

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 First Submission	01/10/2024 17:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 19:00 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2417R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BRIAN CHRISTOPHER STUART DALBY
NRIC No	S2662284J
Email Address	BRIAN@BOO-DALBY.COM
Mobile Phone No	(Phone) +65-97321260
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100459212-08

DRIVER

Name of Driver	BRIAN CHRISTOPHER STUART DALBY
NRIC No	S2662284J
Date Of Birth	25/12/1948
Occupation	Indoor
Driving Pass Date	06/04/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97321260
Alt. Phone Number	-
Email Address	BRIAN@BOO-DALBY.COM
Address	53 HILLVIEW AVENUE #06-09
Address complement	-
Postcode	669566
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	DRIZZLING
Road Surface	Wet

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)	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	BOO HONG KWEN
Gender	Female

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 POLICE REPORT - T/20240930/7132

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN714D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

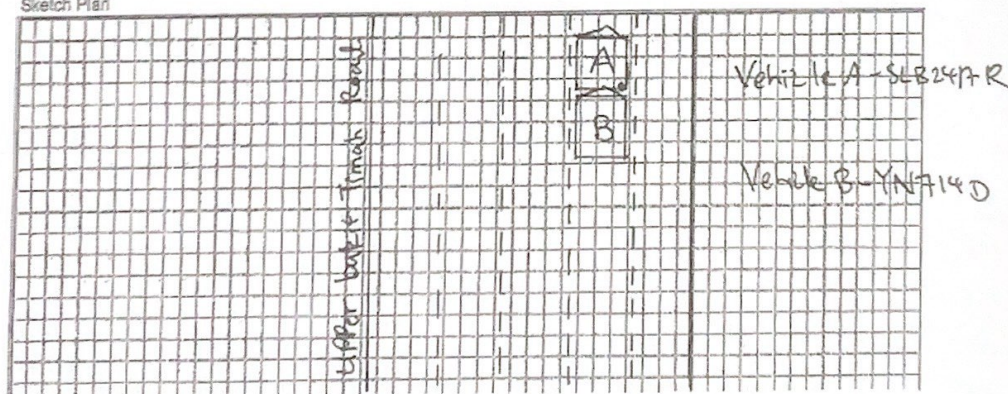
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 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/are 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



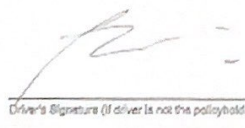
Describe Circumstance of the Accident

Refer to the 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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240930/7132

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

1 of 3

Report No: T/20240930/7132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2024 21 23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant BRIAN CHRISTOPHER STUART DALBY			Address: 53 HILLVIEW AVENUE #06-09 SINGAPORE 669566		
ID Type / ID No: NRIC NO / S2662284J			Contact No.: Home/Office: Mobile: 97321260		
Nationality: BRITISH			Email: brian@boo-dalby.com		
Sex: Male	Age: 75	Date of Birth: 25/12/1948	Type of Informant: Driver		
Race: European			Language: English		
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2024 19:00	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SLB2417R	Motor car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Brown	Seriously Damaged	0
YN714D	Lorry	ISUZU		White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLB2417R	AIG ASIA PACIFIC INSURANCE PTE LTD	2100459212-08	31/03/2024	30/03/2025



SINGAPORE
POLICE FORCE



T/20240930/7132

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

3 of 3

Report No. T/20240930/7132

CONTINUATION OF REPORT

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:
30/09/2024 21:23

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240930/7132

2 of 3

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

Report No T/20240930/7132

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	BOO HONG KWEN	ID No.	S0111118C
Related Vehicle	SLB2417R (Motor car)	Contact No.	98761341
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2024	Date Discharge	30/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	BRIAN CHRISTOPHER STUART DALBY	ID No.	S2662284J
Related Vehicle	SLB2417R (Motor car)	Contact No.	97321260
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2024	Date Discharge	30/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT IN MY OWN LANE ALONG UPP BUKIT TIMAH ROAD. THE TRAFFIC LIGHT TURN AMBER AND MY VEHICLE CAME TO A STOP. SUDDENLY I FELT AN IMPACT FROM MY VEHICLE REAR. I ALIGHTED AND FOUND OUT THAT IT WAS A 2 VEHICLE COLLISION. I FELT UNWELL AFTER THE ACCIDENT SO I WENT TO CONSULT A DOCTOR AND I WAS GIVEN 3 DAYS OF MC.