

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 Actual 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	16/08/2022 09:42 (SGT)
Reported by	Both
Date of Accident	15/08/2022 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KAY SIANG RD TWDS MARGARET DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6607X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KOK KAY
NRIC No	SXXXX392Z
Email Address	lee.simon1953@gmail.com
Mobile Phone No	(Phone) +65-84685379
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900022832-03

DRIVER

Name of Driver	LEE KOK KAY
NRIC No	SXXXX392Z
Date Of Birth	23/07/1953
Occupation	Outdoor

Date Of Driving Pass	13/12/1972
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84685379
Alt. Phone Number	-
Email Address	lee.simon1953@gmail.com
Address	BLK 410 BEDOK NORTH AVE 2
Address complement	#06-88
Postcode	460410
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	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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ6459U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	LEE KOK KAY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SJW6607X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBJ6459U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

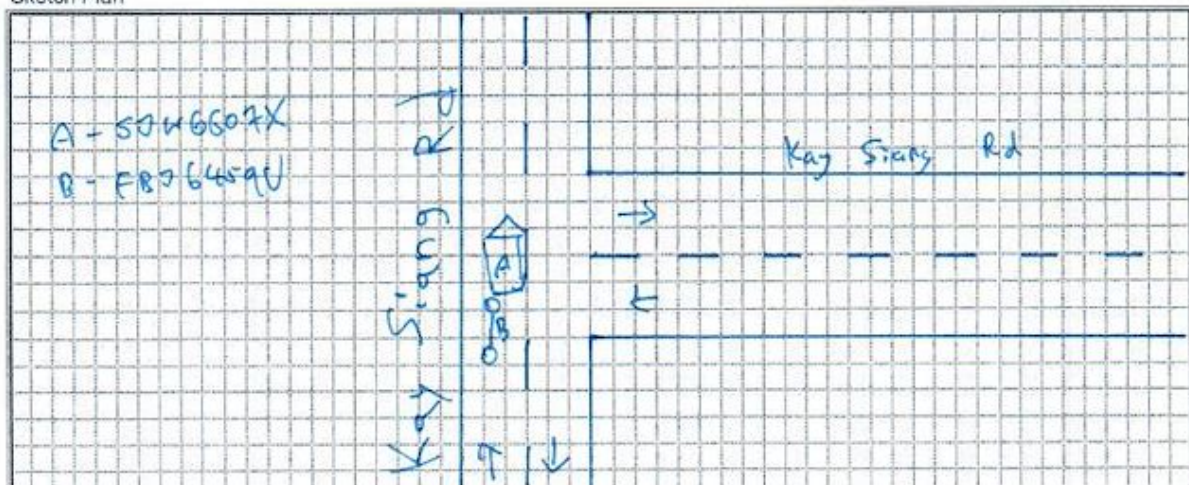
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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.
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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time I was travelling along Kay Siang Rd towards Margaret Dr before Kay Siang Rd. I was about to turn right into Kay Siang Rd. As there was oncoming traffic, I slowed down and stop. Suddenly I felt a huge impact coming from my rear portion of my vehicle and saw a motorbike hit my front left portion of my vehicle before falling onto the floor. I then alighted and realised that vehicle B has collided onto my vehicle. The rider is then conveyed to the hospital by ambulance.

Declaration

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

Jenior
Policyholder's Signature / Date & Time

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

Shyam 16/08/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220815/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220815/7030

CONTINUATION OF REPORT

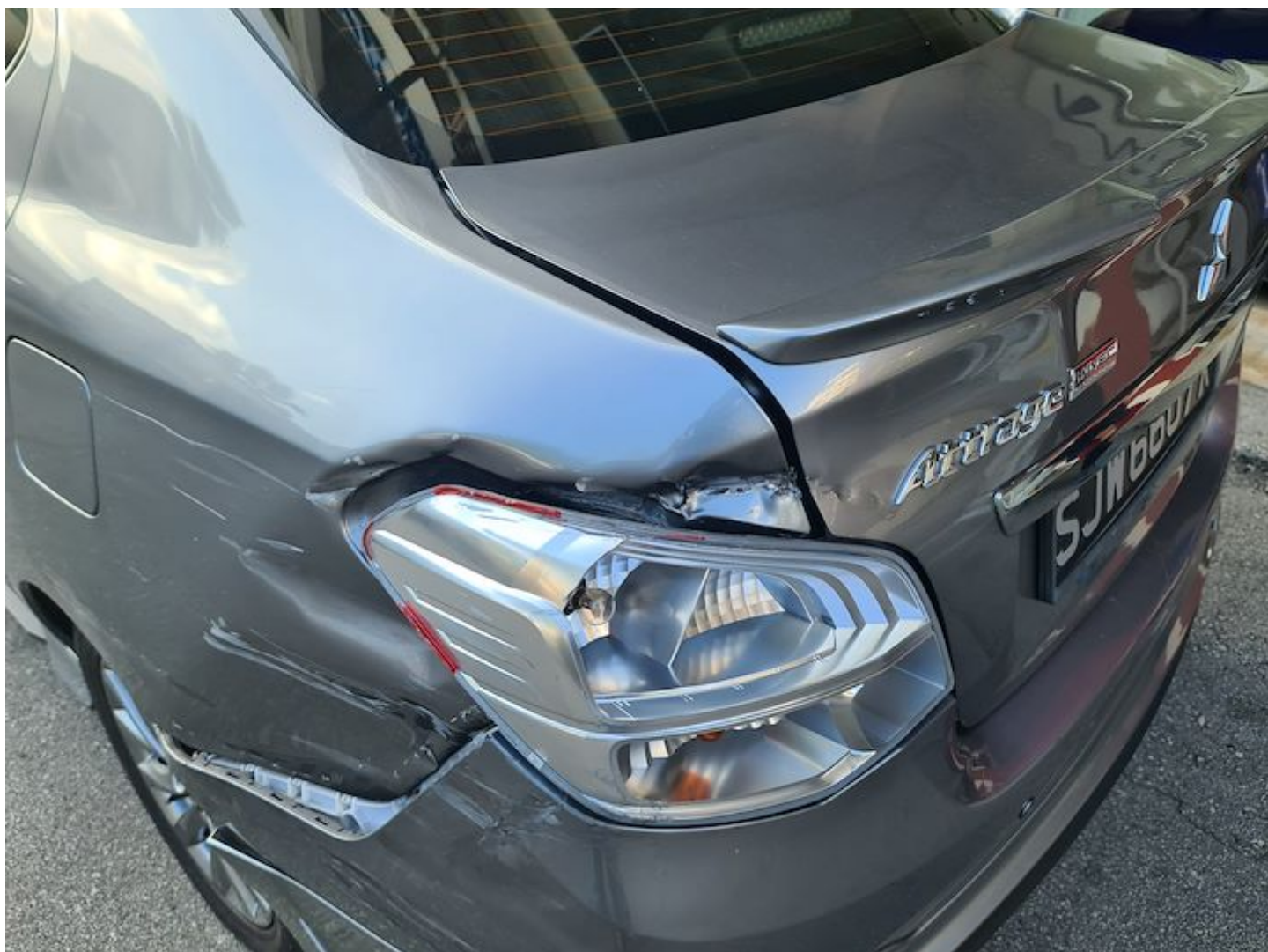
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW6607X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900022832-03	27/03/2022	26/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KOK KAY		ID No. S0121392Z
Related Vehicle	SJW6607X (Car)		Contact No. 84685379
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

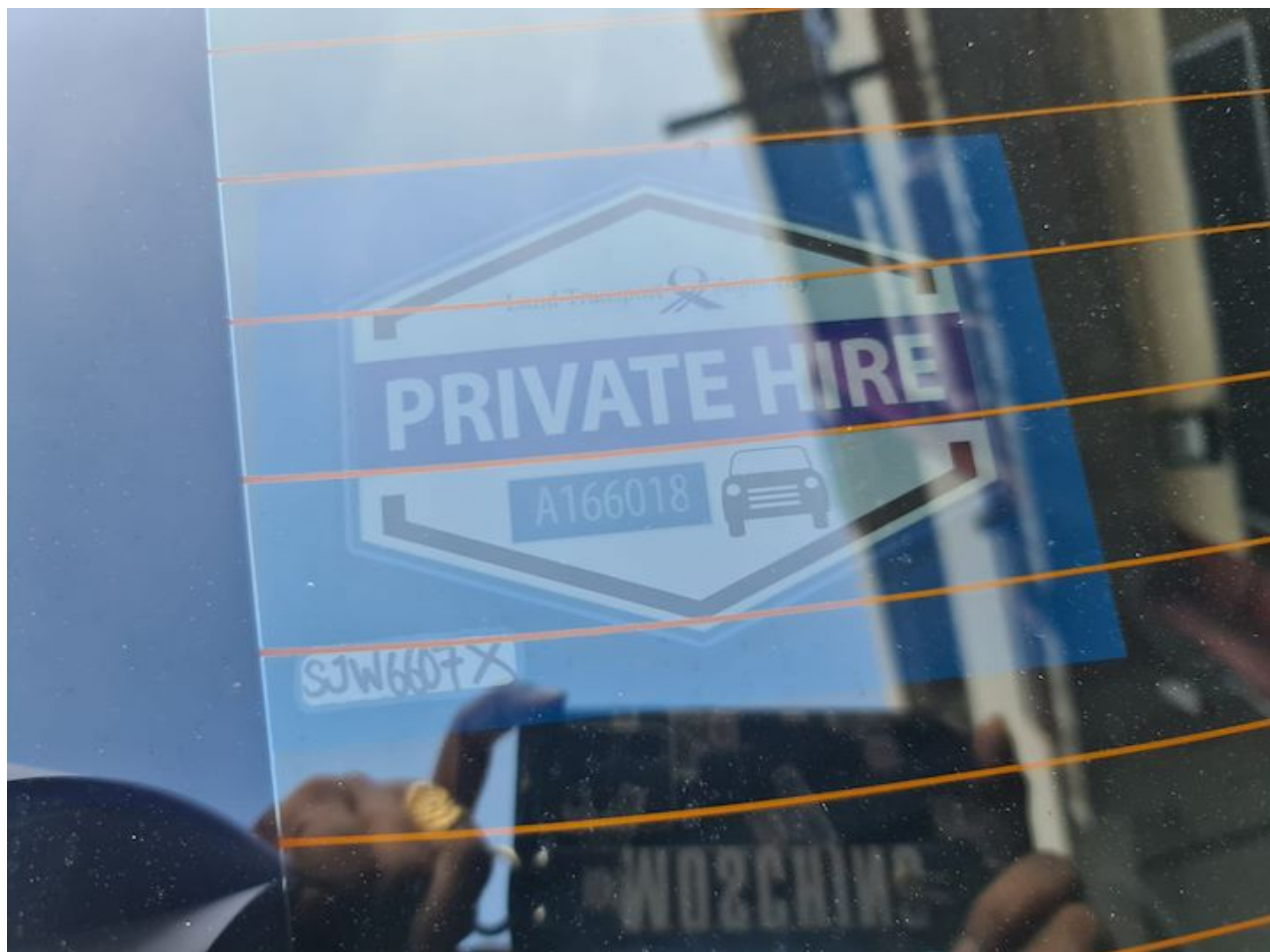
On the stated date and time I was travelling along Kay Siang road towards Margaret Driver before Kay Siang road. I was about to turn right into Kay Siang road. As there was oncoming traffic, I slowed down and stop. Suddenly I felt a huge impact coming from my rear portion of my vehicle and saw the motorbike hit my front left portion of my vehicle before falling onto the floor. I then alighted and realized that the motorbike bearing car plate FBJ6459U has collided onto my vehicle. The rider is then conveyed to the hospital by ambulance.









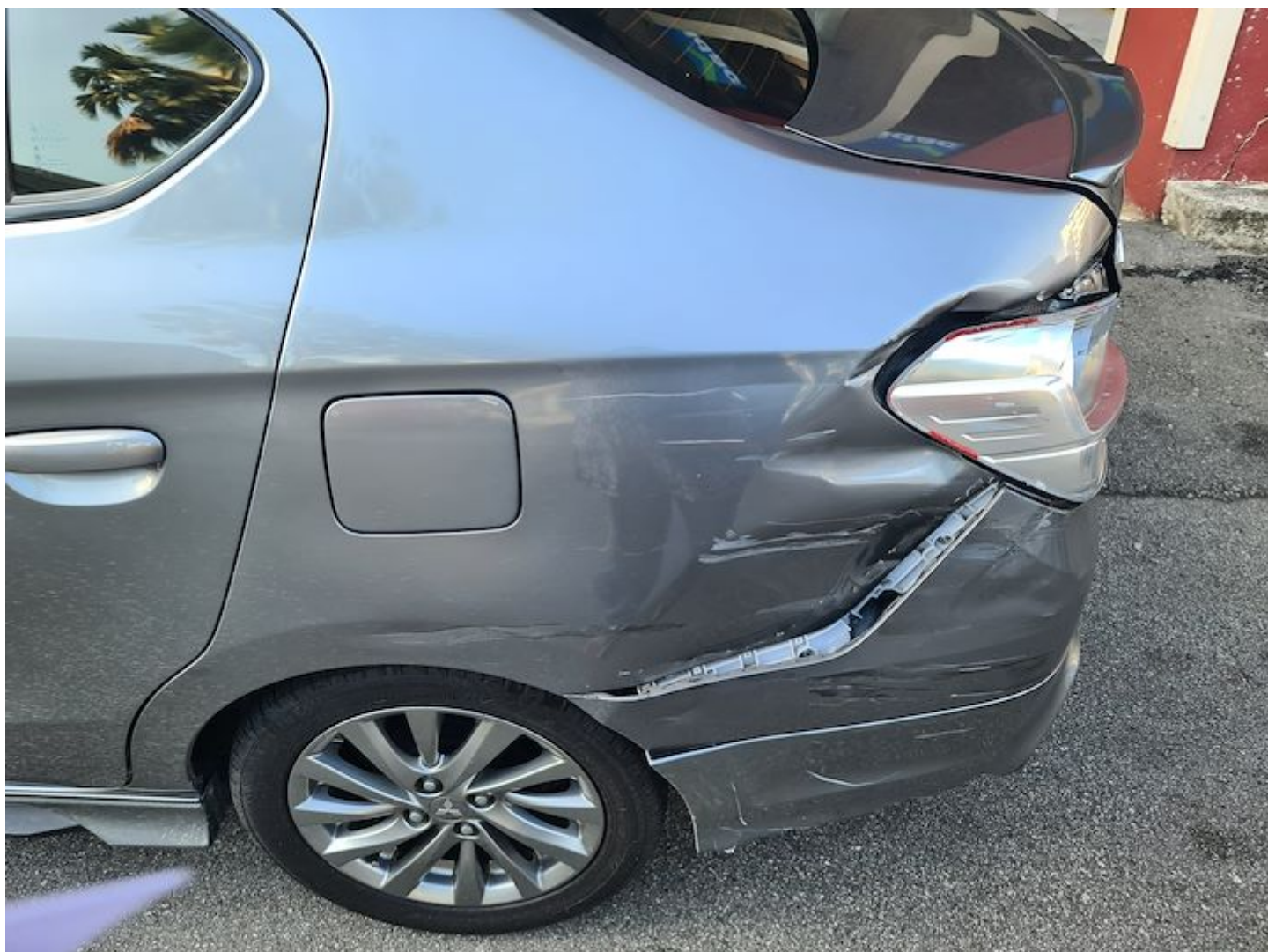




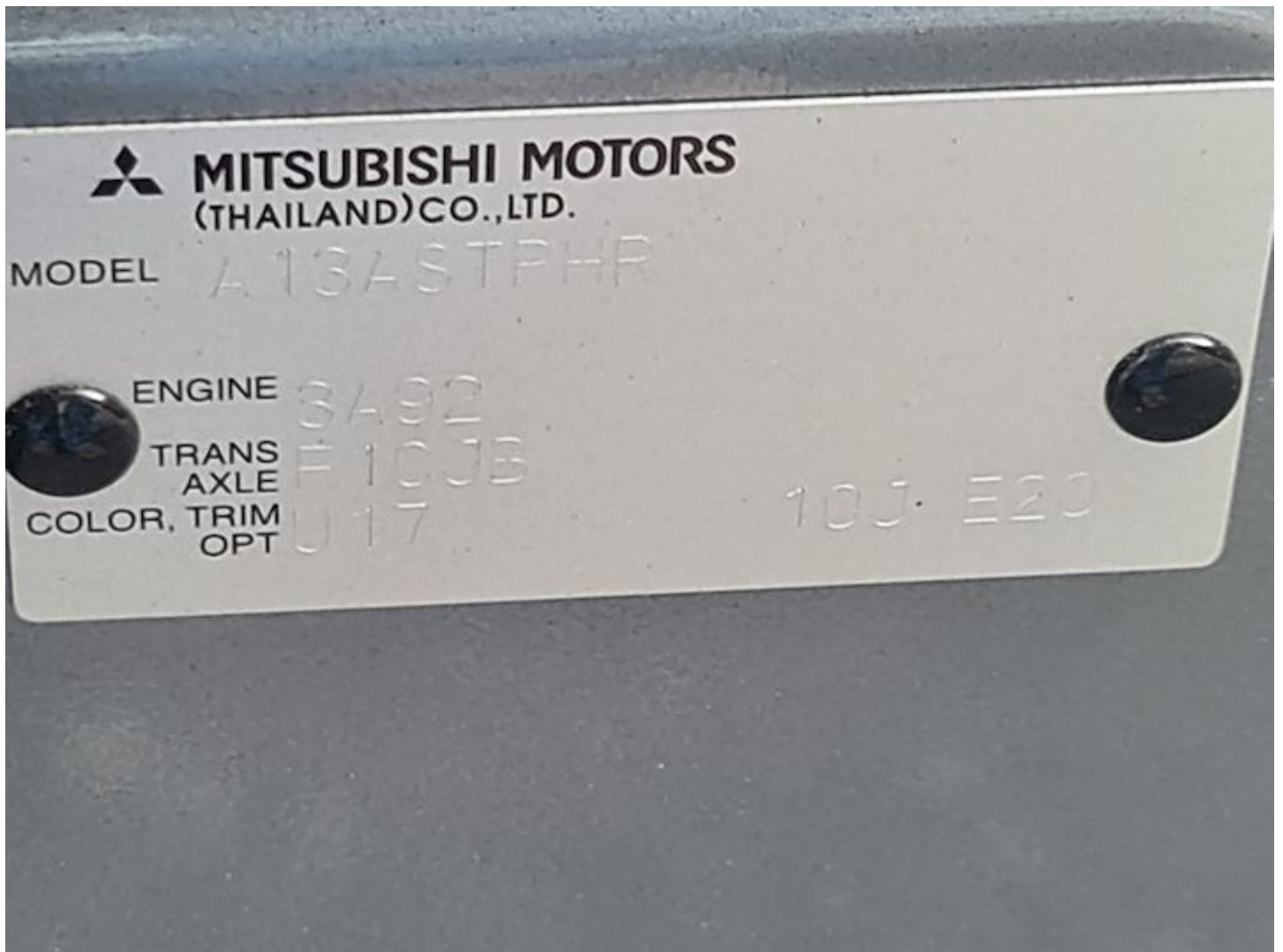


















**SINGAPORE
POLICE FORCE**



T/20220815/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220815/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2022 16:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KOK KAY			Address: 410 BEDOK NORTH AVENUE 2 #06-88 SINGAPORE 460410		
ID Type / ID No.: NRIC NO / S0121392Z			Contact No.: Home/Office: Mobile: 84685379		
Nationality: SINGAPORE CITIZEN			Email: LEE.SIMON1953@GMAIL.COM		
Sex: Male	Age: 69	Date of Birth: 23/07/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			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: 15/08/2022 12:10	Type of Location: T-Junction
Location: KAY SIANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ6459U	Motorcycle				Seriously Damaged	0
SJW6607X	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220815/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220815/7030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW6607X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900022832-03	27/03/2022	26/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KOK KAY		ID No. S0121392Z
Related Vehicle	SJW6607X (Car)		Contact No. 84685379
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On the stated date and time I was travelling along Kay Siang road towards Margaret Drive before Kay Siang road. I was about to turn right into Kay Siang road. As there was oncoming traffic, I slowed down and stop. Suddenly I felt a huge impact coming from my rear portion of my vehicle and saw the motorbike hit my front left portion of my vehicle before falling onto the floor. I then alighted and realized that the motorbike bearing car plate FBJ6459U has collided onto my vehicle. The rider is then conveyed to the hospital by ambulance.



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POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220815/7030

3 of 3

Report No. T/20220815/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
15/08/2022 16:44

Classification Of Case:

