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1599

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100450297-06
Cover Note Number -

DRIVER

Name of Driver LAU KUIN SAM @ LIM KUIN SAM
NRIC No S0037570E

Date Of Birth	13/10/1952
Occupation	Indoor
Date Of Driving Pass	07/11/1972
Driving experience	49 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90116338
Alt. Phone Number	(Home) +65-90116338
Email Address	SAMLAU@SINGNET.COM.SG
Address	6 JALAN GIRANG
Address complement	-
Postcode	359178
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL5675H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	WONG HOWE MENG
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

Vehicle No: SDL 968 S

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- Any false reporting may be referred to the Police for investigation**
- The 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent to:
 - My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - addressing 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - all insurers) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - 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 used outside of Singapore, for one or more of the above Purposes.
 - 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.
 - the information so collected under (a) above may be shared / disclosed:
 - 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
 - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 29/3/22
8:30 AM

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

Reporting Centre Operator's Signature
Name:
NIC/FIN No:

SKETCH PLAN

(A) My Vehicle No. **SDL 9698S**

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Location: **CTE EXIT 1A TURNING LEFT INTO TALAN BUKIT MERBAH**

Accident Date: **28/3/2022** Time: **5:30 am** / pm

- Brief Details of Accident -

PLEASE REFER TO MY POLICE REPORT DATED 28/3/22

- Other Vehicle Involved Details -

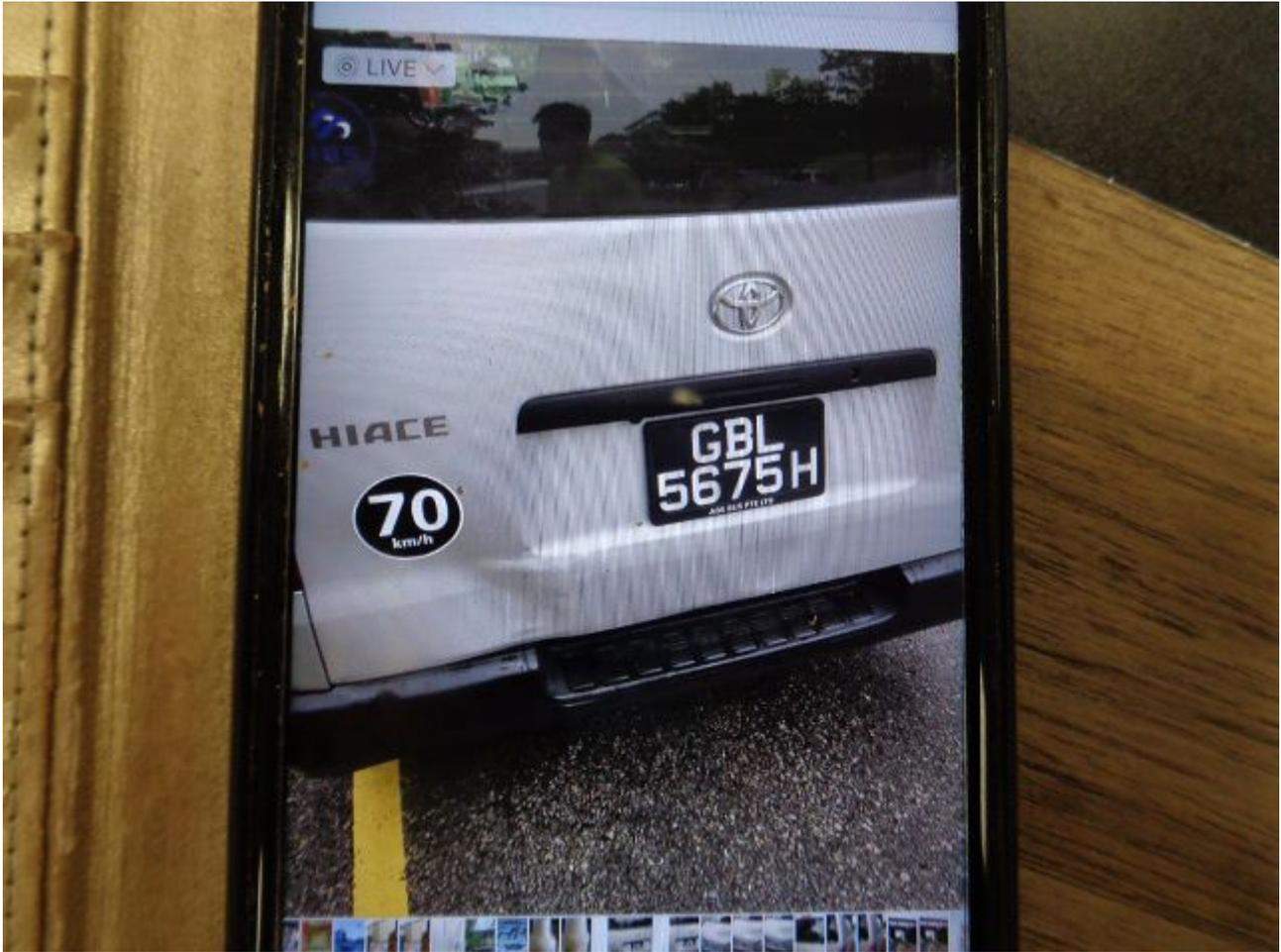
(B) Veh No: **681575H** Hp: _____ Pac: Driver Name: **WONG HOME MENG**

(C) Veh No: _____ Hp: _____ Pac: Driver Name: _____

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

Participant's Signature:  Date & Time: **29/3/22 8:30am**

Reporting Contractor's Signature:  Name: _____ MRIC/PLA No: _____





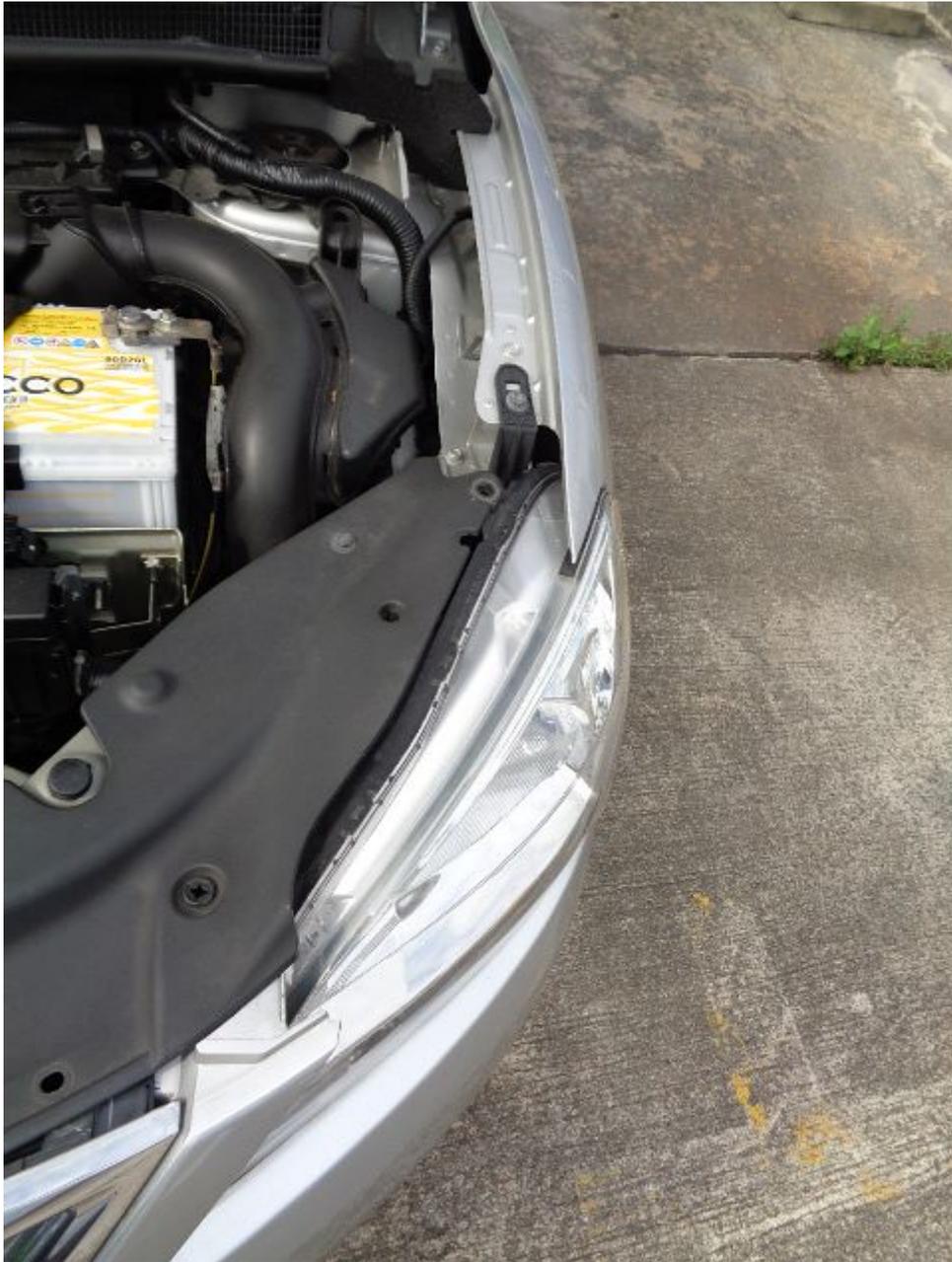


















POLICE FORCE

Police Station Of Origin
 Polong Pasir NPP
 142 Polong Pasir Avenue 3 #01-240
 SINGAPORE 380142
 Tel No: 1800-2823999

1. of 1
 Report No: T202203290946



T202203290946

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 21:36 Station Diary No.: 61

Informant's Particulars

Name of Informant: LAU KUIN SAM
 Address: 6 JALAN GIRANG SINGAPORE 359178
 Contact No.:
 Home/Office: Mobile: 90116338
 Email:

Nationality: SINGAPORE CITIZEN
 Type of Informant: Driver
 Language: Institution / School Name:

Sex: Male Age: 59 Date of Birth: 13/10/1952
 Race: Chinese
 Occupation: Retiree
 Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others:	Drink Drive: No	Date/Time of Accident: 28/03/2022 17:30	Type of Location: Slip Road
Location: CENTRAL EXPRESSWAY				
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	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
GBL5675H	Van					0
SDL9698S	Car	NISSAN	SYLPHY 1.6	Silver		0
			CVT ABS			
			D/ARBAG			
			2WD 4DR			

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
 Potong Pasir NPP
 142 Potong Pasir Avenue 3 #01-240
 SINGAPORE 350142
 Tel No: 1800-2829999

CONTINUATION OF REPORT

Report No: T20220328-2596
 2 of 3

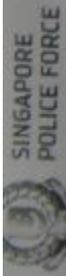
Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective
SDL9698S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100450297-06	28/01/2022
			Expiry Date
			27/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Use of Pedestrian Crossing: NA			
Driver			
Name	WONG HOWE MENG	ID No.	S7015630Z
Related Vehicle	GBL5675H (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	LAU KUIN SAM	ID No.	S0037570E
Related Vehicle	SDL9698S (Car)	Contact No.	9011633B
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 28/03/2022 at about 5:30pm, I was driving my car, SDL9698S along CTE exiting Exit 1A towards Jalan Bukit Merah. I was at the most left lane towards the direction of Singapore General Hospital. I had then stopped behind one van, GBL5675H. After a while, the van had started moving forward which I followed suit. While my car was moving forward, I had also checked the traffic coming from the main road which there was no traffic, and suddenly, the van stopped unexpectedly and I tried to engage my brake but as it was too sudden, my car still collided onto the van's rear. There was no one injured at that point of time and no traffic police and ambulance was at scene. The van driver and myself came down and access the damages of our vehicle. We had took photo of the damages and exchanged particulars and left the accident site. I am lodging this report for my record purposes.



**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Pulauong Pasir NPP
142 Pulauong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No. 1800-2839999



T202203282096

1 of 3

Report No. T202203282096

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: E / SR STAFF SGT TAN MENG SENG	
Signature of Interpreter: Not applicable	
Officer in Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No. 65476201	

Signature Of Informant:	
Date/Time:	28/03/2022 21:36
Classification Of Case:	

NP188

