

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 16/06/2022 16:38 (SGT)
Date of Accident 09/06/2022 04:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF5189G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIA KIA KWANG
NRIC No S2031436B
Email Address WEIXIANXIE181@HOTMAIL.COM
Mobile Phone No (Phone) +65-93833402
Alternative Phone No +65-93833402

VEHICLE PARTICULARS

Manufacturer Honda
Model Accord
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 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA560862
Cover Note Number -

DRIVER

Name of Driver SIA WAI YIN
NRIC No S9350327I

Date Of Birth	06/08/1993
Occupation	Indoor
Date Of Driving Pass	06/08/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93287318
Alt. Phone Number	-
Email Address	WEIXIANXIE181@HOTMAIL.COM
Address	BLK 462 CLEMENTI AVE 3 #20-636
Address complement	-
Postcode	S120462
Is the driver the policyholder?	No
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	Side Swipe
Weather Conditions	Raining
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	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : T/20220609/2049

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

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

IMPORTANT NOTICE

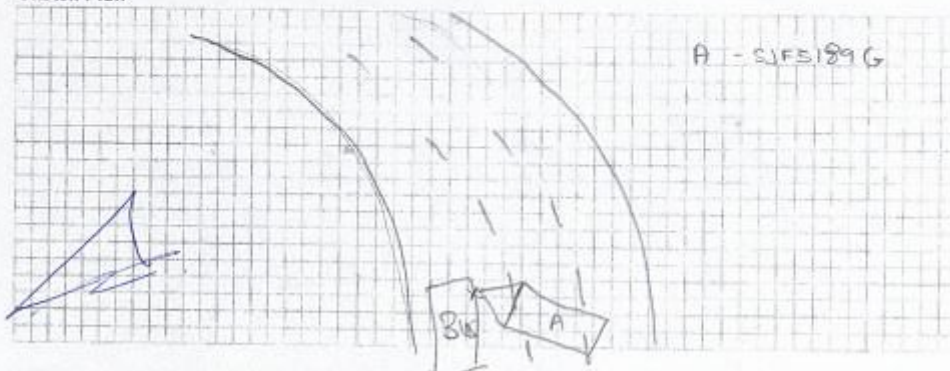
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

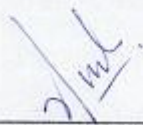



Describe Circumstances of the Accident

I'm driving along PG towards Changi, while approaching the left bend, I lost control of my car as it went over the white dotted lines. Road surface was wet. The bus was traveling along the 3rd lane, I was on the 1st lane approaching 2nd lane and I lost control of my car and Hit the front right portion of the bus. Nobody was injured. Basically my car over-steered and was sliding towards the bus.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel
























**SINGAPORE
POLICE FORCE**


T/20220609/2049

1 of 3

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20220609/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2022 15:53	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: SIA WAI YIN	Address: APT BLK 462 CLEMENTI AVENUE 3 #20-636 SINGAPORE 120462		
ID Type / ID No.: NRIC NO / S93503271	Contact No.:	Mobile: 93287318	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 28	Date of Birth: 06/08/1993	Email:
Race: Chinese	Type of Informant: Driver	Institution / School Name:	
Occupation: MOH SWAB OPERATIONS	Language: English	Driving Licence Information:	
	Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2022 04:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF5189G	Car	HONDA	ACCORD	Blue	Seriously Damaged	0

**SINGAPORE
POLICE FORCE**

T/20220609/2049

2 of 3

Report No. T/20220609/2049

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT**Brief Details.**

On the above mentioned date and time, I was driving my car bearing the said registration plate number, heading to Jalan Besar. At that point of time, I was travelling along PIE, right before Stevens Road exit. I was driving on lane 1 at a speed of 80km/hr and the traffic volume was very light.

It was not raining anymore however the floor was still wet. When I was making a turn along the bend, I believed that my tyres were on the white thick dotted lines which were wet. I then lost control of my car and my car skidded towards the left side of the road.

At that point of time, there was a SMRT bus travelling on lane 3. My car then collide into the right side front portion of the bus. There were no passenger onboard the bus and none of us were injured during the accident. I then provided the bus driver my particulars and I remained at scene for awhile. As there were no police arrival, I decided to walk to the nearest exit and took a cab thereafter. My car was still at scene and to my knowledge the towing company had towed my car away.

This is the first time such accident happened to me and there is in-car camera installed in my car. I subsequently received a call from the traffic police officer and he advised me to lodge a police report thereafter.



**SINGAPORE
POLICE FORCE**



T/20220609/2049

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Report No. T/20220609/2049

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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 2 CLEMENT CHEE WEI JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2022 15:53
Officer In Charge Of Case: TP / GIT / SI GOH WEI LI Contact No.: 65476394	Classification Of Case:

NP168