

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	07/11/2022 11:30 (SGT)
Reported by	Both
Date of Accident	04/11/2022 19:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE BALESTIER ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM77B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE LIAN SHIEN
NRIC No	SXXXX202D
Email Address	jasontee77@gmail.com
Mobile Phone No	(Phone) +65-93371717
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220115568

DRIVER

Name of Driver	TEE LIAN SHIEN
NRIC No	SXXXX202D
Date Of Birth	22/09/1978
Occupation	Indoor

Date Of Driving Pass	30/10/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93371717
Alt. Phone Number	-
Email Address	jasontee77@gmail.com
Address	BLK 225 ANG MO KIO AVENUE 1 #05-595
Address complement	-
Postcode	560225
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	-

PASSENGER 1

Name	TEE YUXI ITZEL
Gender	Female

PASSENGER 2

Name	CHEN YAN HIONG
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

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	SHD3381P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHENG SING HOON
NRIC No	SXXXX146C
Contact Number	(Phone) +65-81112588
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	TEE LIAN SHIEN
Gender	Male
Phone No	(Phone) +65-93371717
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	EM77B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TEE YUXI ITZEL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	EM77B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHEN YAN HIONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	EM77B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
- B. 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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

LA
Policyholder's Signature / Date & Time

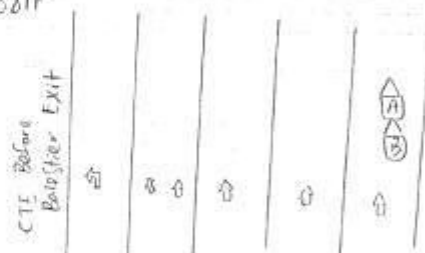
LA
Driver's Signature (if driver is not the policyholder) / Date & Time

07/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: EM77B

Vehicle B: SHD3381P




Describe Circumstances of the Accident

Refer to police Report No.: 7/2022/105/2015

Declaration

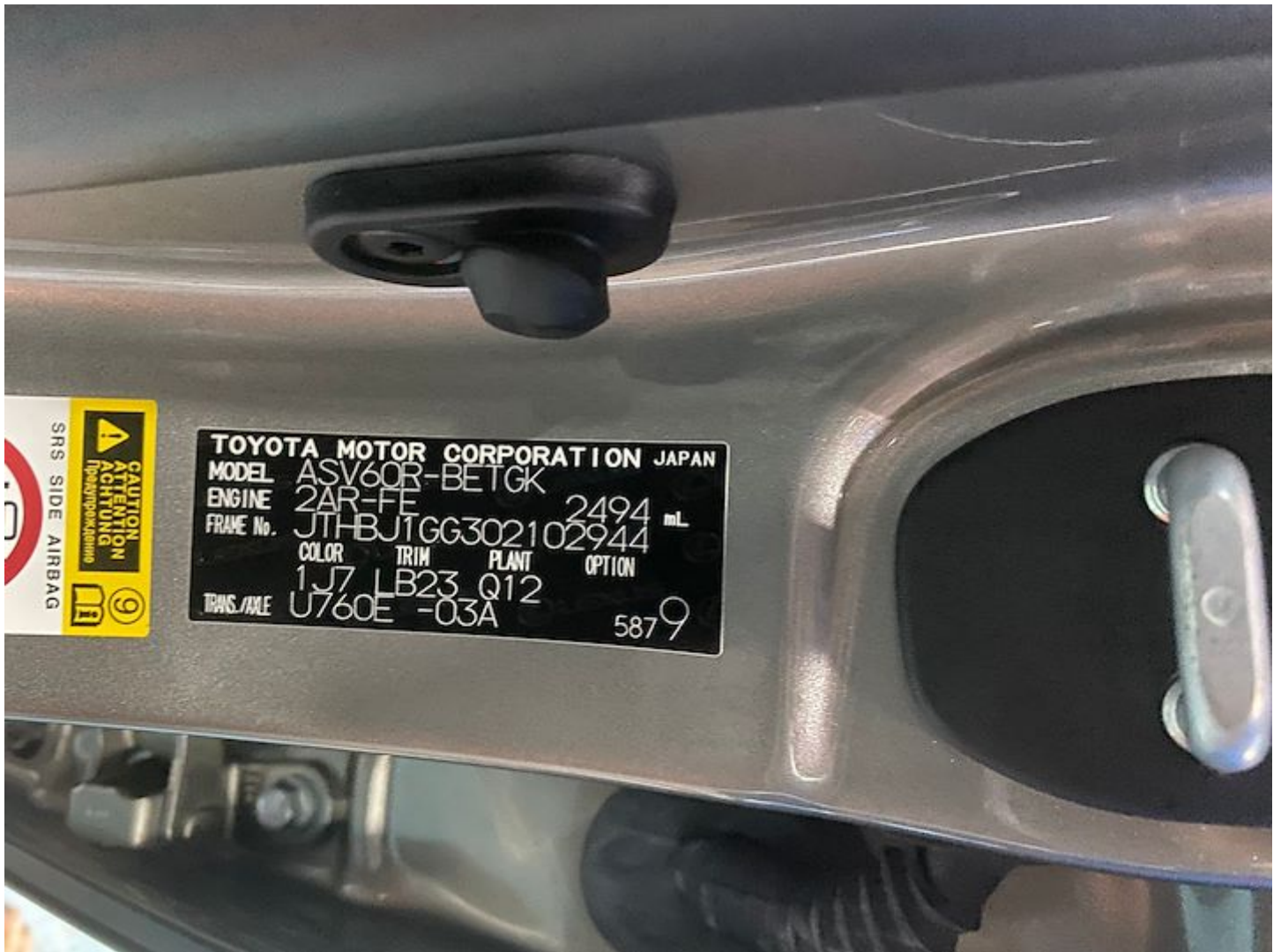
We declare the foregoing particulars are true in every respect.


Policyholder's Signature & Date & Time


Driver's Signature & Date & Time

 07/04/2022
Witnessed by Reporting Officer
Personal





















**SINGAPORE
POLICE FORCE**

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



T/20221105/2015

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Report No: T/20221105/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2022 09:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEE LIAN SHIEN			Address: APT BLK 225 ANG MO KIO AVENUE 1 #05-595 SINGAPORE 560225		
ID Type / ID No.: NRIC NO / S7862202D			Contact No.: Home/Office: Mobile: 93371717		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 22/09/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Civil engineering/Building construction labourer			Driving Licence Information: Class: Date of Expiry		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2022 19:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
EM77B	Car	TOYOTA	LEXUS ES250 EXECUTIVE A/T S/R	Silver		2
SHD3381P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40865
Tel No: 65470000



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Report No: T/20221105/2015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EM77B		7220115568	06/10/2022	05/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE LIAN SHIEN	ID No.	S7862202D
Related Vehicle	EM77B (Car)	Contact No.	93371717
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	04	Degree of Injury	NIL
Driver			
Name	CHENG SING HOON	ID No.	S1743146C
Related Vehicle	SHD3381P (Car)	Contact No.	81112588
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

Brief Details.

ON 04/11/22 AT ABOUT 1900HRS, I BEARING VEHICLE PLATE NUMBER EM77B WAS DRIVING ALONG CTE TOWARDS CITY BEFORE BALESTIER ROAD EXIT. THE OTHER PARTY BEARING VEHICLE PLATE NUMBER SHD3381P. THERE WAS AN ACCIDENT THAT HAPPENED ALONG THE SAID LOCATION CAUSING A TRAFFIC JAM MAKING EVERYONE TO SLOW DOWN. I WAS ALSO SLOWING DOWN WHEN SUDDENLY THE OTHER PARTY COLLIDED INTO THE REAR OF MY VEHICLE. WE THEN EXITED OUR VEHICLES AND EXCHANGED PARTICULARS. I ONLY STRAINED MY NECK AND WAS GIVEN 04 DAYS OF MC. THE POLICE AND AMBULANCE WERE NOT INVOLVED. THAT IS ALL.


**SINGAPORE
POLICE FORCE**

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



T/20221105/2015

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Report No: T/20221105/2015

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: TP / SC MOHAMMED AHNAF BIN MOHAMMED FAHMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2022 09:23
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168