

# 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 ..... 22/09/2022 09:12 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/09/2022 07:30 (SGT)  
Exact Location of Accident ..... Buangkok Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH4800R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LI KEE TECHNOLOGY SERVICES  
Company Reg No ..... 5XXXX946A  
Email Address ..... likeecctv@gmail.com  
Mobile Phone No ..... (Phone) +65-94501376  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7220049519

### DRIVER

Name of Driver ..... LI XIANG  
NRIC No ..... SXXXX100C  
Date Of Birth ..... 21/08/1974  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/09/2010
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94501376
Alt. Phone Number .....	-
Email Address .....	likeecctv@gmail.com
Address .....	BLK 58 SENGKANG SQUARE
Address complement .....	#15-17
Postcode .....	544699
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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) .....	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? .....	No
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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJL2890C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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****IMPORTANT NOTICE**

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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 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.
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
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

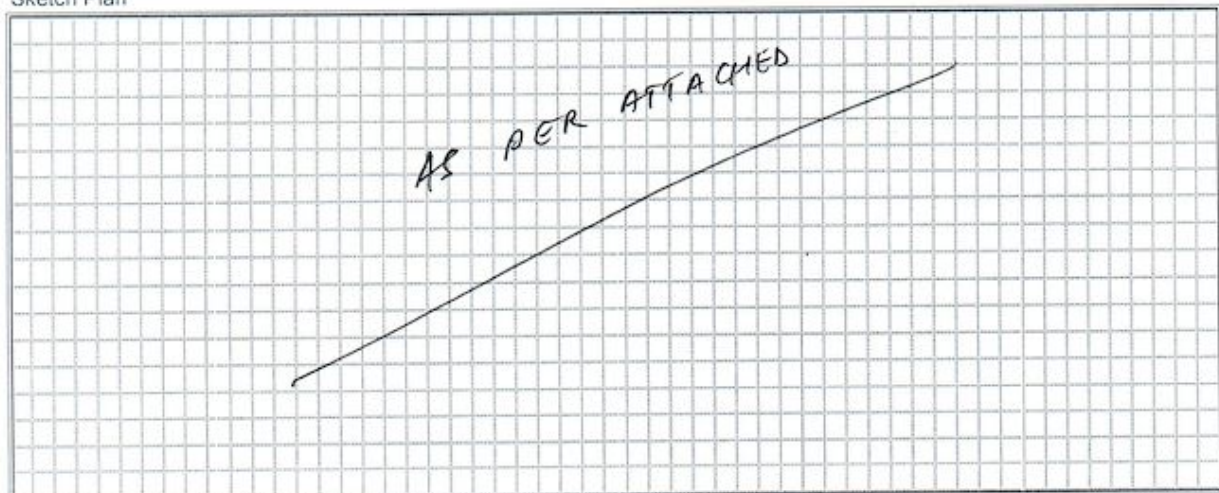
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature / Date & Time

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

 22/09/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

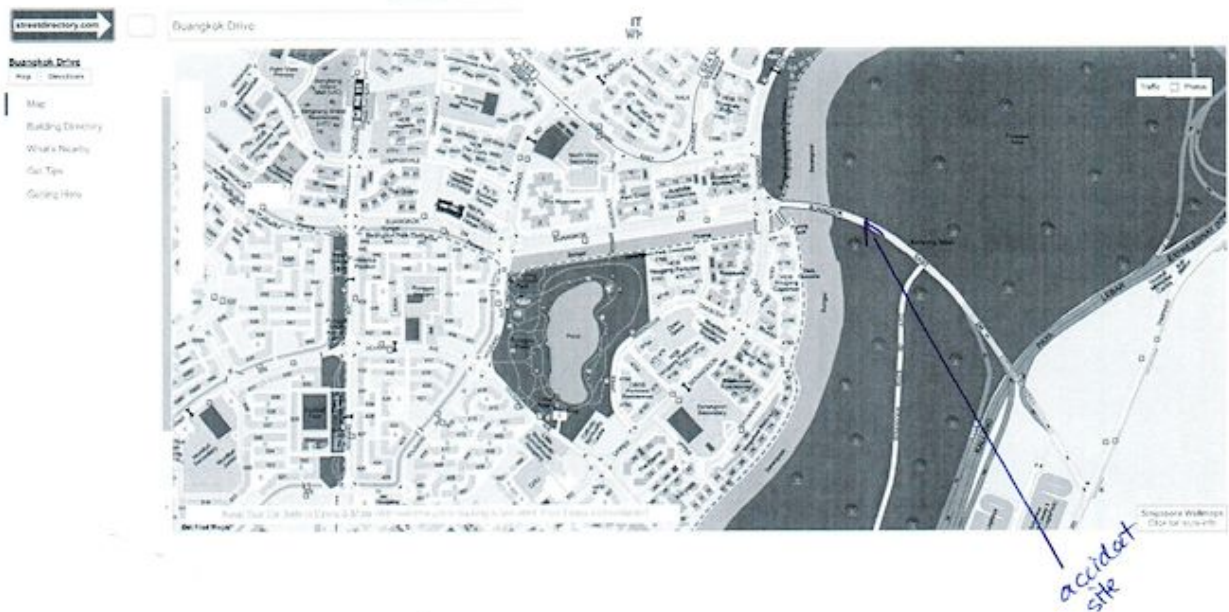


vJun2022

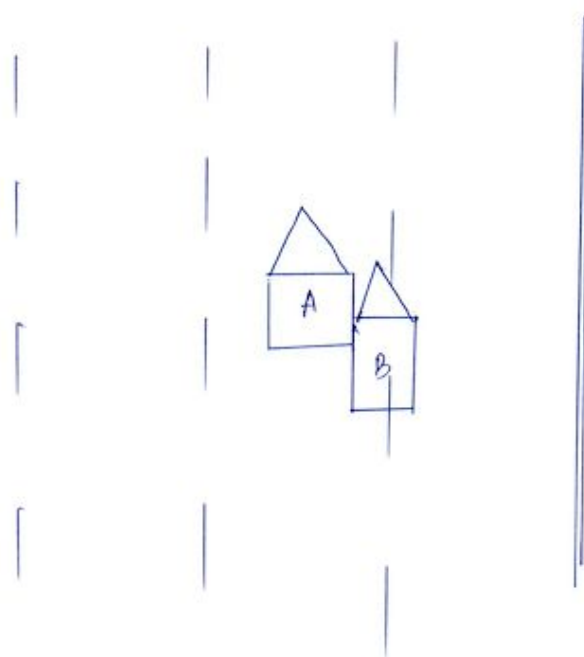
1

9/21/22, 2:07 PM

Buangkok Drive (Primary Road)



BUANGKOK DRIVE



A - GBH 4800R  
B - SJL 2890C

*Handwritten signature or initials.*



Describe Circumstance of the Accident

*P/S refer to the attached statement*

## Declaration

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

*lin*  
Policyholder's Signature / Date & Time



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

*lyn 22/09/22*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Accident Statement

On 19th Sep 2022 at about 0730 Hrs, I was driving my vehicle (GBH4800R) along Buangkok Drive toward KPE. Suddenly and without warning, a vehicle (SJL2890C) had cut into my lane and hit onto right rear of my vehicle. I want to state that I have been driving within my own designated lane and I have in-car camera recorded.

I am making this report for reporting purposes only.



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Driver's Name: Li Xiang  
I/C: S7465100C

























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09229M0001 Vehicle Registration No: GBH 4800R  
 Name (as shown in NRIC): Li Xiang NRIC/FIN/Passport No: S7465100C  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 58 Sengkang Square # 15-17 Singapore (544699)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9450 1376  
 Email Address: likecctv@gmail.com  
 Date of Accident: 19/09/2022 Time of Accident: 07:30  
 Place of Accident: Buangkok Drive  
 Insurance Company: AIQ

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend to tp claim.

Policyholder / Actual Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

Januel 23/2/23