

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 31/07/2024 13:25 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 30/07/2024 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information TOA PAYOH RISE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SJX2614X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM HOCK CHYE PETER NRIC No S1649448H Email Address TWSPETER361@YAHOO.COM.SG Mobile Phone No (Phone) +65-97582336 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sylphy 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel First Regisration 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 2070060909-04

DRIVER

Name of Driver CECILIA KWOK YEA LING NRIC No S1686915E Date Of Birth 01/05/1965 Occupation Indoor Driving Pass Date 10/10/2000 Driving License Pass Class Driving License Validity Valid Driving experience 23 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96804583 Alt. Phone Number Email Address TWSPETER361@YAHOO.COM.SG Address BLK 138C LORONG 1A TOA PAYOH #05-30 Address complement Postcode 313138 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 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **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 ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE782H
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIA AI QIN
Contact Number	(Phone) +65-86696380
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	SND6700L
Vehicle Manufacturer	BMW
Vehicle Model	218i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED SHAH AL NAWAZ
Contact Number	(Phone) +65-93688819
Address	<u>-</u>
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 3

Vehicle Registration Number	PD1705H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	FOO SEE CHA
Contact Number	(Phone) +65-88895518
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for Investigation.
- The 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.
- 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)

l 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 liaw yers/faw 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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

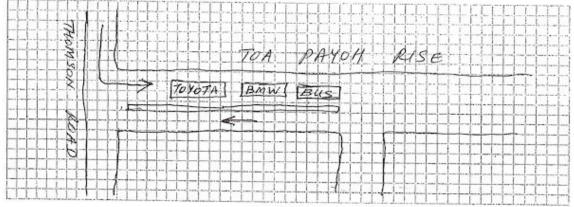
31/7/2024

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

19 LORONG 8 TOA PAYOH

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident	
TURNING LEFT INTO TOA PAYOH RISE FROM THOMSON ROAD.	
HIT TOYOTA ALPHARD (SLE 782H), THEN BMW 2181 (SND 6700L) A	ND
FOLLOWED BY TOYOTA BUS (PD 1705 H) ALENG TOA PAYOH RISE.	
PLEASE SEE ATTACHED VIDEO AS REFERENCE.	
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Declaration

We declare the foregoing particulars are true in every respect.

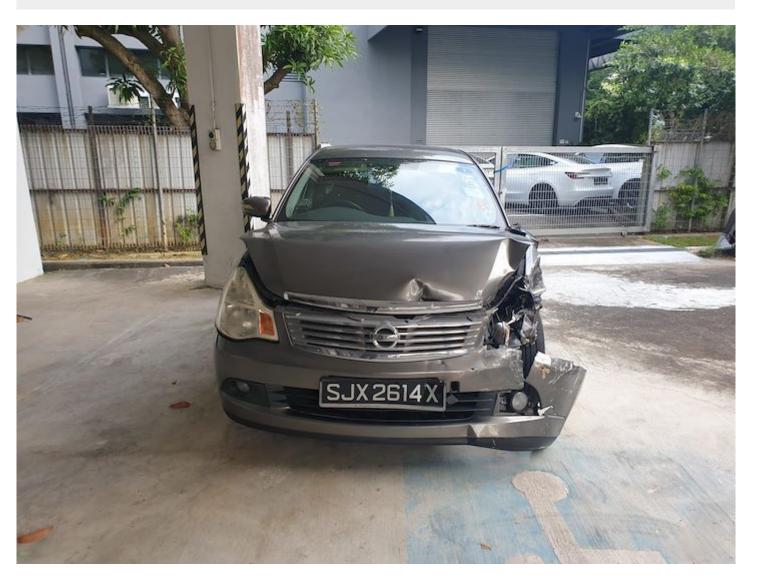
Policyholder's Signature / Date &

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

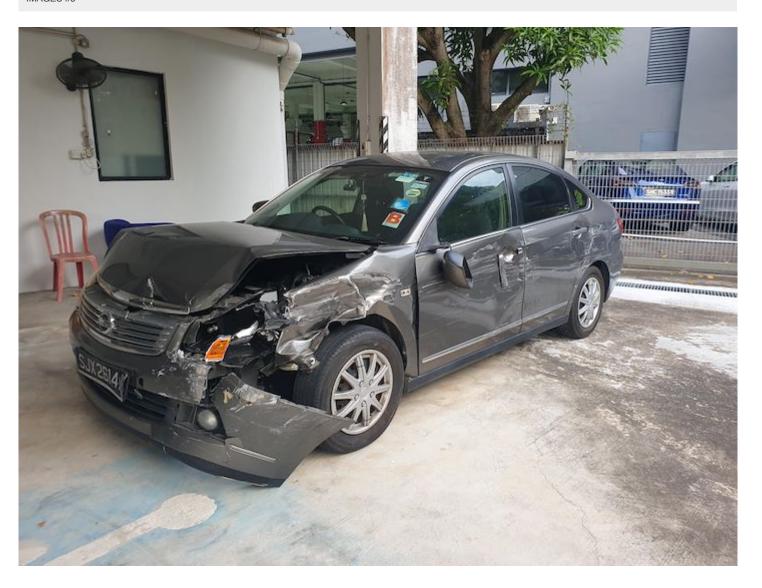
Witnessed by Reporting Centre Personnel

TAN CHONG MOTOR SALES PTE LTD 19 LOROUG & TOA PAYOH ISINGA ORE 319355

Time





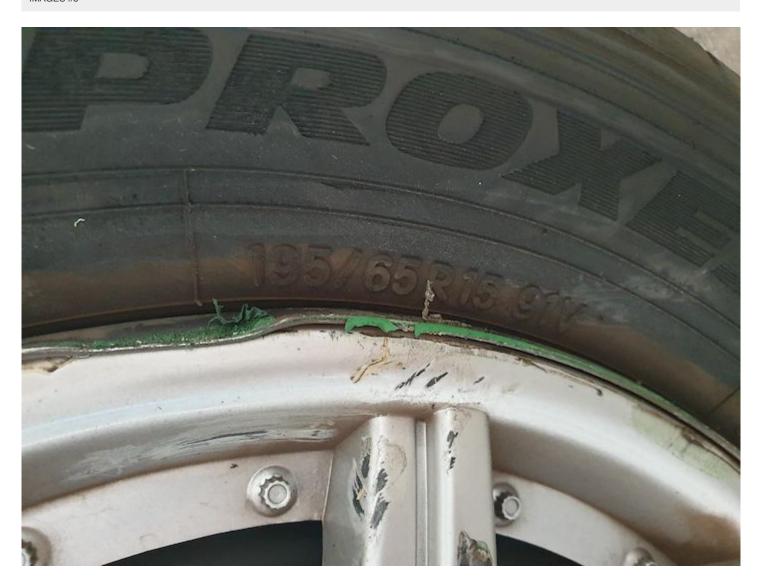






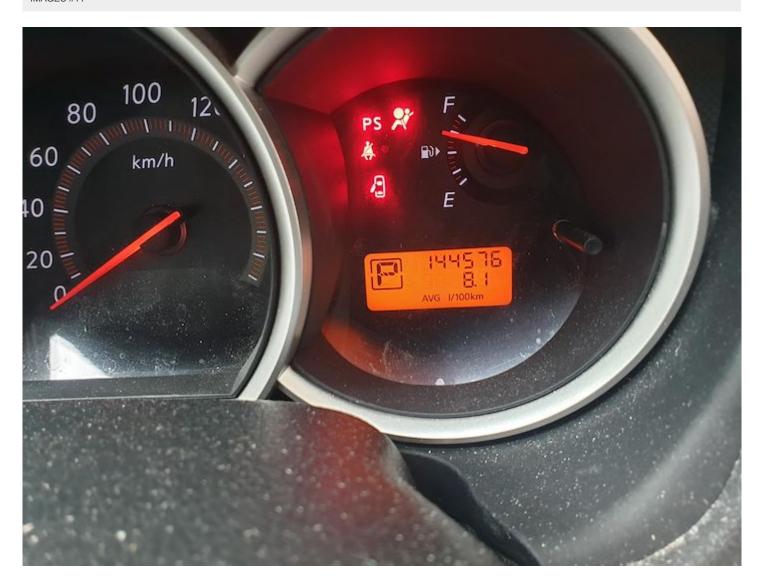


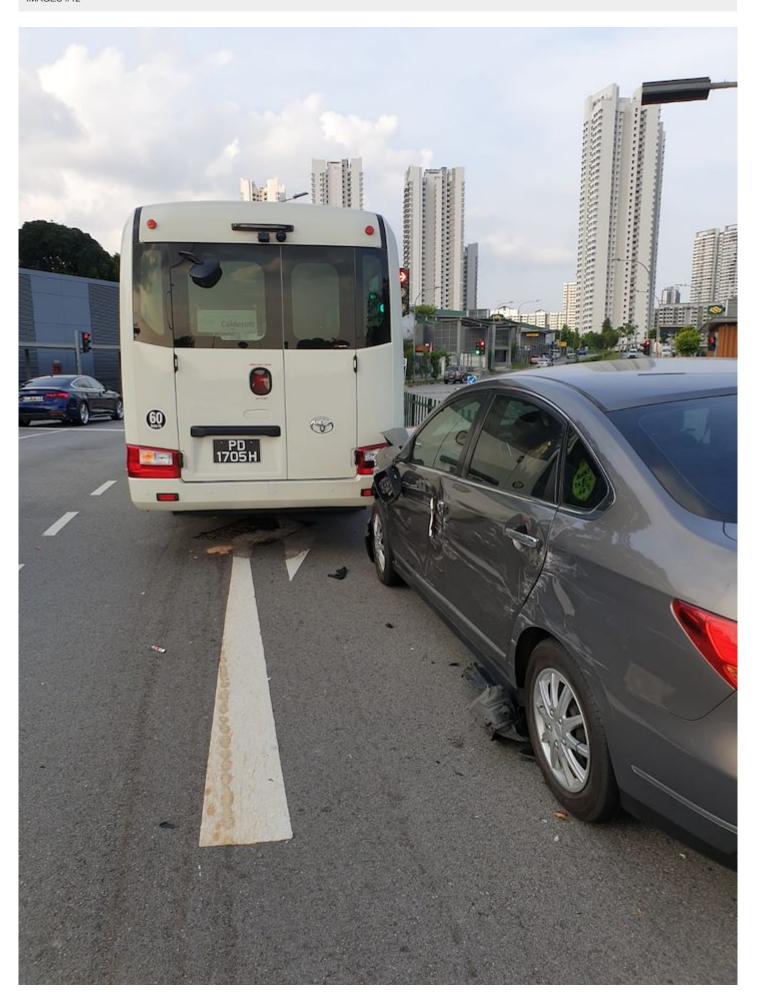


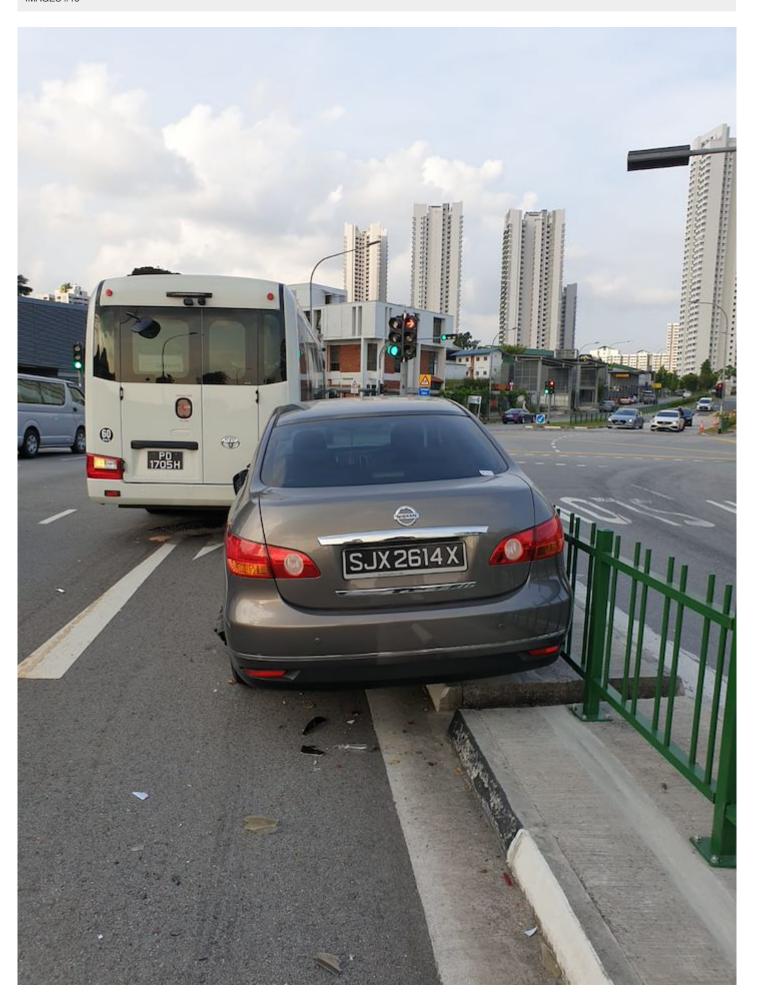


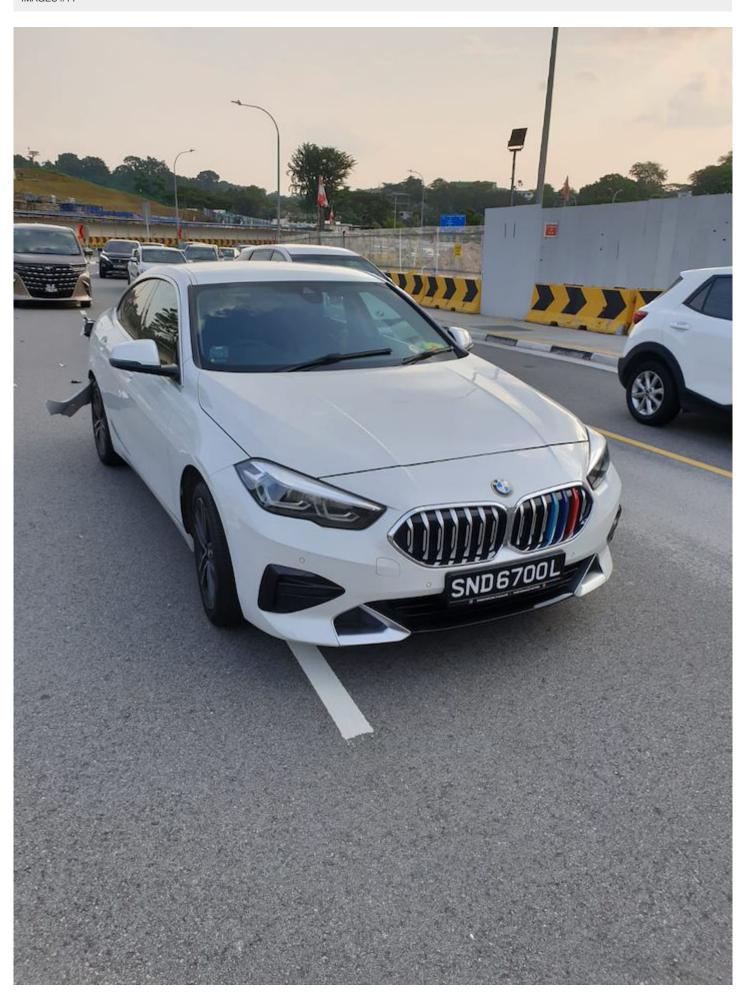












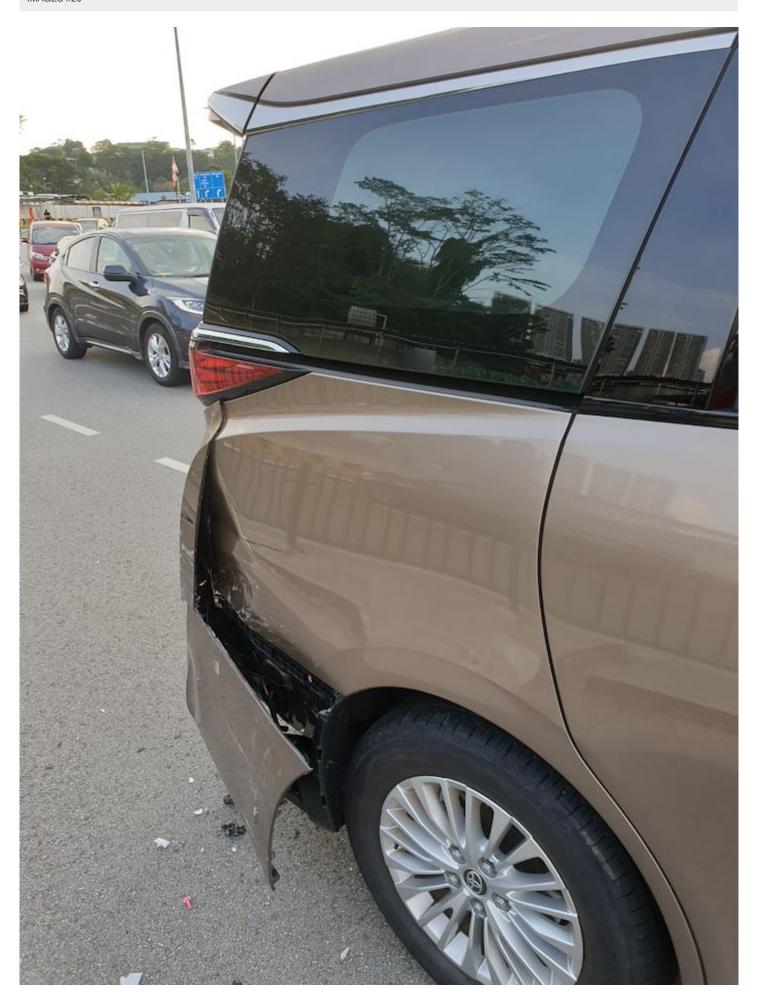


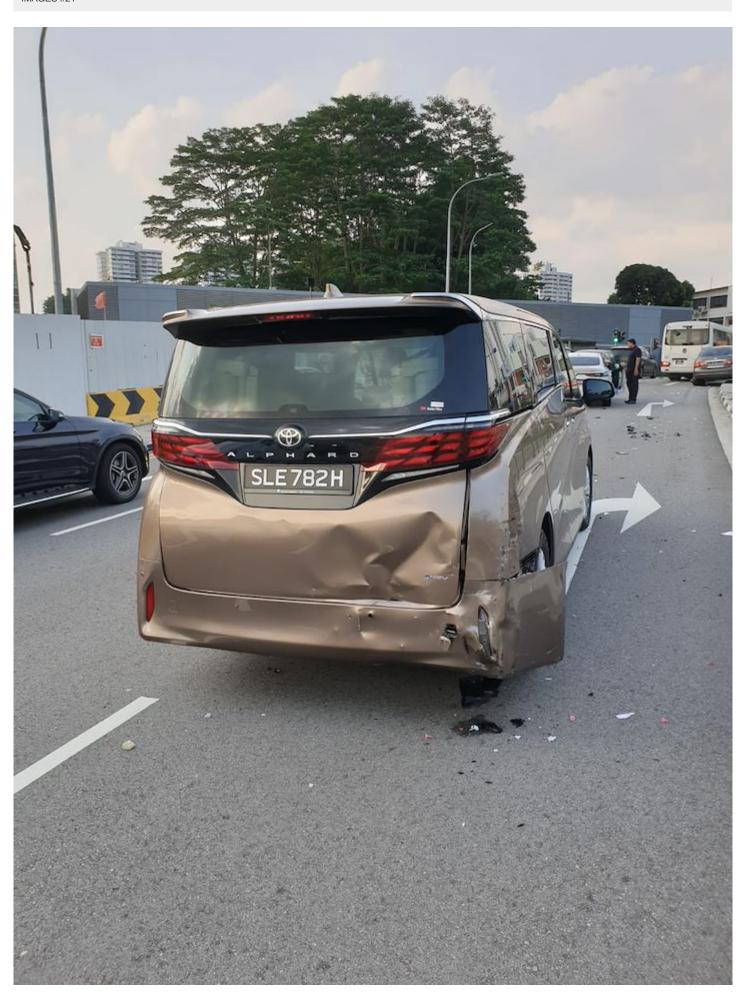


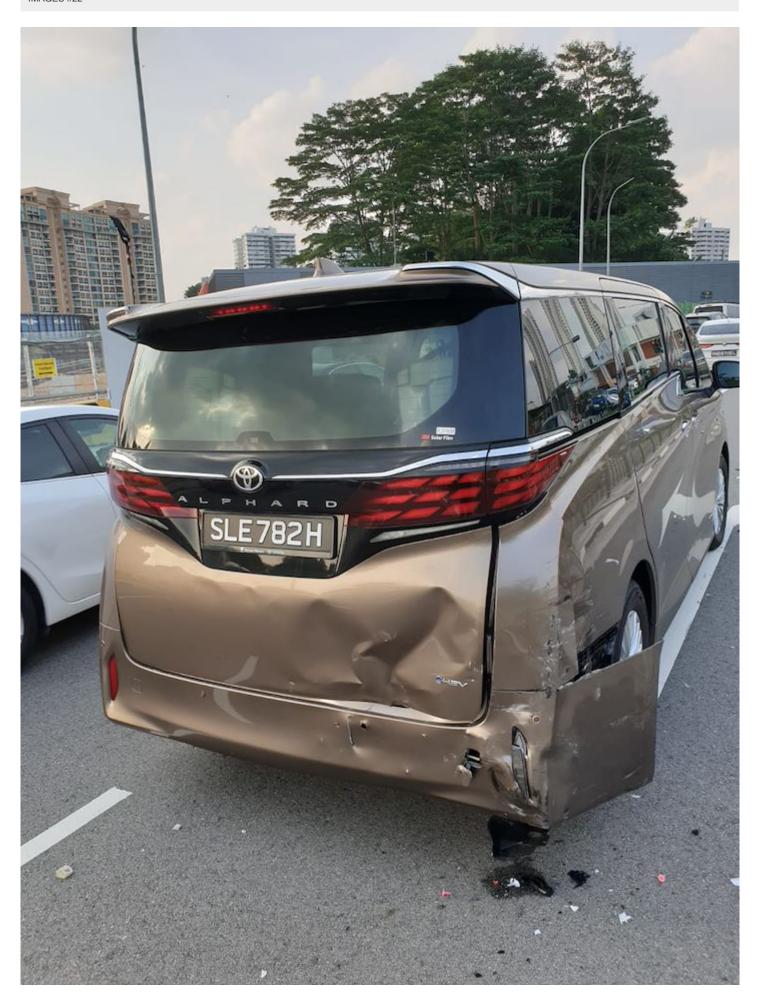




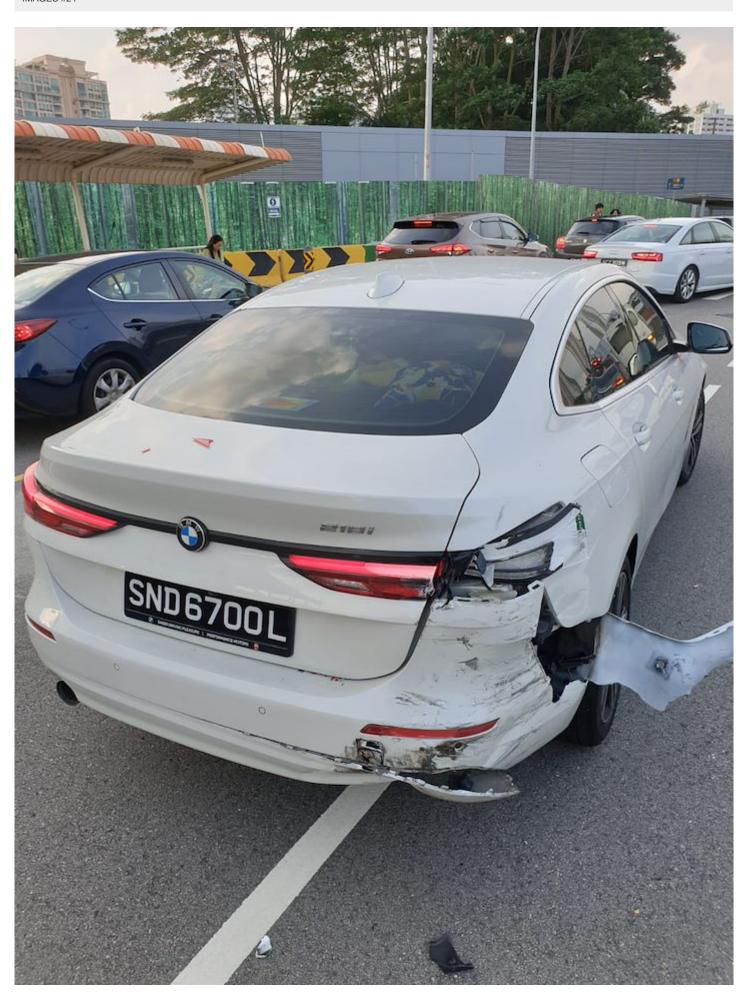




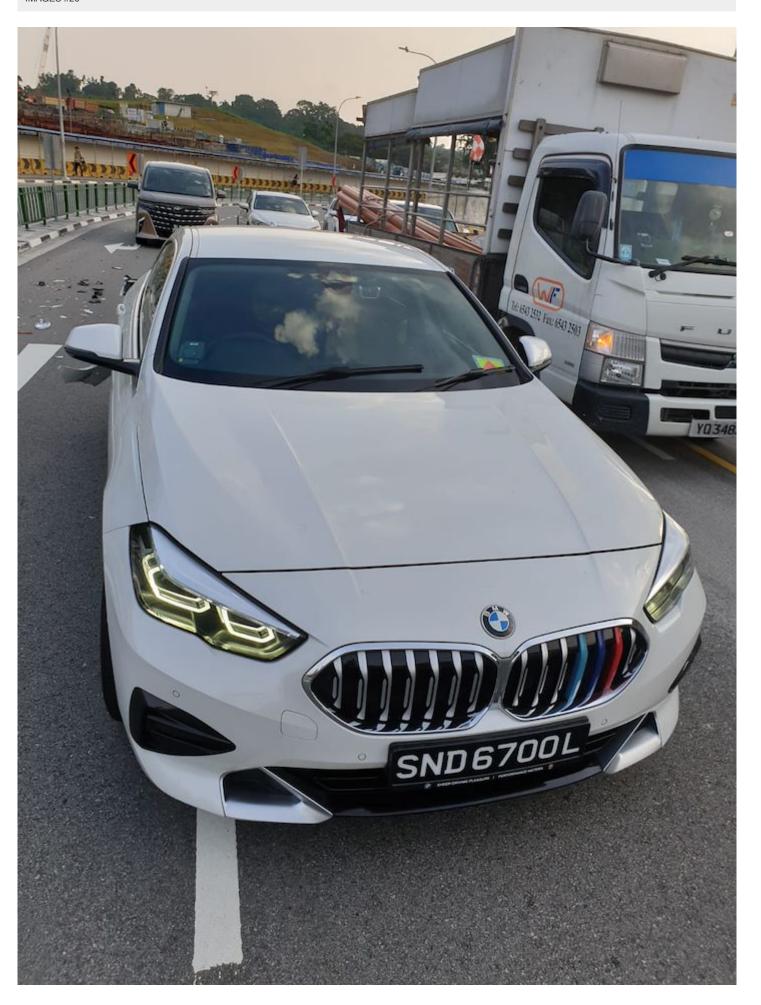


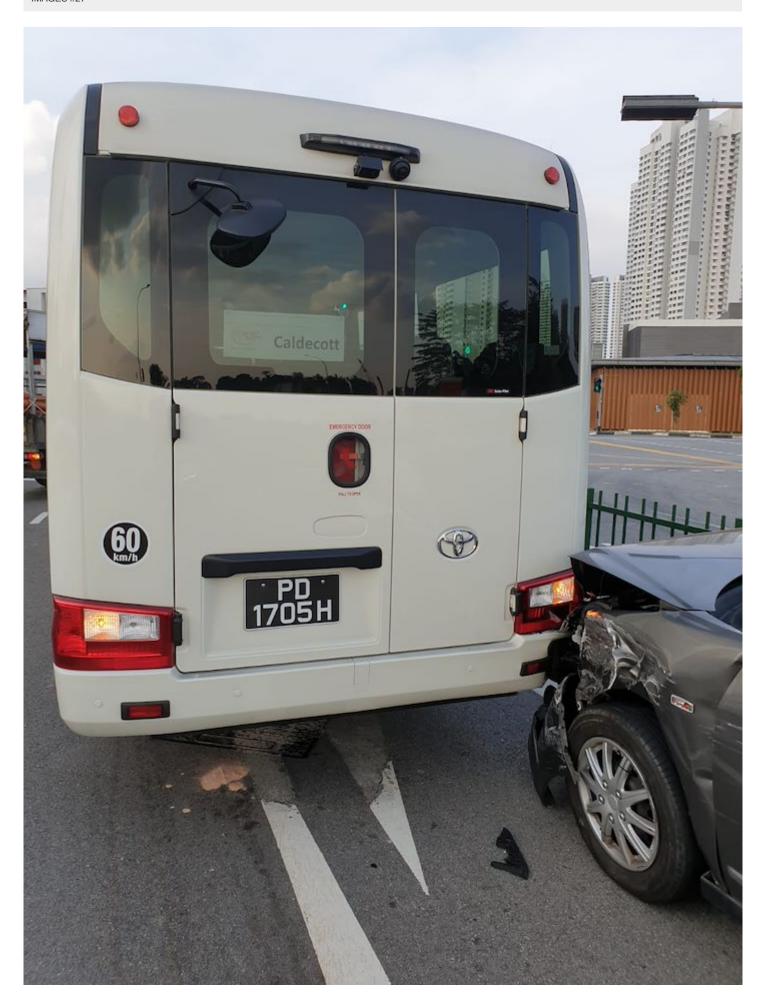


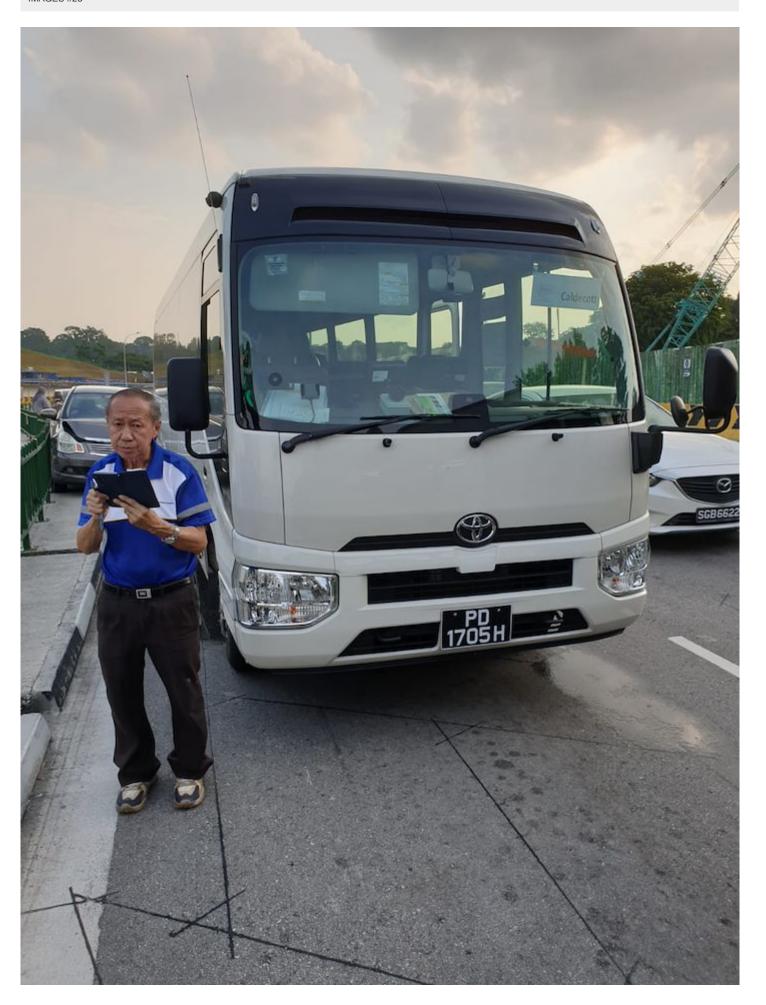




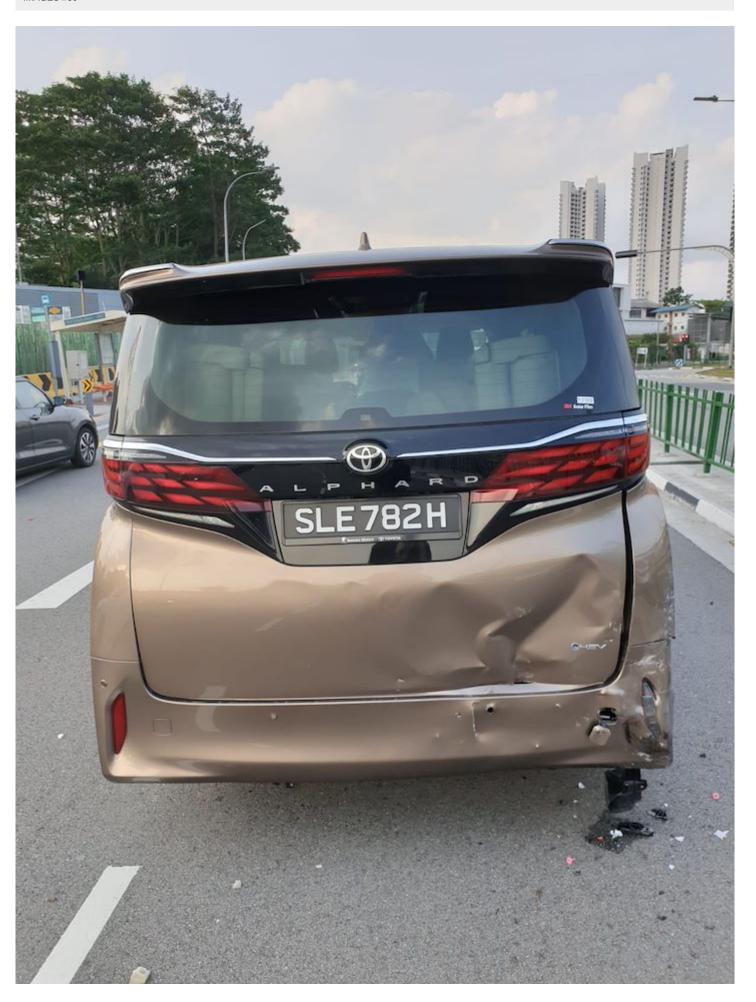






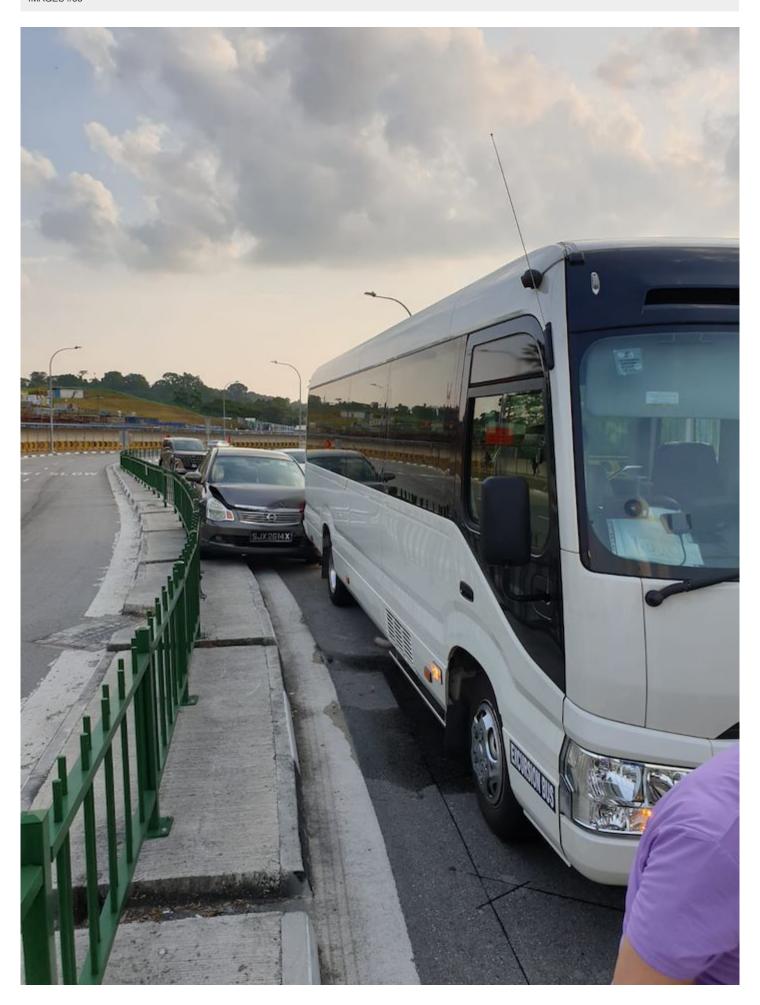


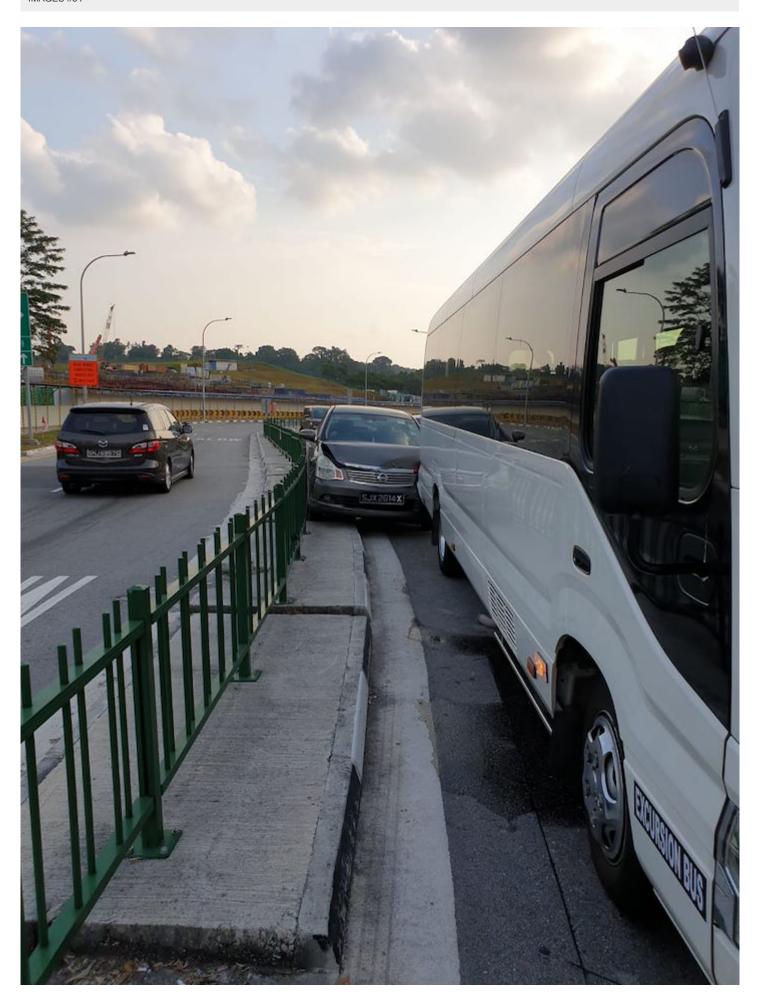








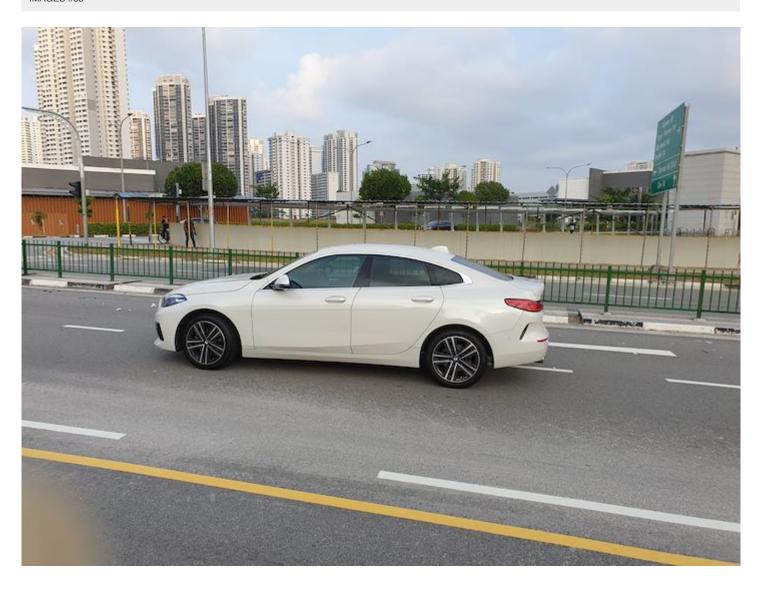






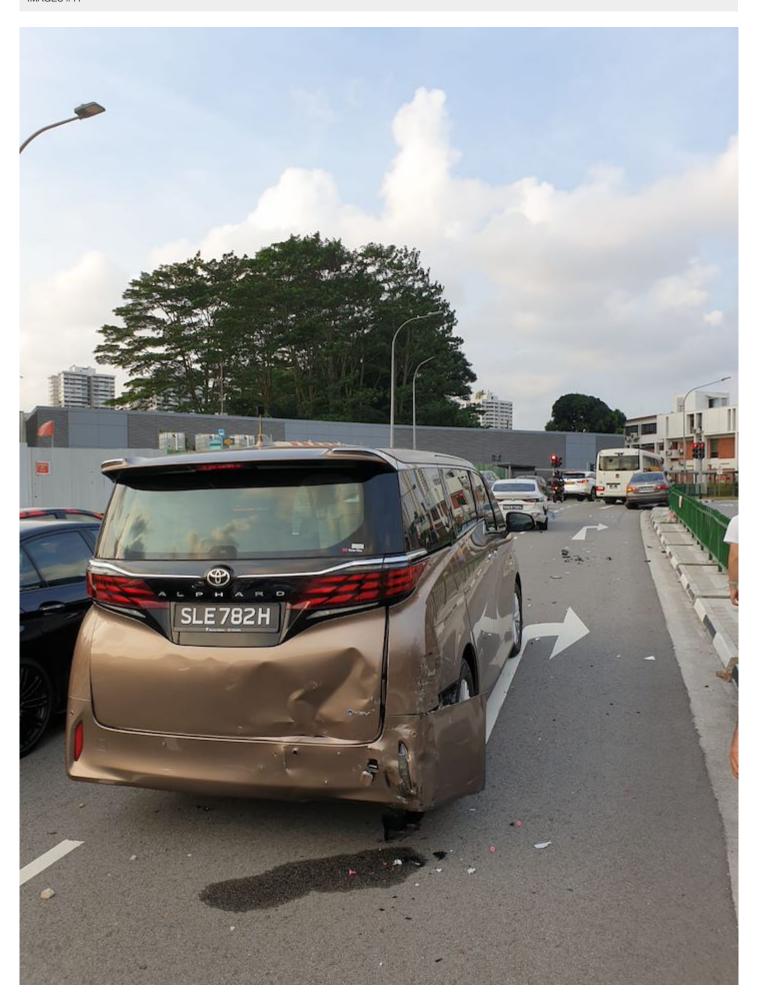








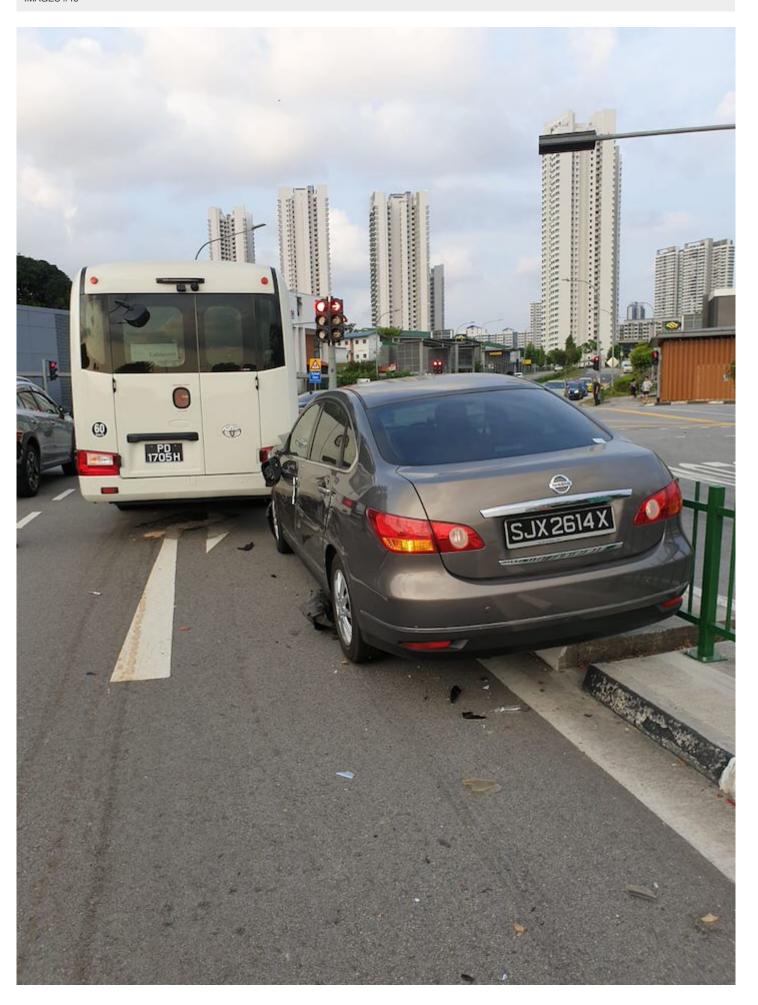










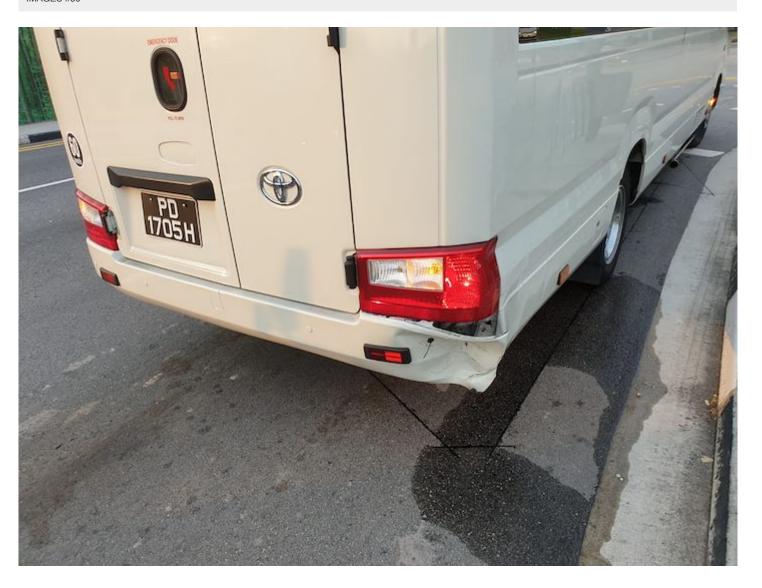


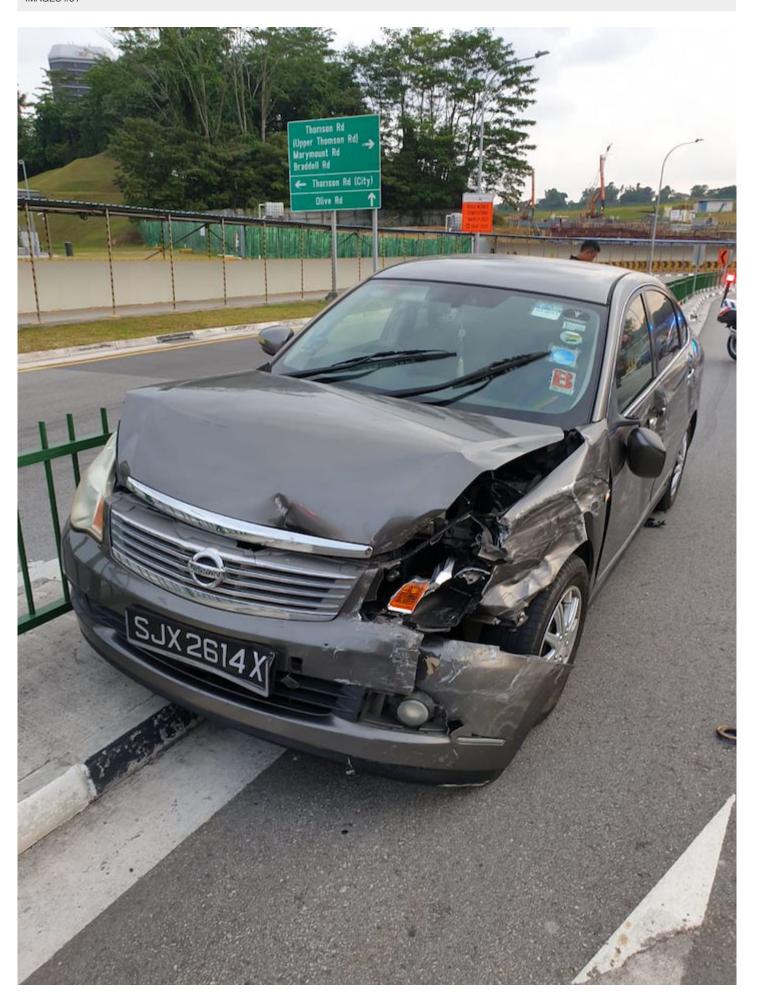


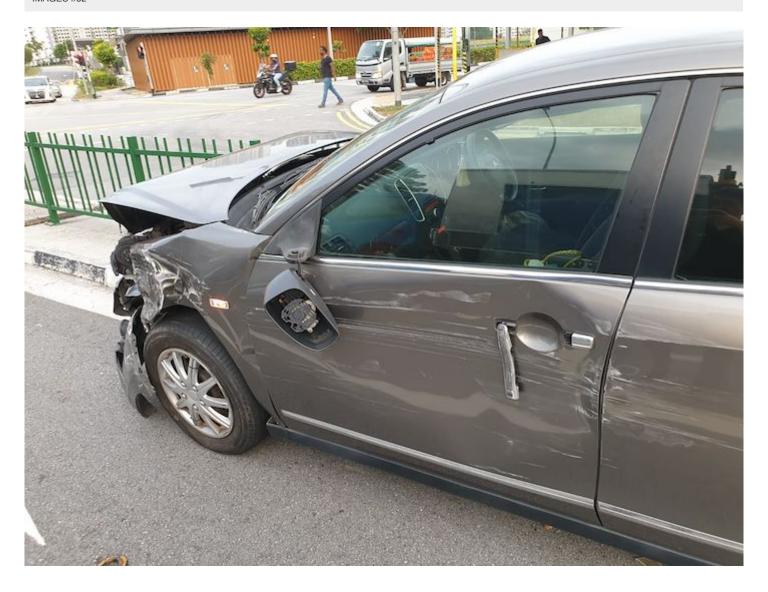


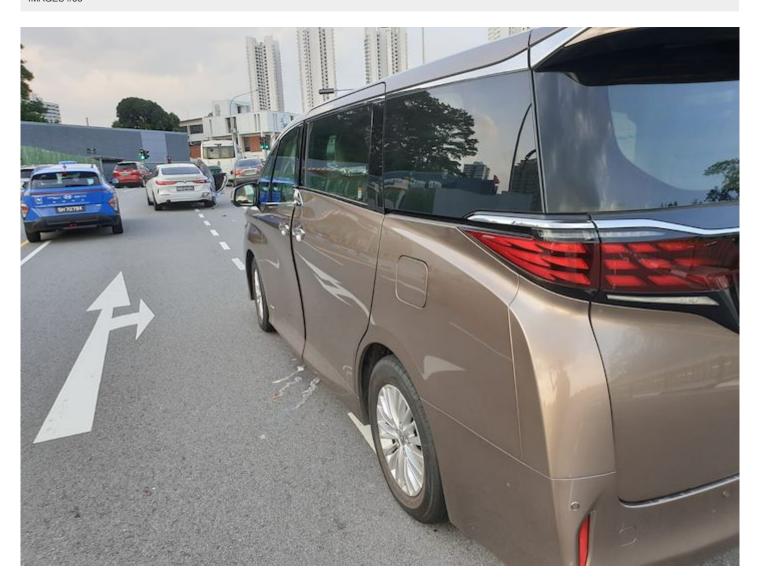




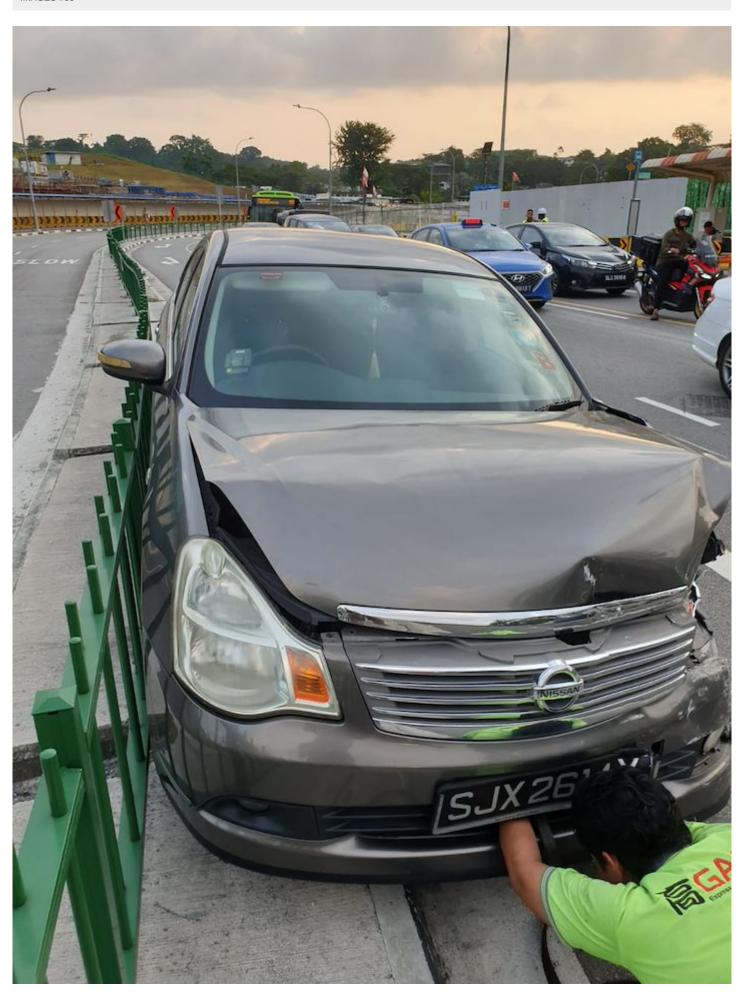














T/20240731/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20240731/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2024 12:21		Vide Report No.: Station Diary No.					
Informant	s Particular	rs	A PART OF THE PART				
Name of Informant: Cecilia Kwok Yea Ling			Address: 138C LORONG 1A TOA PAYOH THE PEAK @ T #05-30 SINGAPORE 313138				
ID Type / ID No.; NRIC NO / S1686915E			Contact No.: Home/Office: Mobile: 96804583				
Nationality: SINGAPORE CITIZEN			Email: cecilia2614x@yahoo.com.sg				
Sex: Age: Date of Birth: Female 59 01/05/1965			Type of Informant: Driver				
Race: Chinese			Language: English				
Occupation: Secretary			Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2024 17:25	Type of Location Straight Road
Location: TOA PAYOH RISE				
Weather:		Road Surface:		
		Dry		
Sunny Traffic Flow: Two Way			Tra Lig	offic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PD1705H	Bus/Coach/Mini bus	TOYOTA		White		0
SJX2614X	Motor car					0
SLE782H	Motor car	ТОУОТА	Alphard	Orange		0
SND6700L	Motor car	BMW	218i	White		0



T/20240731/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20240731/7048

CONTINUATION OF REPORT

	Involved			MIRE		
Any Pedestrian In						
No. of Pedestrian: Driver	s Injurea: NIL	Use of Pedes	Use of Pedestrian Crossing: NA			
Name	FOO SEE CHA	1	ID No.		NIL	
Related Vehicle	PD1705H (Bus/Coach/Minibus)	(Contact No.		88895518	
Hospital/Clinic	NIL.	i i	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dischar	arge NIL			
No. of Days grant	ed Medical Leave (MC) NIL	Degree of Inju				
Driver	West of the second seco		uis			
Name	CECILIA KWOK YEA LING	1	ID No.		S1686915E	
Related Vehicle	SJX2614X (Motor car)	C	Contact No.		96804583	
Hospital/Clinic	NIL		Class Oriving icenc Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dischar	ischarge NIL			
No. of Days grante	of Days granted Medical Leave (MC) NIL			Degree of Injury NIL		
Driver			10000			
Name	JIA AI QIN	II	ID No.		NIL	
Related Vehicle	SLE782H (Motor car)	C	Contact No.		86696380	
Hospital/Clinic	NIL	L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharg	ne er	NIL		
	ed Medical Leave (MC) NIL	Date Discharge NIL Degree of Injury NIL				



T/20240731/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20240731/7048

CONTINUATION OF REPORT

Driver				1	DOMESTIN	
Name	MOHAMED SHAH AL NAWAZ			ID No.		NIL
Related Vehicle	SND6700L (Motor car)			Contact No.		93688819
Hospital/Clinic	NIL			Class Drivin Licen Expir	ıg	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge NIL		
No. of Days granted Medical Leave (MC) NIL			Degree of	The same of the sa		

Brief Details.

Side swipe three vehicles and hit road divider railing slightly. Near traffic junction opposite Caldecott MRT Station. Travelling along Toa Payoh Rise towards Toa Payoh Lorong 1. Accident did not take place at pedestrain crossing.



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



4 of 4 Report No. T/20240731/7048

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: 31/07/2024 12:21
Officer In Charge Of Case:	Classification Of Case:
NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: ST0R247V0001 Vehicle Registration No: SJX2614X Name (as shown in NRIC): LIM HOCK CHYE PETER_NRIC/FIN/Passport No: SXXXX448H (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore () ___ Mobile No.: 97582336 Contact (Tel):_ Email Address: twspeter361@yahoo.com.sg Date of Accident: 30/07/2024 __ Time of Accident: 1725 Place of Accident: TOA PAYOH RISE 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: INSERT CORRECT INSURED NAME ACCORDING TO INSURANCE CERTIFICATE G MOTOR SALES PTE LTD TOA PAYON Policyholder / Driver's Signature

GIARMC Addendum Form

Date: 02/08/2024

Reporting Centre Personnel's Signature Name: SAYEDINAH ALI

NRIC/FIN No.: SXXXX582D

Date: 02/08/2024