

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	17/04/2023 19:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 20:00 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK377A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW CHEE SIONG
NRIC No	SXXXX118B
Email Address	antleow@gmail.com
Mobile Phone No	(Phone) +65-88337737
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Sorento
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	2199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220017348-01

DRIVER

Name of Driver	LEOW CHEE SIONG
NRIC No	SXXXX118B
Date Of Birth	23/01/1978
Occupation	Indoor

Date Of Driving Pass	07/04/2000
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-88337737
Alt. Phone Number	-
Email Address	antleow@gmail.com
Address	BLOCK 607 SENJA ROAD #11-10
Address complement	-
Postcode	670607
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	ARRIINEE LOO SHANG LIN
Gender	Female

PASSENGER 2

Name	LEOW JIN HUANG AUSTRAL
Gender	Male

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 POLICE REPORT T/20230417/7058

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF3599U
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	LEOW CHEE SIONG
Gender	Male
Phone No	(Phone) +65-88337737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SKK377A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ARRIINEE LOO SHANG LIN
Gender	Female
Phone No	(Phone) +65-82825053
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SKK377A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LEOW JIN HUANG AUSTRAL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SKK377A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN


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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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E. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

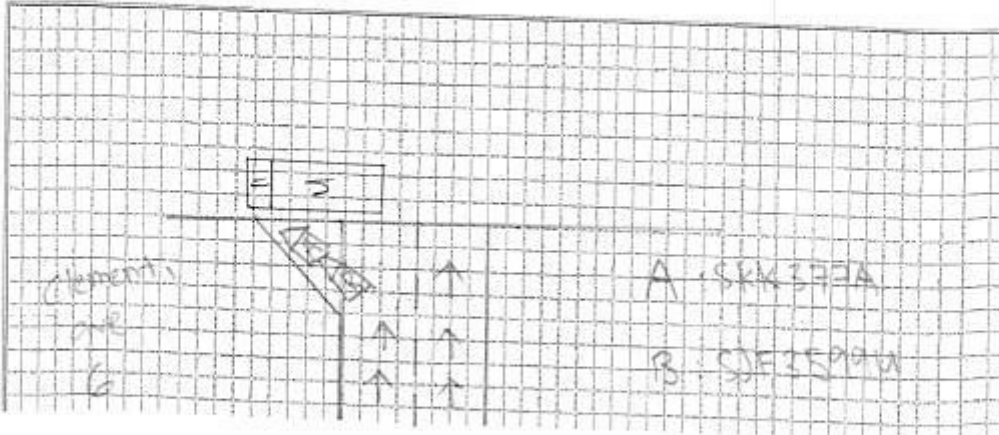
- (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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")
- (ii) 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
- (iii) my Personal Information may/are 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 in in NRIC/ND card)

Sketch Plan



Describe Circumstance of the Accident

— Refer to police report — T/20230417/7058

[A large diagonal line is drawn across the entire section, indicating no further details are provided.]

Declaration

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

[Signature]
 Policyholder's Signature / Date & Time

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date

[Signature] 17/04/2023
 Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230417/7058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20230417/7058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2023 15:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEOW CHEE SIONG			Address: 607 SENJA ROAD #11-10 SINGAPORE 670607		
ID Type / ID No.: NRIC NO / S7803118B			Contact No.: Home/Office: Mobile: 88337737		
Nationality: SINGAPORE CITIZEN			Email: ANTLEOW@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 23/01/1978	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Polytechnic lecturer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 20:00	Type of Location: Straight Road
Location: CLEMENTI AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJF3599U	Car	KIA	Picanto	Yellow		0
SKK377A	Car	KIA	SORENTO 2.2(A) CRDI 4WD S/R	Blue	Slightly Damaged	5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230417/7058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK377A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220017348-01	27/03/2023	26/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LOO SHANG LIN ARRINEE		ID No.	S8030363G
Related Vehicle	SKK377A (Car)		Contact No.	82825053
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/04/2023		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	LEOW CHEE SIONG		ID No.	S7803118B
Related Vehicle	SKK377A (Car)		Contact No.	88337737
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/04/2023		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Serious

Brief Details.

I was travelling along along Clementi Avenue 6 in my car (number plate SKK377A) towards Clementi Mall. I slowed down as there was a zebra crossing and stopped when I saw a bus coming on my right travelling along Commonwealth Ave West. Suddenly, I felt a huge impact from the rear. I put on my hazard lights and alighted from my car and I realised that a Kia Picanto (number plate SJF3599U) has rear ended me.

**SINGAPORE
POLICE FORCE**

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



T/20230417/7058

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Report No. T/20230417/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
17/04/2023 15:13

Classification Of Case:

NP168