

# 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 .....	15/02/2023 11:10 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/02/2023 18:00 (SGT)
Exact Location of Accident .....	Braddell Rd, Singapore
Additional Location Information .....	BRADDELL ROAD TOWARDS LORNIE HIGHWAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ6767P
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIA LONG QIANG
NRIC No .....	S8719424H
Email Address .....	LONGQIANG.SIA@GMAIL.COM
Mobile Phone No .....	(Phone) +65-82232112
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Forte
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2100443698-07

### DRIVER

Name of Driver .....	SIA LONG QIANG
NRIC No .....	S8719424H
Date Of Birth .....	05/07/1987
Occupation .....	Outdoor

Date Of Driving Pass .....	19/05/2006
Driving experience .....	16 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82232112
Alt. Phone Number .....	-
Email Address .....	LONGQIANG.SIA@GMAIL.COM
Address .....	BLK 465A CLEMENTI AVENUE 1 #33-76
Address complement .....	-
Postcode .....	121465
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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

#### REFER TO ATTACHMENT

#### 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 .....	SLH9084P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ENG KENG CHIM
Contact Number .....	(Phone) +65-86886086
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	4TH CAR
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SME3711G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM POY TEE
Contact Number .....	(Phone) +65-98297767
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	2ND CAR
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	UNKNOWN
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 .....	1ST CAR
No. Of Passenger (Including Driver) .....	-


#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD DIZZINESS
Injured person in which vehicle? .....	SME3711G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

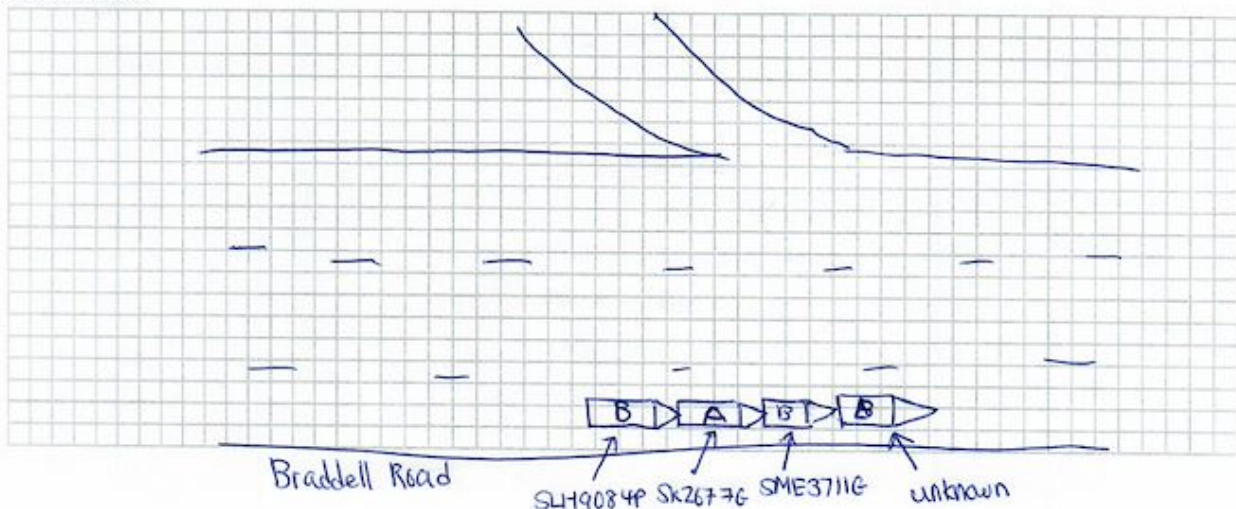
**SKETCH PLAN****IMPORTANT NOTICE**

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 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. The 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.
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.

  
 15/02/2023 (0930)  
 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**

Refer to police report attached.

**Declaration**

We declare the foregoing particulars are true in every respect.

 15/1/03 0930  
Policyholder's Signature / Date & Time

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

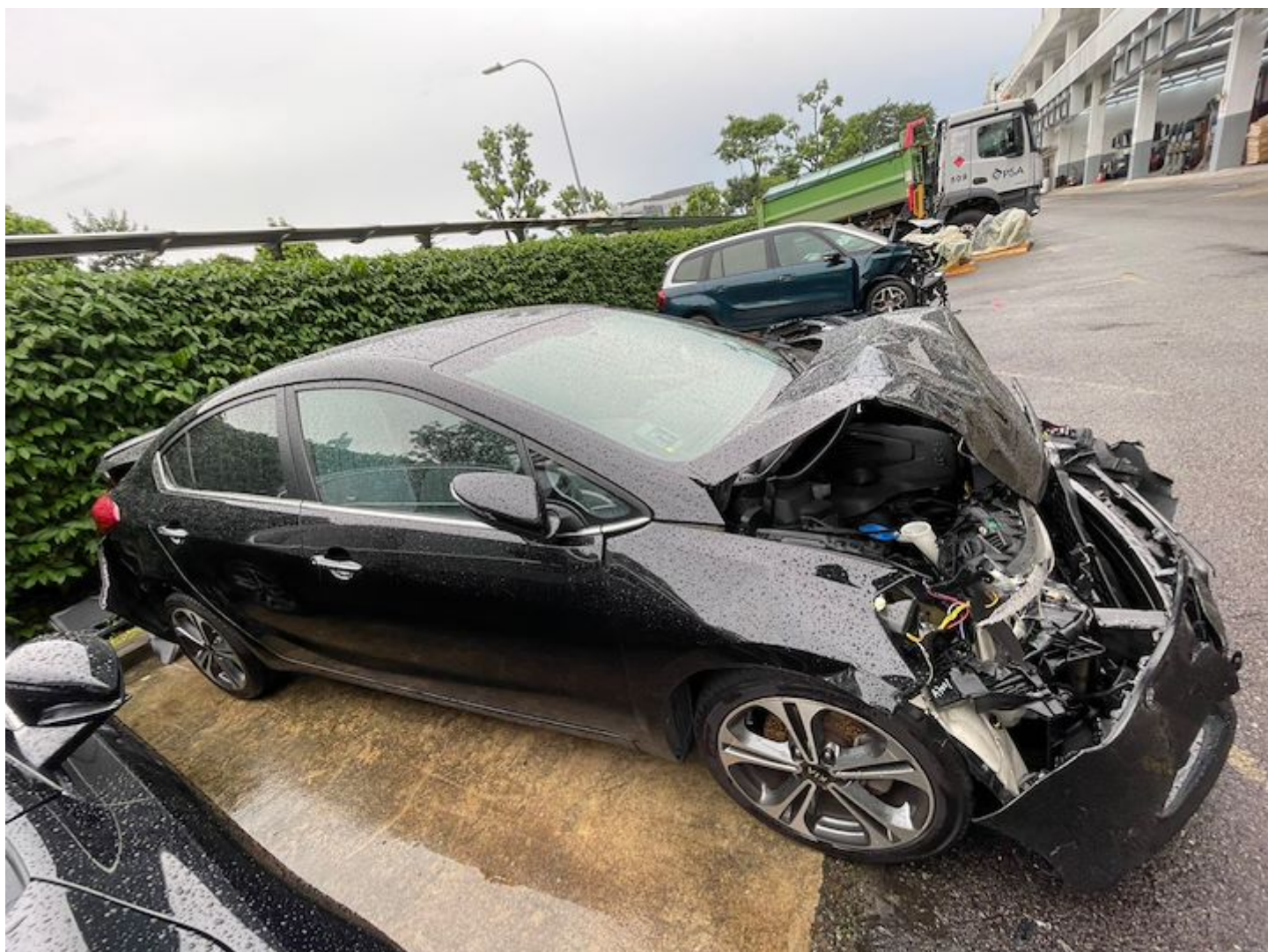
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**

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



T/20230214/7082

1 of 4

Report No. T/20230214/7082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2023 22:11		Vide Report No.: E/20230214/0135	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: SIA LONG QIANG		Address: 465A CLEMENTI AVENUE 1 #33-76 SINGAPORE 121465	
ID Type / ID No.: NRIC NO / S8719424H		Contact No.: Home/Office: Mobile: 82232112	
Nationality: SINGAPORE CITIZEN		Email: LONGQIANG.SIA@GMAIL.COM	
Sex: Male	Age: 35	Date of Birth: 05/07/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2023 18:00	Type of Location: Straight Road
Location: BISHAN STREET 11				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 70 Km/h		
Traffic Flow: One 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
SKZ6767P	Car	KIA	FORTE K3 1.6A SX	Black	Totally Damaged	0
SLH9084P	Car	TOYOTA	PRIUS	Silver	Seriously Damaged	1
SME3711G	Car	TOYOTA		White	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**

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



T/20230214/7082

2 of 4

Report No. T/20230214/7082

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ6767P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100443698-07	28/12/2022	27/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver		Use of Pedestrian Crossing: NA		
Name	SIA LONG QIANG	ID No.	S8719424H	
Related Vehicle	SKZ6767P (Car)	Contact No.	82232112	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	ENG KENG CHIM	ID No.	S7622494C	
Related Vehicle	SLH9084P (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	Unknown Passenger	ID No.	NIL	
Related Vehicle	SME3711G (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	



**SINGAPORE  
POLICE FORCE**

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



T/20230214/7082

3 of 4

Report No. T/20230214/7082

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LIM POY TEE		ID No.	S1395449F
Related Vehicle	SME3711G (Car)		Contact No.	98297767
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		No. of Days granted Medical Leave	NIL
			Date	NIL
			Degree of	NIL

Brief Details.

Reference Number: NP 168

I was on my way home driving along Braddell Road towards Lornie Highway. The vehicle in front of me (SME 3711G White Toyota MPV) braked and reduced speed suddenly. I stepped on my brake immediately but was unable to avoid the collision as another vehicle (SLH 9084P Silver Toyota Prius) collided with my vehicle from behind. The collision takes place at the outermost lane near Lor 8 Toa Payoh exit.

I have taken photos of the accident (all the photos exceeding 2MB). The MicroSD card from the in-car camera recording has been submitted to SGT T180187 Mendel for investigation purposes. I understand that IO Khairi (Tel: 6547 6214) is in charge of the case.

**SINGAPORE  
POLICE FORCE**

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



T/20230214/7082

4 of 4

Report No. T/20230214/7082

**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 /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476187

NP168

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

Date/Time:  
14/02/2023 22:11

Classification Of Case:



**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: SC1X232F0002 Vehicle Registration No: SKZ 6767 P  
 Name (as shown in NRIC): SIA Long Qiang NRIC/FIN/Passport No: 424H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8223 2112  
 Email Address: \_\_\_\_\_  
 Date of Accident: 14/02/2023 Time of Accident: 18:00  
 Place of Accident: Braddell Road Towards Lornie Highway  
 Insurance Company: Alfa

**(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:

Addendum on Email Address

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 16/02/2023