

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	08/10/2024 12:46 (SGT)
Reported by	Actual Driver
Date of Accident	07/10/2024 08:30 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	NEAR JUNCTION 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7188Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IVY ONG JIA WEN
NRIC No	S1579101B
Email Address	operations@cherrystone.com.sg
Mobile Phone No	(Phone) +65-97381331
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1796
Vehicle Fuel	Petrol
First Registration Date	18/04/2012
Chassis no	WDD2120472A556174
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100297210-12

DRIVER

Name of Driver	YAP CHEE SING
NRIC No	S2579155Z
Date Of Birth	19/11/1960
Occupation	Outdoor
Driving Pass Date	07/05/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91062033
Alt. Phone Number	-
Email Address	operations@cherrystone.com.sg
Address	BLK 97 PAVILION CIRCLE - SINGAPORE 658536
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLA7188Z
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
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)	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	NIL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20241007/2013

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 SG5337J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver LIU XIANGTAO
Work Permit No M3447931X
Contact Number (Phone) +65-92337970
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

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

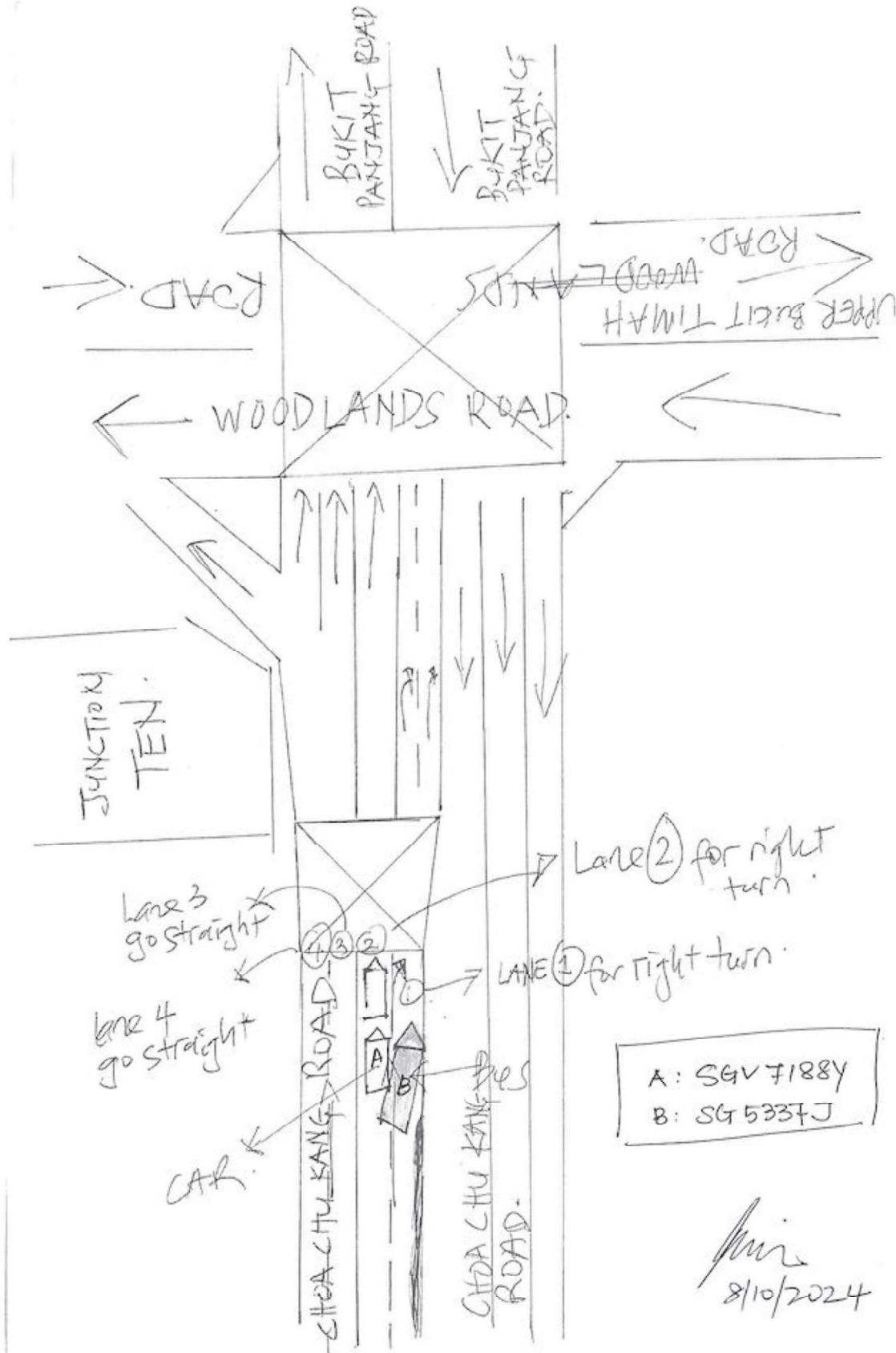
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

REFER TO ATTACHED SKETCH
PLAN

vJun2022

1



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20241007/2013.

Declaration

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

<p>_____</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i> 8/10/2024</p> <p>Actual Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p><i>Ke</i></p> <p>Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
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**SINGAPORE
POLICE FORCE**


T/20241007/2013

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Report No. T/20241007/2013

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2024 10:17		Vide Report No.:		Station Diary No.: 50
Informant's Particulars				
Name of Informant: YAP CHEE SING		Address: 97 PAVILION CIRCLE SINGAPORE 658536		
ID Type / ID No.: NRIC NO / S2579155Z		Contact No.: Home/Office:		Mobile: 91062033
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 19/11/1960	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: OPERATIONS MANAGER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/10/2024 08:30	Type of Location: X-Junction
Location: CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SG5337J	Bus/Coach/Minibus					0
SGV7188Y	Motor car				Slightly Damaged	1



**SINGAPORE
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T/20241007/2013

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20241007/2013

CONTINUATION OF REPORT**Brief Details.**

On 07/10/2024 at 0830hrs, I was travelling on Choa Chu Kang Road, near Junction 10 and waiting to turn right to Woodlands Road with my vehicle SGV7188Y. There was a stationary car in front of me and we were waiting for the signal to be in our favour to proceed. While waiting, a SMRT bus SG5337J tried to squeeze through on the right and the mid-section of the bus collided onto my vehicle's rear right side and right passenger side.

No one was injured. We exchanged particulars and left the scene.

There are scratches and dents on the rear right side, right passenger side door area and rim. I do not have any in-car camera however the bus has cameras.

The particulars of the bus driver is Liu Xiangtao, M3447931X, Hp: 92337970.

I am lodging this report for insurance purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20241007/2013

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Report No. T/20241007/2013

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 3 ABAYA PRITHA D/O
SELVAM ARUMUGAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

Date/Time:
07/10/2024 10:17

Classification Of Case:

NP168



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: SC2A24A8M001 Vehicle Registration No: SGV7188Y
 Name (as shown in NRIC): YAP CHEE SING NRIC/FIN/Passport No: 155Z
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 97 PAVILION CIRCLE Singapore (658536)
 Contact (Tel): _____ Mobile No.: 91062033
 Email Address: operations@cherrystone.com.sg
 Date of Accident: 07/10/2024 Time of Accident: 08:30
 Place of Accident: Choa Chu Kang Rd, near junction 10
 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.


(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 owner NRIC number & Driver Own other vehicle



 Policyholder / Actual Driver's Signature
 Date:



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