

## 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 .....	29/10/2024 16:49 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	28/10/2024 17:10 (SGT)
Exact Location of Accident .....	Central Expw. & Seletar Expw., Singapore
Additional Location Information .....	CTE / SLE NEAR EXIT 3
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF1530U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHONG TZE YANG CHRISTOPHER
NRIC No .....	SXXXX681D
Email Address .....	CHRISCHONG7@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-98223284
Alternative Phone No .....	+65-98737661

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
Variant .....	SEDAN 1.4 TFSI CO
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1395
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 .....	1800125860-04

#### DRIVER

Name of Driver .....	FOON LAI KUEN CHRISTABEL
NRIC No .....	SXXXX568A
Date Of Birth .....	15/01/1979
Occupation .....	Indoor
Driving Pass Date .....	29/09/2003
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	21 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-98737661
Alt. Phone Number .....	-
Email Address .....	MDMFOON@YAHOO.COM.SG
Address .....	19 SHELFORD ROAD
Address complement .....	#09-06
Postcode .....	288408
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	Yes
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? .....	Yes
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JXG6739
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	TOK HONG DA
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 THE POLICE REPORT.

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 POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	JXG6739
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Green
Vehicle Category .....	Motorcycle
Name of Driver .....	KEE JIA HE
Contact Number .....	(Phone) +65-89495092
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

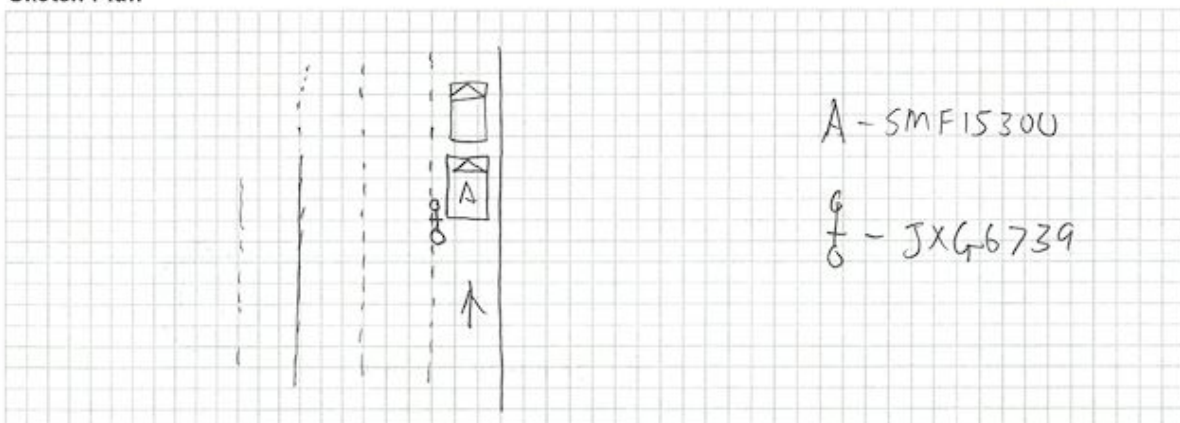


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

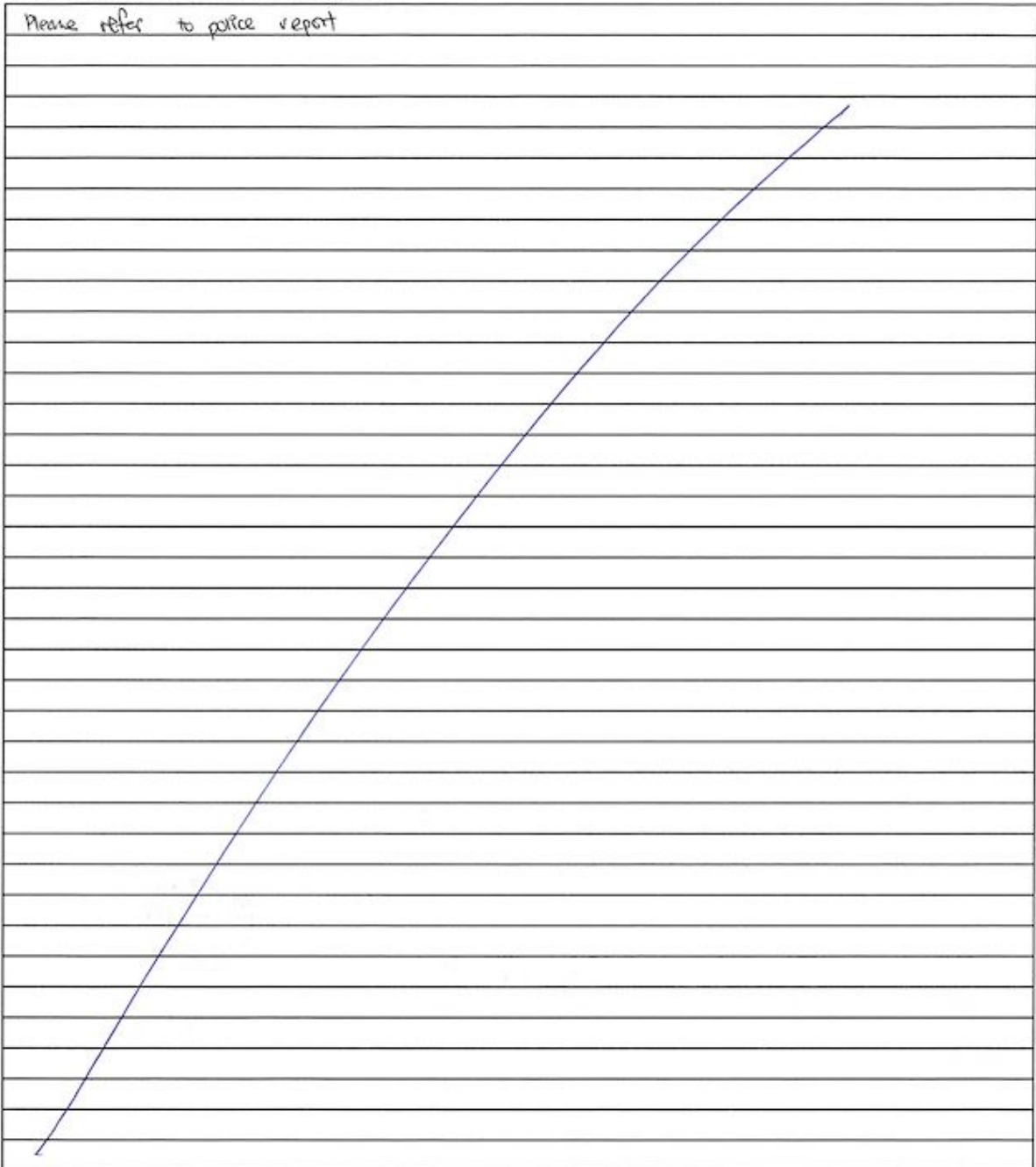
Tony Fong

**Sketch Plan**

2.1

**Describe Circumstances of the Accident**


Please refer to police report



**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

 29 Oct 24 9:35am  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
Tony Kossy



**SINGAPORE  
POLICE FORCE**

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



T/20241028/7120

2 of 3

Report No. T/20241028/7120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KEE JIA HE	ID No.	960418015487
Related Vehicle	JXG6739 (Motorcycle)	Contact No.	89495092
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	FOON LAI KUEN CHRISTABEL	ID No.	S7900568A
Related Vehicle	SMF1530U (Motor car)	Contact No.	98737661
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	TOK HONG DA	ID No.	NIL
Related Vehicle	SMF1530U (Motor car)	Contact No.	97418259
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving at the highway lane 1. CTE near exit 3 towards city. The cars in front slowed down and I slowed down. I heard a thump at the left back side. I stopped the car and saw a motorcyclist JXG6739 behind me. He said the car to his left was very near him and thus he swerved to hit my car. The scandisk high endurance sd card was taken by the policeman for investigation.

My vehicle's insurance is valid from 29/10/2023 to 28/10/2024.





































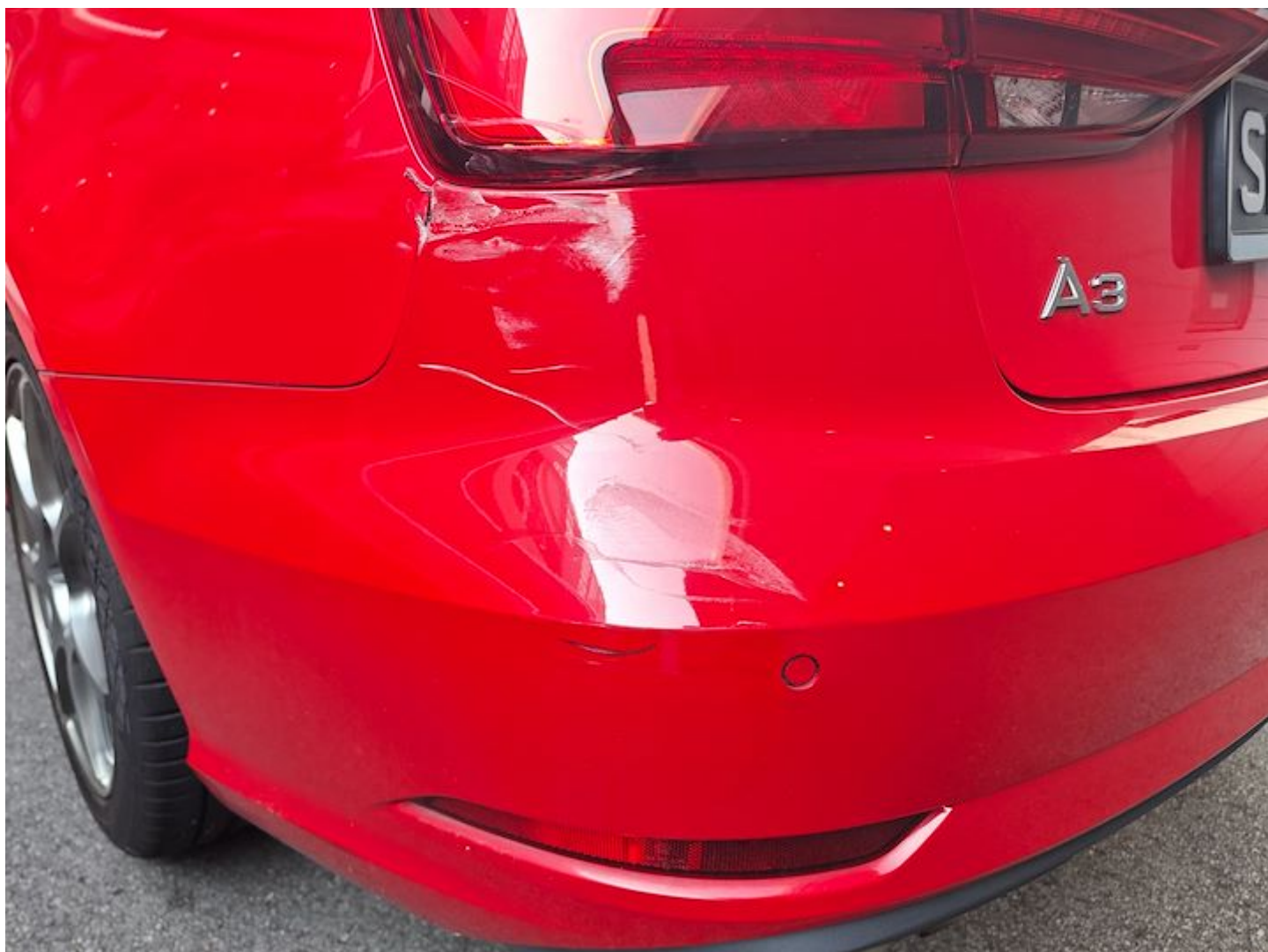














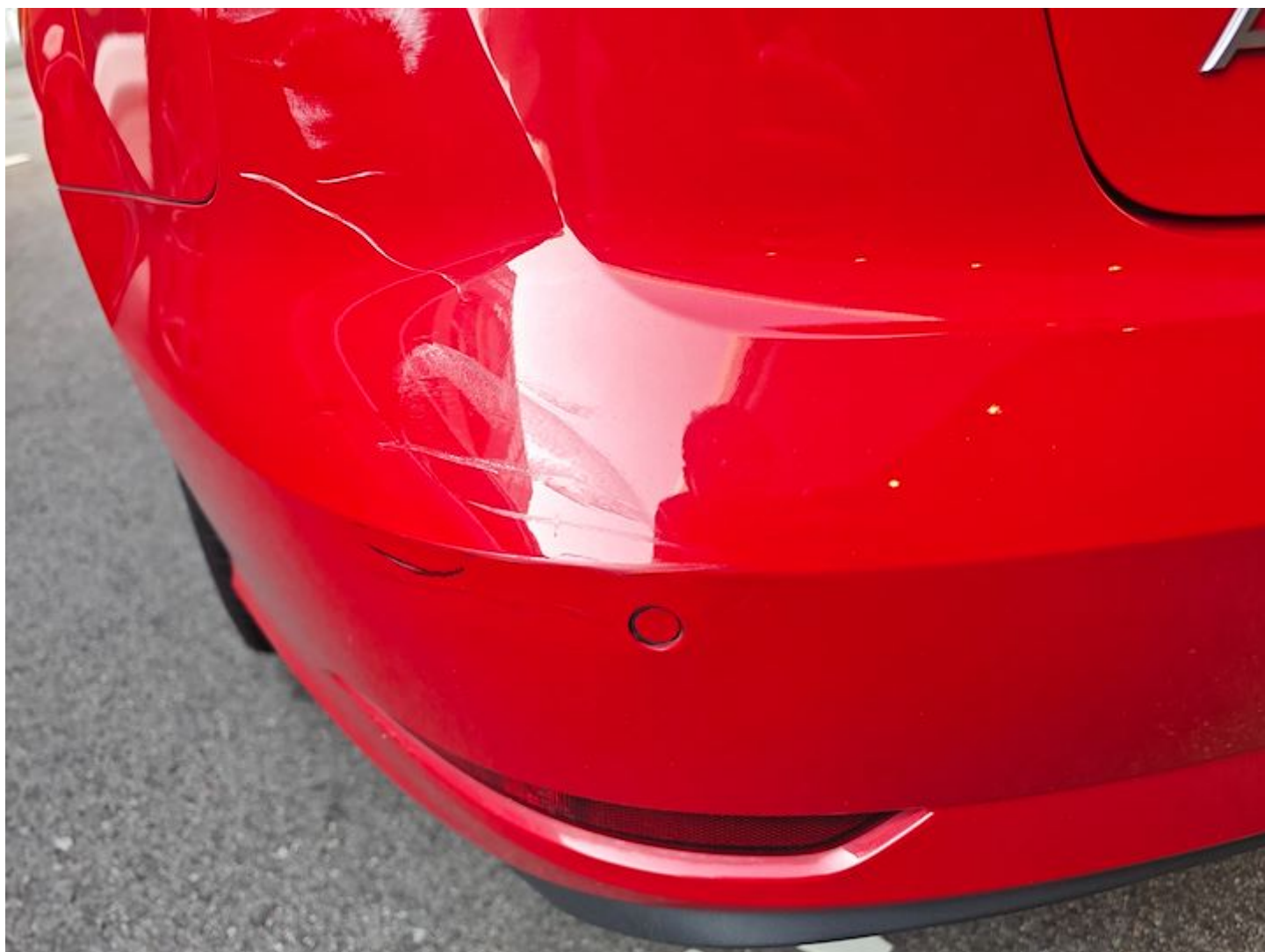












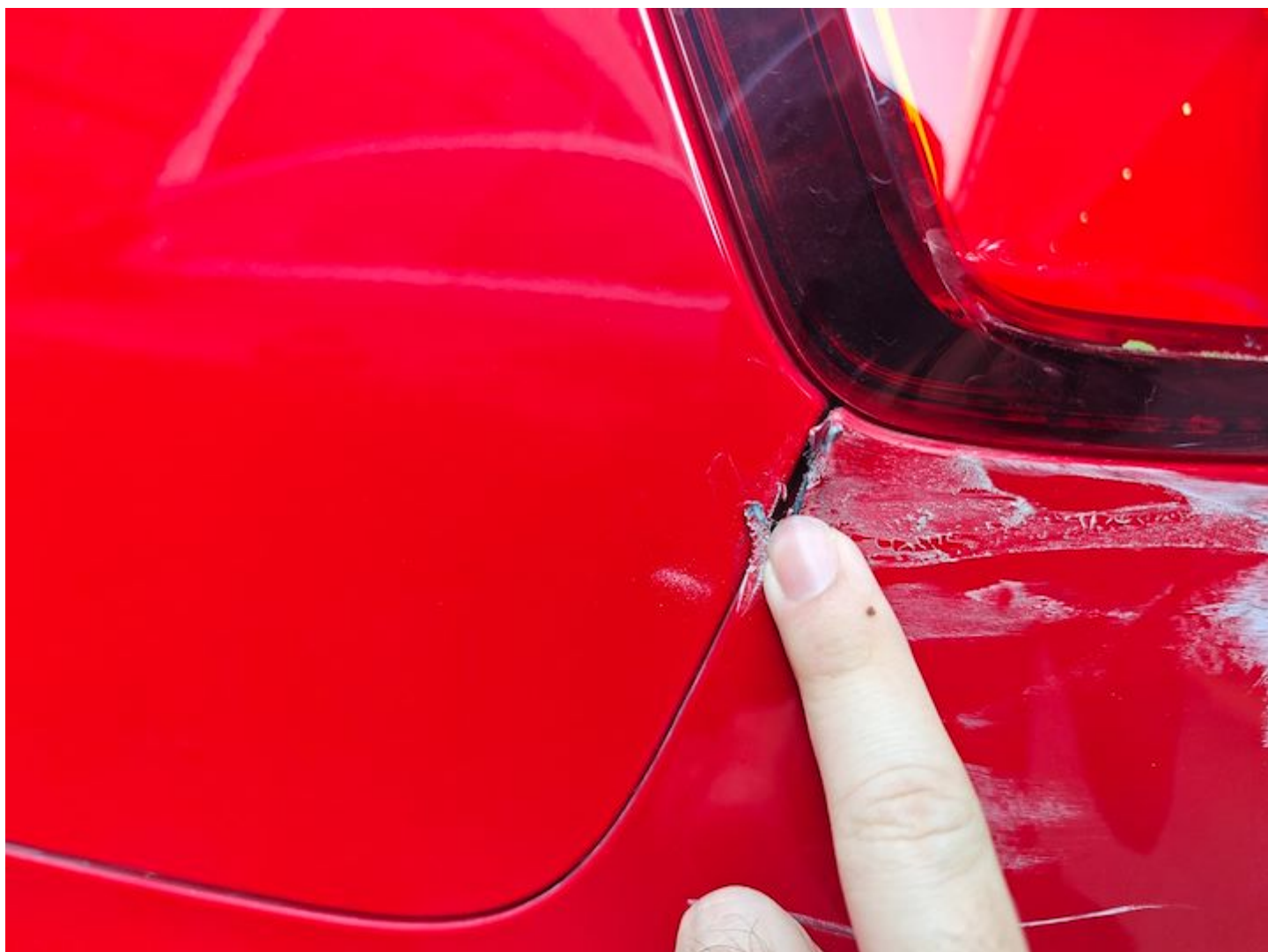


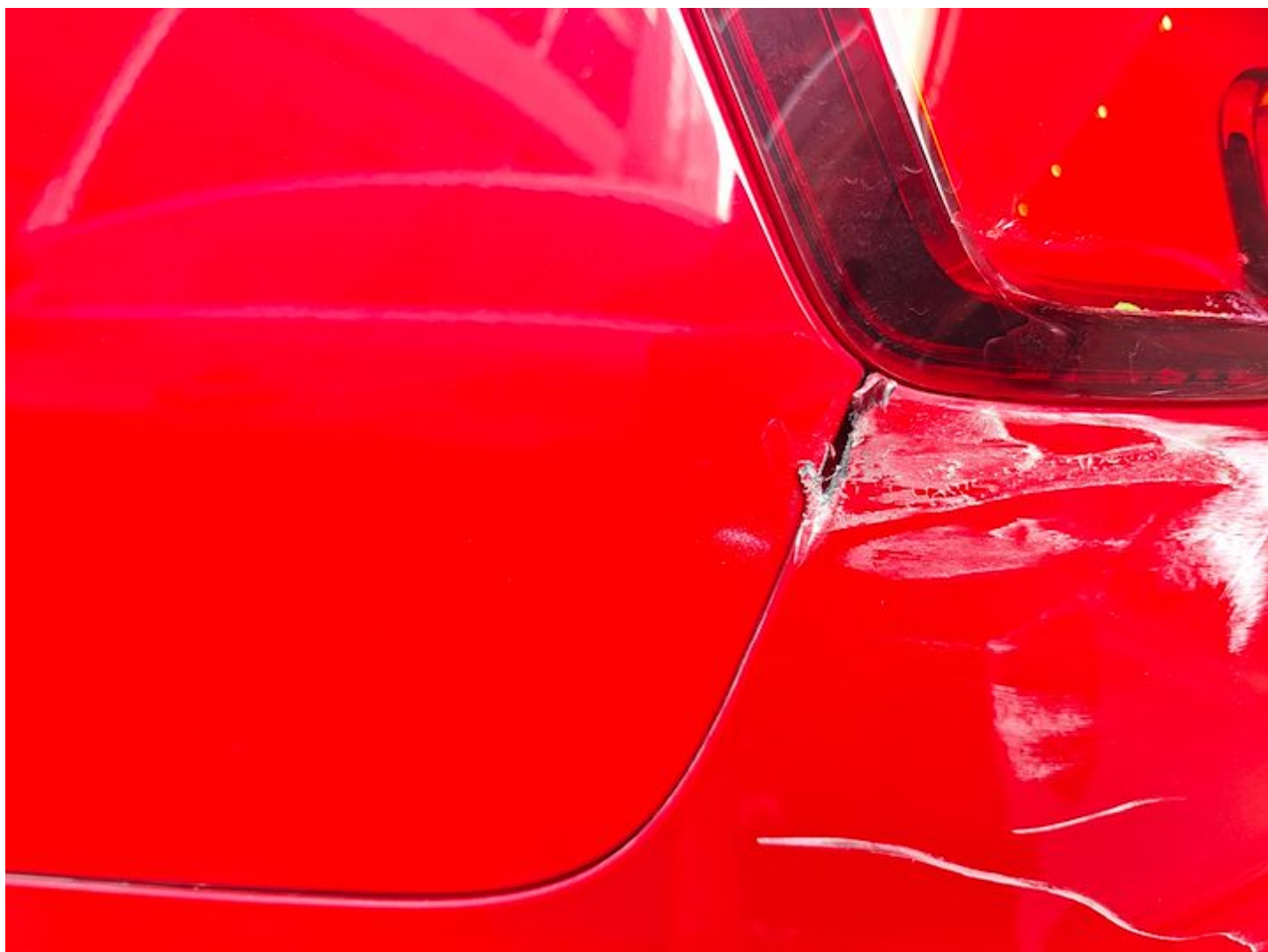








































**SINGAPORE  
POLICE FORCE**



T/20241028/7120

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

1 of 3  
Report No. T/20241028/7120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2024 20:25		Vide Report No.: F/20241025/0130		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: FOON LAI KUEN CHRISTABEL		Address: 19 SHELFORD ROAD #09-06 SINGAPORE 288408		
ID Type / ID No.: NRIC NO / S7900568A		Contact No.: Home/Office: Mobile: 98737661		
Nationality: SINGAPORE CITIZEN		Email: MDMFOON@YAHOO.COM.SG		
Sex: Female	Age: 45	Date of Birth: 15/01/1979	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: teacher		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2024 17:10	Type of Location: high way
Location:  CTE (near Exit 3)				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JXG6739	Motorcycle			Green	No Damage	1
SMF1530U	Motor car	AUDI	A3	Red	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMF1530U	AIG	1800125860-05V1	29/10/2023	29/10/2024



**SINGAPORE  
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T/20241028/7120

Police Station Of Origin:  
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2 of 3  
Report No. T/20241028/7120

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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 (MC)	NIL	Degree of Injury	NIL

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**SINGAPORE  
POLICE FORCE**

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



T/20241028/7120

3 of 3

Report No. T/20241028/7120

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

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

Date/Time:  
28/10/2024 20:25

Classification Of Case:

This report is lodged at Bukit Timah NPC Kiosk 1  
NP168



# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20241025/0130

I, SGT(2) T241195 Mubasyir  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of Traffic Police  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Sandisk High Endurance SD card 64GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Foon Lai Kuen S7900568A  
(Name, NRIC or Passport No. / Rank and No.)  
of 19 Shekford Rd #09-02  
(Address / Police Station / NPC / NPP)  
on 28/10/2024 at 1830  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)  
Foon Lai Kuen Christokel S7900568A  
(Name, NRIC or Passport No. / Rank and No.)

[Signature]  
(Signature)  
SGT(2) T241195 Mubasyir  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: Minor RTA between scooter and motor cycle  
10 Rahim 91442554