

# 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 .....	12/04/2023 11:14 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/04/2023 08:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER BUKIT TIMAH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR4299E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIU WENLI
NRIC No .....	SXXXX533E
Email Address .....	shishanglao@gmail.com
Mobile Phone No .....	(Phone) +65-97928999
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	428i
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1997

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220040543

### DRIVER

Name of Driver .....	LIU WENLI
NRIC No .....	SXXXX533E
Date Of Birth .....	05/02/1975
Occupation .....	Indoor

Date Of Driving Pass .....	12/04/2012
Driving experience .....	11 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-97928999
Alt. Phone Number .....	-
Email Address .....	shishanglao@gmail.com
Address .....	APT BLK 327 JURONG EAST STREET 31
Address complement .....	# 06-168
Postcode .....	600327
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 .....	Hit and run / Vandalism / Damaged whilst parked
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SLN6169S
Vehicle Manufacturer .....	Toyota
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

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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.
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.

<p><i>[Signature]</i></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 12/4/2023</p> <p>Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
<p>Sketch Plan</p> <div style="border: 1px solid black; height: 150px; position: relative;"> <div style="position: absolute; top: 10px; left: 10px;"> <p>Upper Bukit Timah Road</p> </div> <div style="position: absolute; top: 60px; left: 60px;"> <p>A: SMR4299E</p> <p>B: SLN4169S</p> </div> </div>		



Describe Circumstance of the Accident	
VEHICLE NO: SMR4299E	ACCIDENT DATE & TIME: 05/04/2023 8:50am
CONTACT NUMBER: 97928999	E-MAIL: shishanglao@gmail.com
LOCATION: upper BT Timah Road	
<p>I was about to reach BT Timah Road. I checked that there was no car and I slowly moved. Suddenly SMH1699 rushed &amp; speed up as the traffic light was about changing she hit my car and didn't stop at all, continuously driving off. I followed and stopped her car. She asked about my repair cost, and she said her husband would contact me for repair settlement.</p> <p>She hit &amp; run my car &amp; drove off.</p>	
<p>我到达路口, 检查没有车, 慢慢移动 突然对方的车加速冲过来, 因为要变灯 刮蹭了我的车, 对方没有停, 直接继续驾驶离开 我跟了一段路, 追到对方, 对方说赔钱或维修费, 等她先生打回。</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> <p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM CD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

x 2m  
Policyholder's Signature / Date & Time

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

June 12/4/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

















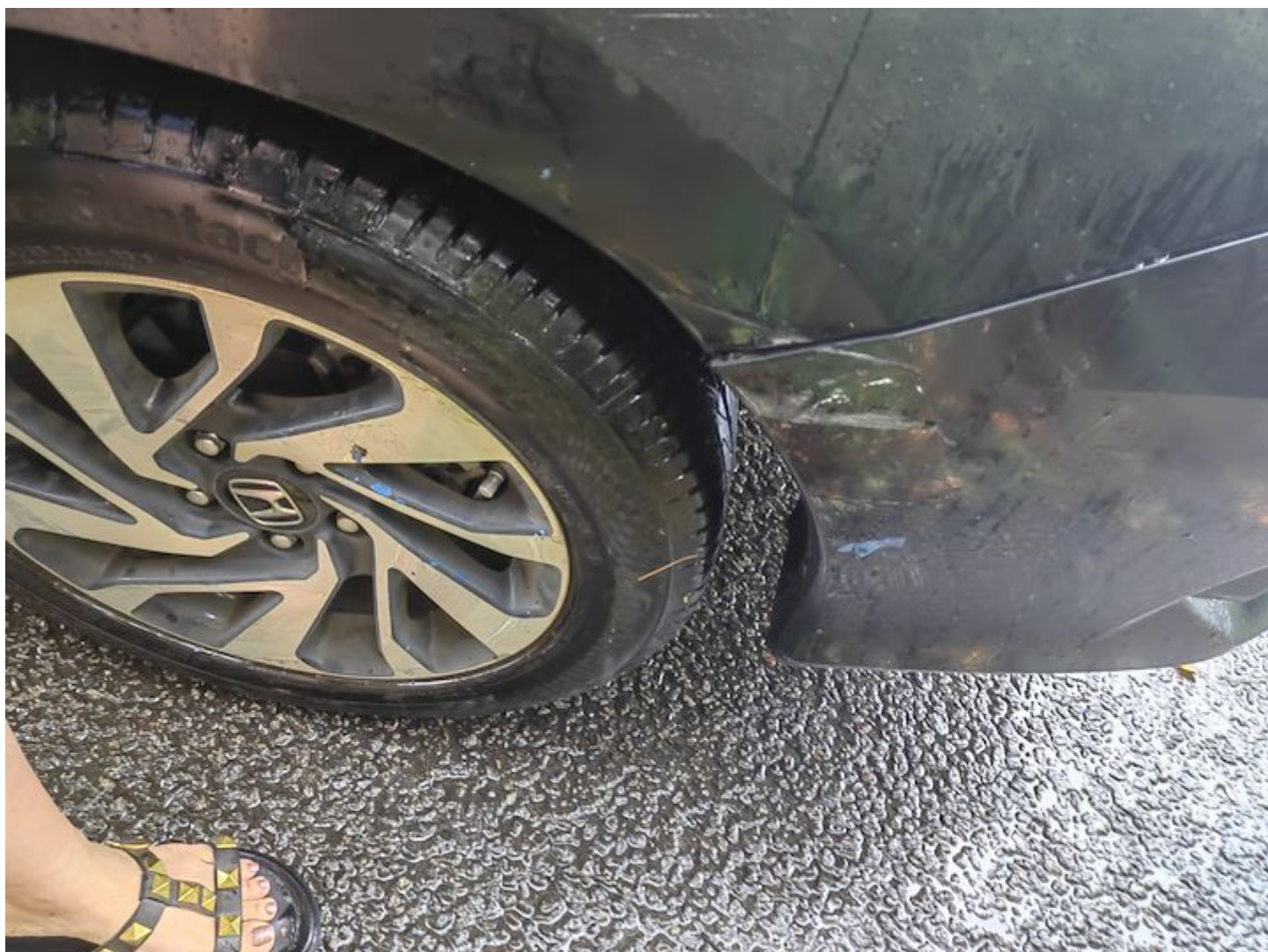






















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: SN09234C0001 Vehicle Registration No: SMR 4299E  
 Name (as shown in NRIC): Liu Wenli NRIC/FIN/Passport No: S7568533E  
 (\* Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Apt Blk 327 Jurong East street 31 # 06-168 Singapore (600327)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9792 8999  
 Email Address: shishanglao@gmail.com  
 Date of Accident: 05/04/2023 Time of Accident: 08:50  
 Place of Accident: upper Bukit Timah Road  
 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:

Amend vehicle Registration Number - SMR 4299E

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

12/4/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: