

# 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 .....	21/02/2023 10:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/02/2023 08:30 (SGT)
Exact Location of Accident .....	Lentor Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDR2946R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIM ZHAO LUN, TERENCE
NRIC No .....	SXXXX464C
Email Address .....	terence@simzwerkz.com
Mobile Phone No .....	(Phone) +65-97980821
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla180
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1800103190-04

### DRIVER

Name of Driver .....	SIM ZHAO LUN, TERENCE
NRIC No .....	SXXXX464C
Date Of Birth .....	28/09/1982
Occupation .....	Indoor

Date Of Driving Pass .....	11/03/2002
Driving experience .....	20 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97980821
Alt. Phone Number .....	-
Email Address .....	terence@simzwerkz.com
Address .....	BLK 641 BEDOK RESERVOIR ROAD #11-67
Address complement .....	-
Postcode .....	410641
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) .....	2
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 .....	YUE SWEE LIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
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 .....	SLE7382H
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SIM ZHAO LUN, TERENCE
Gender .....	Male
Phone No .....	(Phone) +65-97980821
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SDR2946R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	YUE SWEE LIAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SDR2946R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

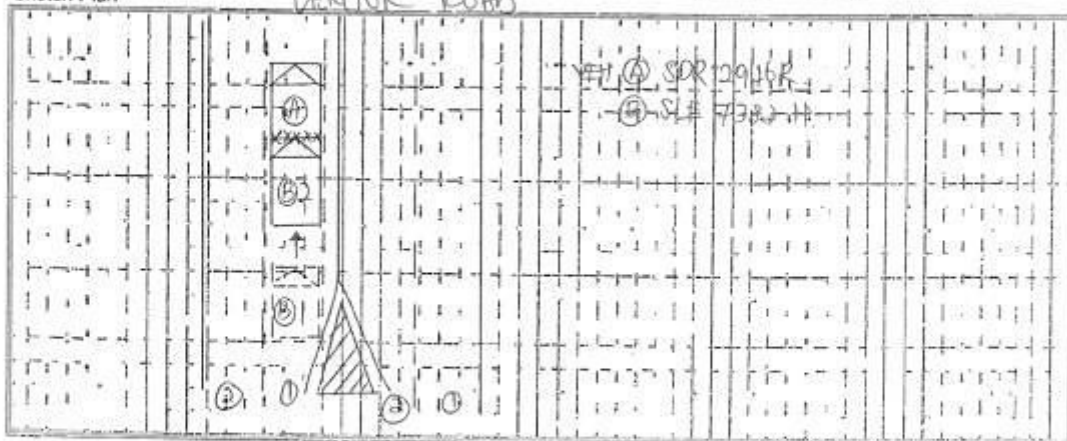
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

PLEASE REFER TO POLICE REPORT = F120-23022017030.

**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

 21/02/2013  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)



























**SINGAPORE  
POLICE FORCE**



F/20230220/7030

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20230220/7030

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 20/02/2023 12:53	Vide Report No.	Station Diary No.
Name Of Informant SIM ZHAOLUN, TERENCE	Address 641 BEDOK RESERVOIR ROAD #11-67 SINGAPORE 410641	
ID Type / ID No. NRIC NO / S8229464C	Contact No. Home/Office:	Mobile: 97980821
Nationality SINGAPORE CITIZEN	Email Address TERENCE@SIMZWEEKZ.COM	
Occupation INDOOR	Sex Male	Age 40
Institution/School Name	Date of Birth 28/09/1982	Race Chinese
Date/Time Of Incident 20/02/2023 08:30	Location Of Incident LENTOR ROAD	

**Brief details.**

ON THE STATED DATE & DATE, I WAS DRIVING MY VEHICLE (A) SDR 2946 R, TRAVELLING ALONG LENTOR ROAD WITH YUE SWEE LIAN (F) MY MOTHER AS MY PASSENGER. I WAS DRIVING MY VEHICLE (A) SDR 2946 R ON LANE 1 AND PROCEED STRAIGHT. WHEN I NOTICED THAT THE VEHICLE INFRONT OF ME WAS STOPPED HIS VEHICLE, I ALSO STOPPED MY VEHICLE, AFTER I COMPLETED MAKE A STOPPED, I FELT A MASSIVE IMPACT FROM MY REAR. VEHICLE (B) SLE 7382 H, DID NOT STOPPED AT THE MOMENT AND HIT ONTO THE REAR OF MY VEHICLE, AND MY VEHICLE WAS DAMAGED. WE ALIGHTED AND EXCHANGE EACH OTHER

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2023 12:53
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE  
POLICE FORCE**

F/20230220/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230220/7030

PARTICULAR. I LODGED THIS REPORT FOR INSURANCE CLAIMS PURPOSE.

AFTER ACCIDENT, MY MOTHER AND I WAS FELT UNWELL AND WENT TO CLINIC (NORWOOD MEDICAL CLINIC) MAKE MEDICAL TREATMENT, DOCTOR HAVE GIVEN US 5 DAYS MC.

VEH (A) SDR 2946 R

VEH (B) SLE 7382 H

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2023 12:53
Officer In-Charge Of Case:	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: SN08232L0001 Vehicle Registration No: SDR2946R  
 Name (as shown in NRIC): SIM ZHAO LUN, TERENCE NRIC/FIN/Passport No: S8229464C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK L41 BEDOK RESERVOIR ROAD Singapore (410641)  
 Contact (Tel): 97980821 Mobile No.: -  
 Email Address: TERENCE@SIMWERKZ.COM  
 Date of Accident: 20/02/2023 Time of Accident: 0830HRS  
 Place of Accident: LENTOR RD  
 Insurance Company: AIG

**(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:

PLEASE KINDLY HELP TO AMEND THE E-MAIL TO  
TERENCE@SIMWERKZ.COM.

x

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:

GLA0010 Addendum Form