

## 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 .....	10/07/2023 20:40 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/07/2023 13:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PUNGGOL WAY ENTER TPE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV6544M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LI XIANGTAO
NRIC No .....	S7666502H
Email Address .....	leexiangtao@hotmail.com
Mobile Phone No .....	(Phone) +65-81386276
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1498

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	LI XIANGTAO
NRIC No .....	S7666502H
Date Of Birth .....	22/03/1976
Occupation .....	Indoor

Date Of Driving Pass .....	06/09/2010
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81386276
Alt. Phone Number .....	-
Email Address .....	leexiangtao@hotmail.com
Address .....	BLK 316D PUNGGOL WAY #10-687
Address complement .....	-
Postcode .....	824316
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 .....	3
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) .....	4
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 .....	KONG CHIU SI
Gender .....	Female

#### PASSENGER 2

Name .....	LI YIXUAN
Gender .....	Male

#### PASSENGER 3

Name .....	LI JUNHONG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

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 ..... GBB769G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Goods vehicle  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJL5236Y  
 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 ..... LI XIANGTAO  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 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.
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7. By the lodgment 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:

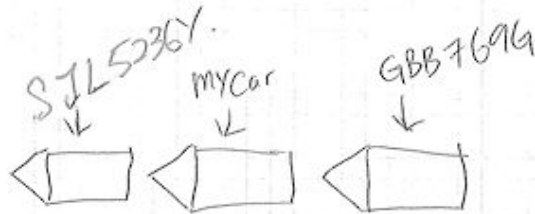
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

 10/07/2023  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 10/07/2023

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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:

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













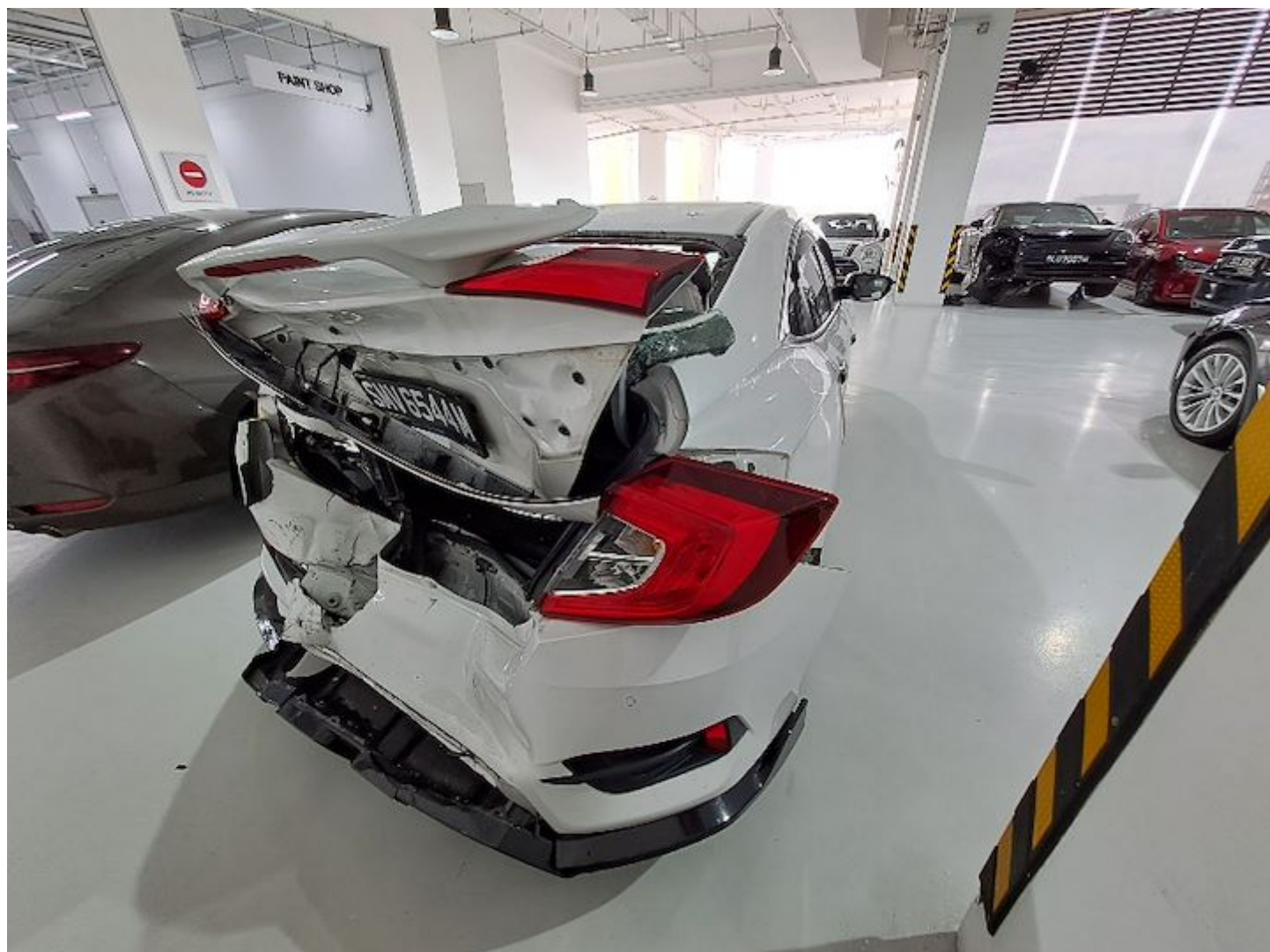














































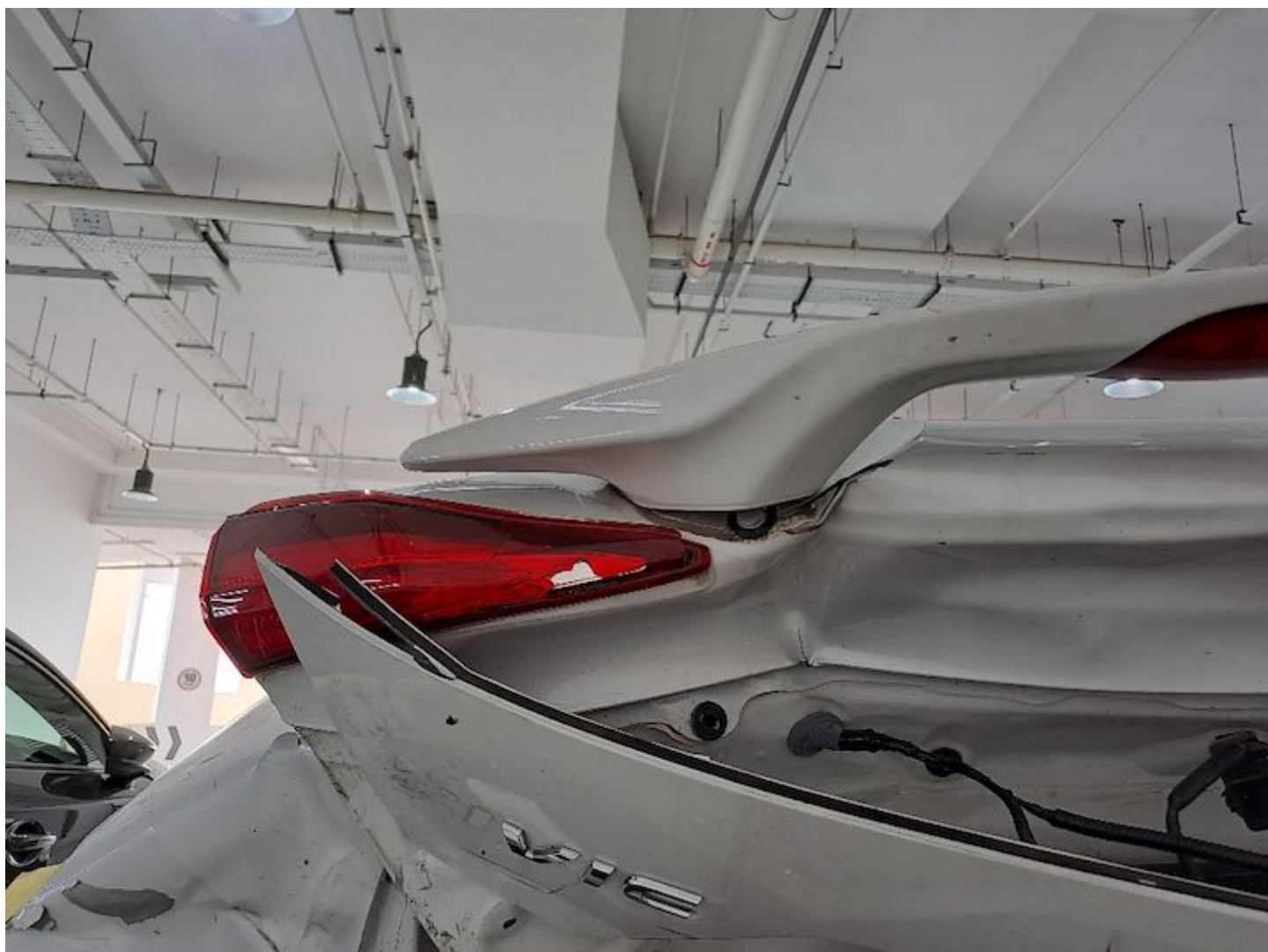














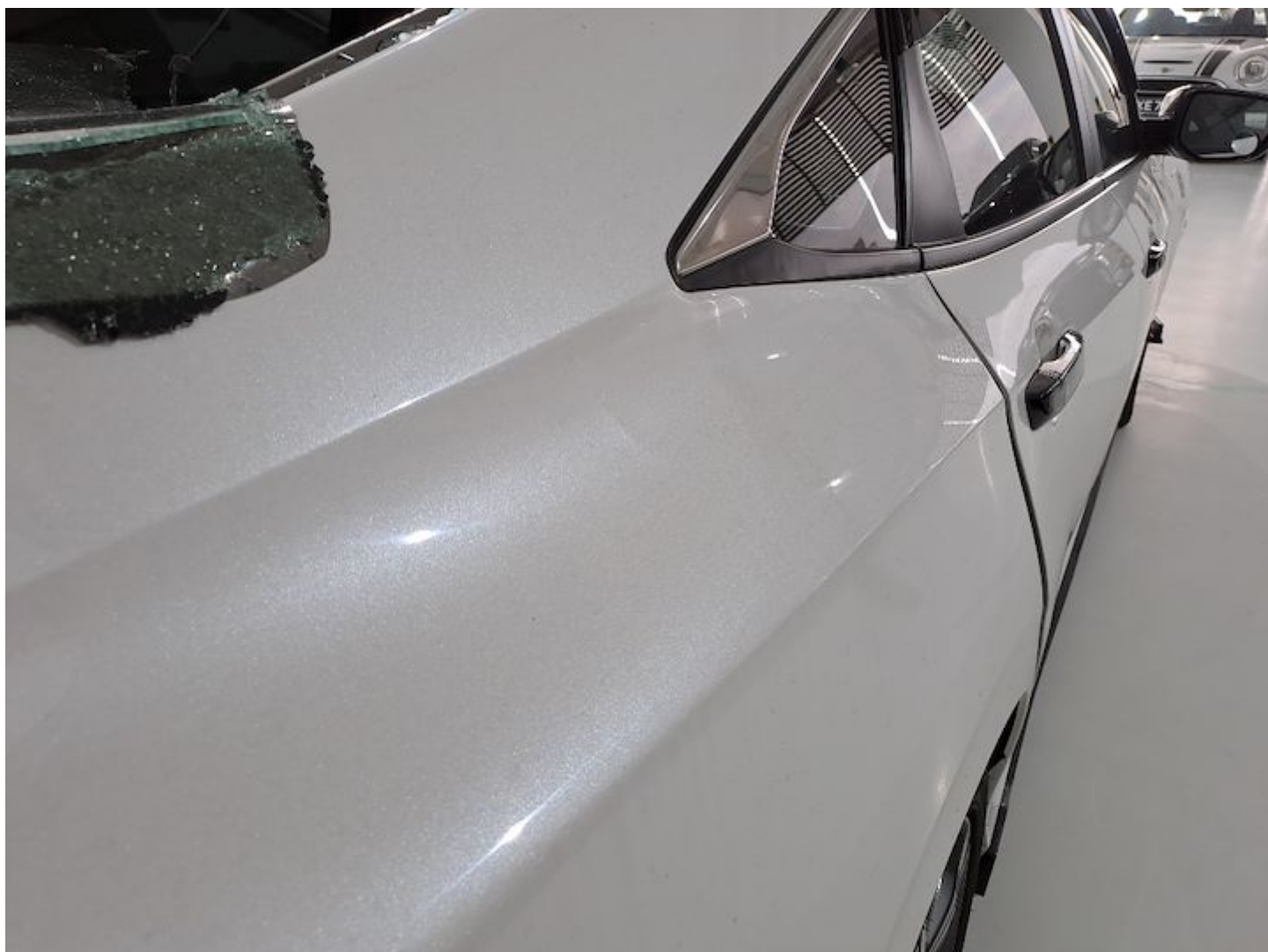






























































**SINGAPORE  
POLICE FORCE**



T/20230709/2072

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

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Report No. T/20230709/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2023 21:26	Vide Report No.:	Station Diary No.: 77
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**Informant's Particulars**

Name of Informant: LI XIANGTAO	Address: APT BLK 316D PUNGGOL WAY #10-687 SINGAPORE 824316		
ID Type / ID No.: NRIC NO / S7666502H	Contact No.:	Mobile: 81386276	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 47	Date of Birth: 22/03/1976	Email:
Race: Chinese	Type of Informant: Driver		
Occupation: EQUIPMENT ENGINEER	Language:		
		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: 09/07/2023 13:25	Type of Location: Bridge
Location:  PUNGGOL WAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle against stopped vehicles				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB769G	Lorry			Black	Slightly Damaged	3
SJL5236Y	Car			Black	Slightly Damaged	2
SMV6544M	Car	HONDA	CIVIC 1.5 TURBO VTIS CVT SR	White	Seriously Damaged	3



SINGAPORE  
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Report No. T/20230709/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV6544M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210103867-01	14/10/2022	13/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ABDUL RAHIM BIN AMIN		ID No.	S8726305C
Related Vehicle	GBB769G (Lorry)		Contact No.	94255487
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
Driver				
Name	AZIZAN B AB AZIZ		ID No.	SJL5236Y
Related Vehicle	SJL5236Y (Car)		Contact No.	96880664
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
Passenger				
Name	KONG CHIU SI		ID No.	S7866280H
Related Vehicle	SMV6544M (Car)		Contact No.	98769078
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/07/2023		Date Discharge	09/07/2023
No. of Days granted Medical Leave		NIL 3	Degree of Injury	Slight

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Report No. T/20230709/2072

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LI YIXUAN	ID No.	T0907683I
Related Vehicle	SMV6544M (Car)	Contact No.	96179078
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/07/2023	Date Discharge	09/07/2023
No. of Days granted Medical Leave	NIL 3	Degree of Injury	Slight
<b>Driver</b>			
Name	LI XIANGTAO	ID No.	S7666502H
Related Vehicle	SMV6544M (Car)	Contact No.	81386276
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/07/2023	Date Discharge	09/07/2023
No. of Days granted Medical Leave	NIL 3	Degree of Injury	Slight
<b>Passenger</b>			
Name	LI JUNHONG	ID No.	T1134364Z
Related Vehicle	SMV6544M (Car)	Contact No.	81386276
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/07/2023	Date Discharge	09/07/2023
No. of Days granted Medical Leave	NIL 3	Degree of Injury	Slight

**Brief Details.**

On the above-mentioned date and time, I was driving my vehicle with my wife sitting in the passenger seat and my two sons were sitting at the back seats.

As I was on Punggol Way entering KPE, the vehicle in front of me (SJL5236Y) came to a stop and I followed suit.

However, about two seconds later, another vehicle (GBB769G) hit us from the rear and pushed our vehicle forward, causing me to collide into the rear of the first vehicle.

The front and the back of my vehicle were seriously damaged, there was also a green liquid leaking from the front of the vehicle.

Following the incident, my older son sustained a bump on the back of his head, and he complained of



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Report No. T/20230709/2072

**CONTINUATION OF REPORT**

pain on the bump.

My younger son, my wife and I felt some tightness on the back of our neck as well.

We went to Parkway East Hospital afterwards, and we were all given 3 days MC each.



**SINGAPORE  
POLICE FORCE**



T/20230709/2072

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151 Punggol Central SINGAPORE 828727  
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Report No. T/20230709/2072

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
F /  
SGT 2 Tan Ting Wei Colette  
@Dania

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD SHAKIR LIM BIN  
MUHAMMAD SHARIZAL LIM  
Contact No.: 98171042

Signature Of Informant:

Date/Time:  
09/07/2023 21:26

Classification Of Case:

NP168