

# 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 .....	11/10/2022 15:23 (SGT)
Reported by .....	Both
Date of Accident .....	10/10/2022 17:30 (SGT)
Exact Location of Accident .....	Paya Lebar Flyover, Singapore
Additional Location Information .....	TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK8830T
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE CHUN GEE
NRIC No .....	SXXXX572H
Email Address .....	cglee81@yahoo.com
Mobile Phone No .....	(Phone) +65-91501653
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
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 .....	Private car
Transmission .....	Auto
CC .....	1390

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1900253350-02

### DRIVER

Name of Driver .....	LEE CHUN GEE
NRIC No .....	SXXXX572H
Date Of Birth .....	14/05/1981
Occupation .....	Indoor

Date Of Driving Pass .....	05/11/2005
Driving experience .....	16 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91501653
Alt. Phone Number .....	-
Email Address .....	cglee81@yahoo.com
Address .....	BLK 686A CHOA CHU KANG CRESCENT #13-244
Address complement .....	-
Postcode .....	681686
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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201011/2010

#### 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 TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ4604T
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MOHAMMAD RIZALDHY ANASIRU
NRIC No .....	SXXXX564A
Contact Number .....	(Phone) +65-87429106
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 .....	MOHAMMAD RIZALDHY ANASIRU
Gender .....	Male
Phone No .....	(Phone) +65-87429106
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBQ4604T
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.
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 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

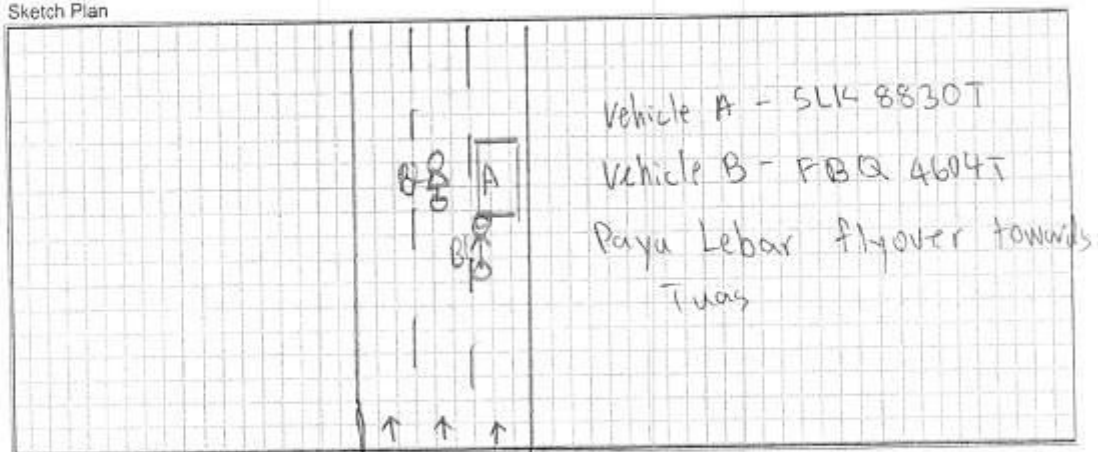
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

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

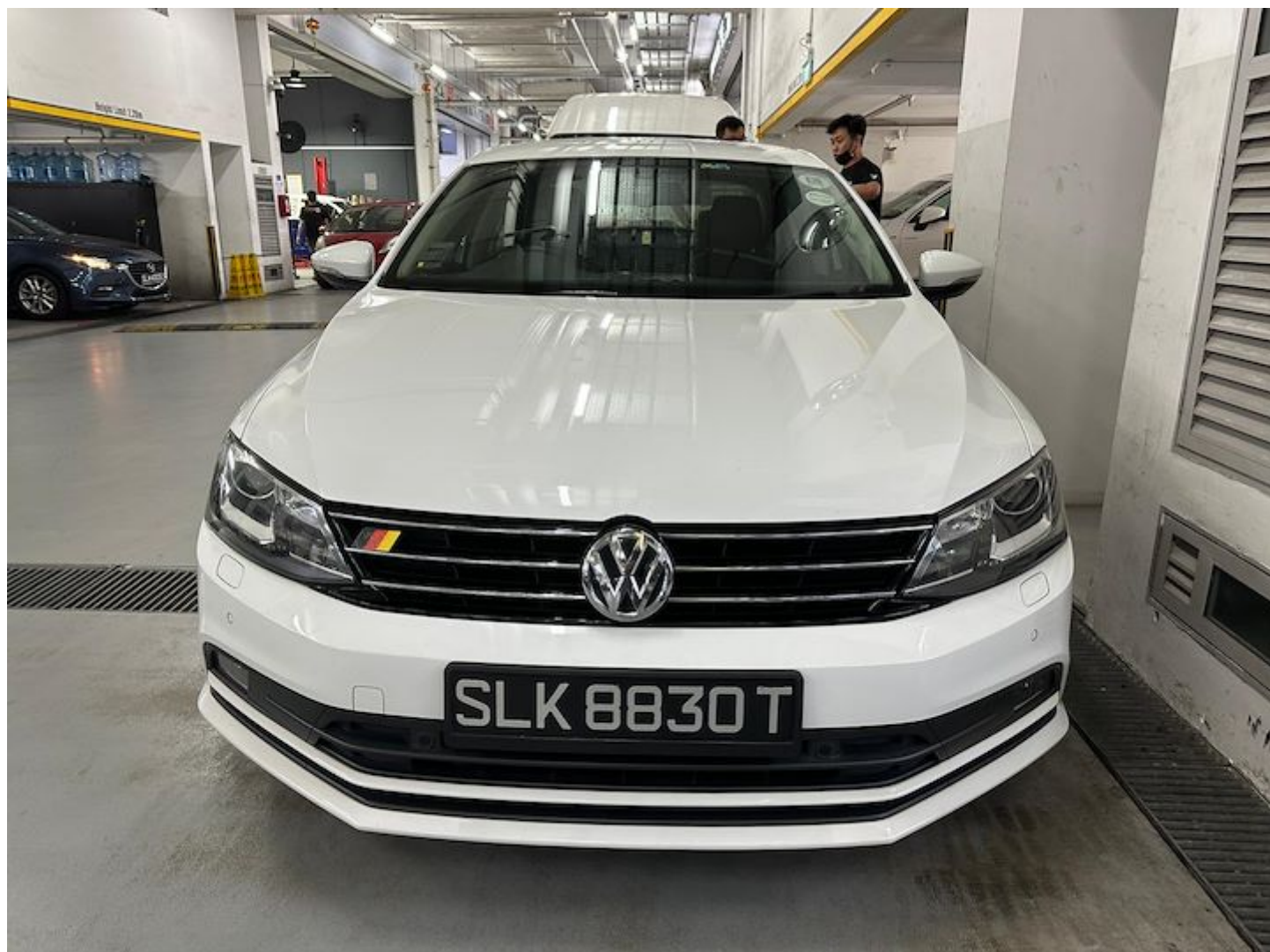
Refer to police Report  
T/2022/011/2010

Declaration  
I/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  
(Name as in NRIC/ID card)











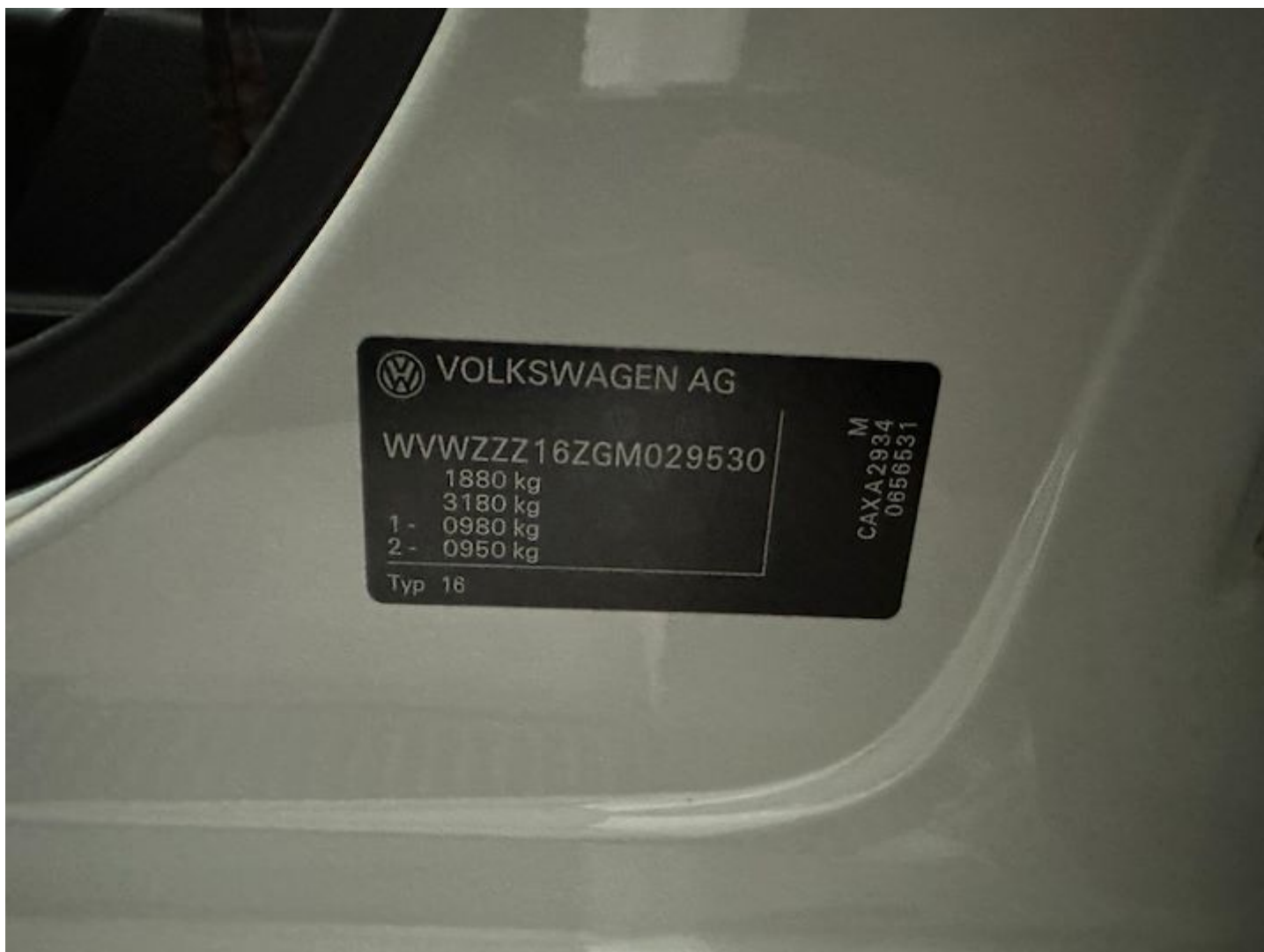




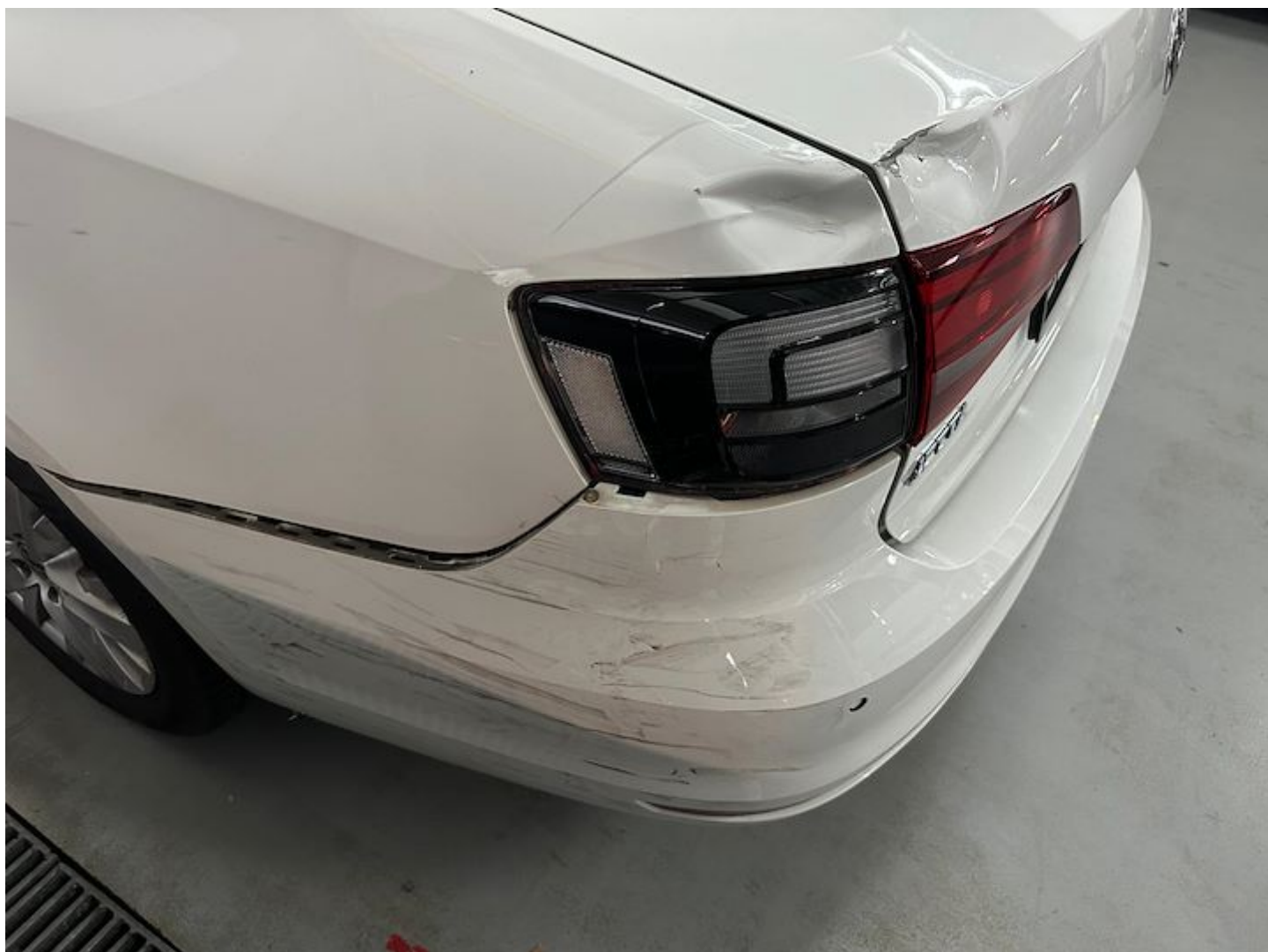










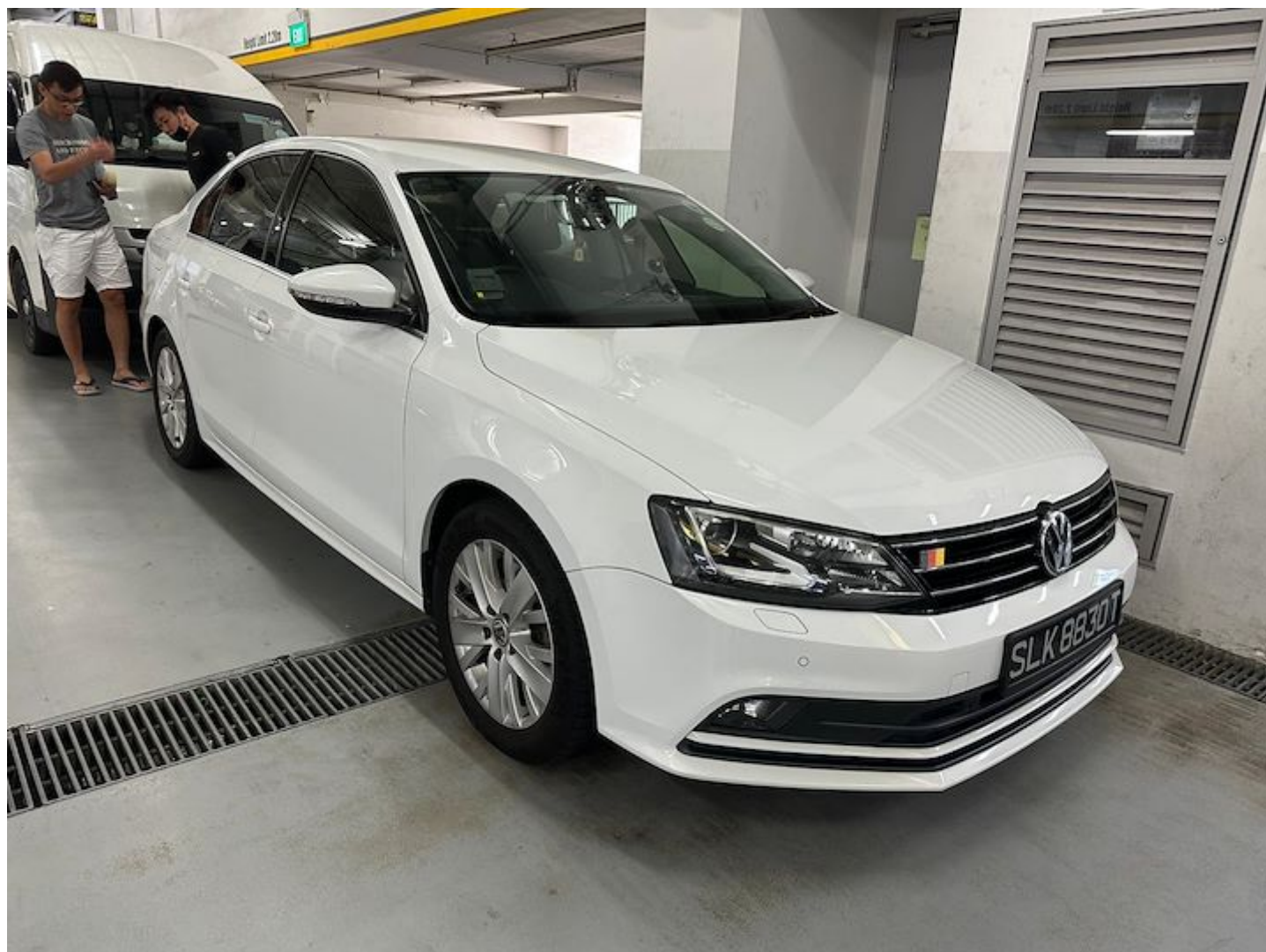















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20221011/2010

1 of 4

Report No: T/20221011/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/10/2022 08:26	Vide Report No.: G/20221010/0165	Station Diary No.: 28
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: LEE CHUN GEE	Address: APT BLK 686A CHOA CHU KANG CRESCENT #13-244 SINGAPORE 681686		
ID Type / ID No.: NRIC NO / S8175572H	Contact No.:	Mobile: 91501653	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 41	Date of Birth: 14/05/1981	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Manufacturing manager	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2022 17:15	Type of Location Flyover
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4604T	Motorcycle				Slightly Damaged	0
SLK8830T	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20221011/2010

2 of 4

Report No. T/20221011/2010

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8830T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900253350-02	27/12/2021	26/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	MOHAMMAD RIZALDHY ANASIRU		ID No.	S9877564A
Related Vehicle	FBQ4604T (Motorcycle)		Contact No.	87429106
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	Slight
Driver				
Name	LEE CHUN GEE		ID No.	S8175572H
Related Vehicle	SLK8830T (Car)		Contact No.	91501653
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 10/10/2022 at about 1715hrs, I was driving my vehicle bearing registration number SLK8830T and was travelling along PIE towards Tuas at the right most lane. I then looked at my rear view mirror and noticed a motorcycle bearing registration number FBQ4604T behind me from quite a far distance and was travelling at a fast speed. I then noticed that the motorcycle was not slowing down. However, I could not do anything and subsequently the motorcycle hit onto the rear of my vehicle. I then came to a stop and assisted the rider namely Mohammad Rizaldhy Anasiru and called for 995. I then exchanged contact details with the rider. My vehicle left rear tail light was broken, rear car boot was dented and the bumper loose. The motorcycle appeared to have a few scratches and seems to have oil leaking from it.

Shortly after, Traffic Police and Ambulance arrived at scene. Ambulance made a check on the rider and subsequently the rider was conveyed to hospital as I noticed that he suffered superficial scratch on his left leg and his right leg appeared to be swollen. Traffic Police attended to me and the report number is G/20221010/0165. I also provided my in car camera footage to Traffic Police. This is the first time such a incident happened.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20221011/2010

3 of 4

Report No. T/20221011/2010

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20221011/2010

4 of 4

Report No. T/20221011/2010

**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:

J /

SGT 1 Lim Jing Yi

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/10/2022 08:26

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No: 65476200

Classification Of Case:

NP168