

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 Authorised 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 Report	15/11/2019 15:43
Date Of Accident	14/11/2019 18:50
Exact Location Of Accident	PIE TWDS CHANGI AFT EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1901A
Insured/Policyholder	
Name Of Registered Owner	CHAN YEW WENG GABRIEL
NRIC No	S1372575F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91733000
Alternative Phone No	OTHERS-91733000

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100345019-06
Cover Note Number	

Driver

Name of Driver	CHAN YEW WENG GABRIEL
NRIC No	S1372575F
Date Of Birth	19/01/1959
Occupation	INDOOR
Date Of Driving Pass	11/11/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-91733000
Fax Number	
Contact Number	OTHERS-91733000
Email Address	NOEMAIL

Address	41 SIMEI RISE #07-21
Postcode	528784
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191114/7024

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4840G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN YEW WENG GABRIEL
------	-----------------------

Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKL1901A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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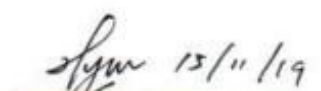
8. Consent under the Personal Data Protection Act (PDPA)

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.


Policyholder's Signature
Date & Time:

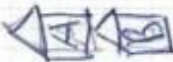

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

PIB (towards change after Eurus Exit)



A - SKL 1901A
B - SMA 4840 C₁

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report. T/20191114/7024

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191114/7024

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

2 of 3

Report No. T/20191114/7024

CONTINUATION OF REPORT

Driver			
Name	GABRIEL CHAN YEW WENG	ID No.	S1372575F
Related Vehicle	SKL1901A (Car)	Contact No.	91733000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,2B,2A,2 Date of Expiry: NIL
Date Treatment	14/11/2019	Date Discharge	14/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME, DATE AND LOCATION, I WAS DRIVING MY CAR BEARING THE REGISTRATION PLATE SKL1901A.

I WAS TRAVELLING ON THE FIRST LANE.

WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC, I FOLLOWED SUIT AND CAME TO A COMPLETE STOP.

SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR.

I ALIGHTED TO MAKE A CHECK, IT WAS A CAR BEARING THE REGISTRATION PLATE SMA4840G THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. CAUSING DAMAGES TO MY CAR.

I WENT TO MY WORKSHOP TO MAKE AN ACCIDENT REPORTING.

FOLLOWING, I FELT SOME PAIN ON MY NECK AND BACK HENCE I WENT TO INTEMEDICAL 24 HOUR CLINIC TO CONSULT A DOCTOR AND WAS GIVEN 5 DAYS OF MC FROM THE DOCTOR.

I AM MAKING THIS REPORT FOR INSURANCE AND RECORD PURPOSES.

I WISH TO STATE THAT THERE WAS A COLLISION IN FRONT BUT MY VEHICLE DID NOT HIT ONTO HIM.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191114/7024

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

1 of 3
Report No. T/20191114/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 19:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GABRIEL CHAN YEW WENG			Address: 41 SIMEI RISE #07-21 SINGAPORE 528784		
ID Type / ID No.: NRIC NO / S1372575F			Contact No.: Home/Office:		Mobile: 91733000
Nationality: SINGAPORE CITIZEN			Email: gabriel-119@live.com		
Sex: Male	Age: 60	Date of Birth: 19/01/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY MANAGEMENT			Driving Licence Information: Class: 3,2B,2A,2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2019 18:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
SKL1901A	Car	MERCEDES BENZ	A200	White	Slightly Damaged	0
SMA4840G	Car			Silver	Seriously Damaged	2

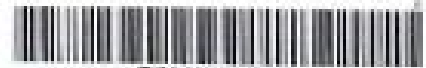
Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



SINGAPORE
POLICE FORCE



T/20191114/7024

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

2 of 3

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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,2B,2A,2 Date of Expiry: NIL
Date Treatment:	14/11/2019	Date Discharge	14/11/2019
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Police Report



**SINGAPORE
POLICE FORCE**



T/20191114/7024

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Traffic Police
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3 of 3
Report No. T/20191114/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP188

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

Date/Time:
14/11/2019 18:58

Classification Of Case:

Addendum Sheet

27 Nov. 2019 10:22

Torque 5 Pte Ltd

No. 3509 P. 2



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #38-00 Singapore 048580
Tel (65) 6724 0030 Fax (65) 6724 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
Lic. SRS1300266 / GST Reg. No: M40017935

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

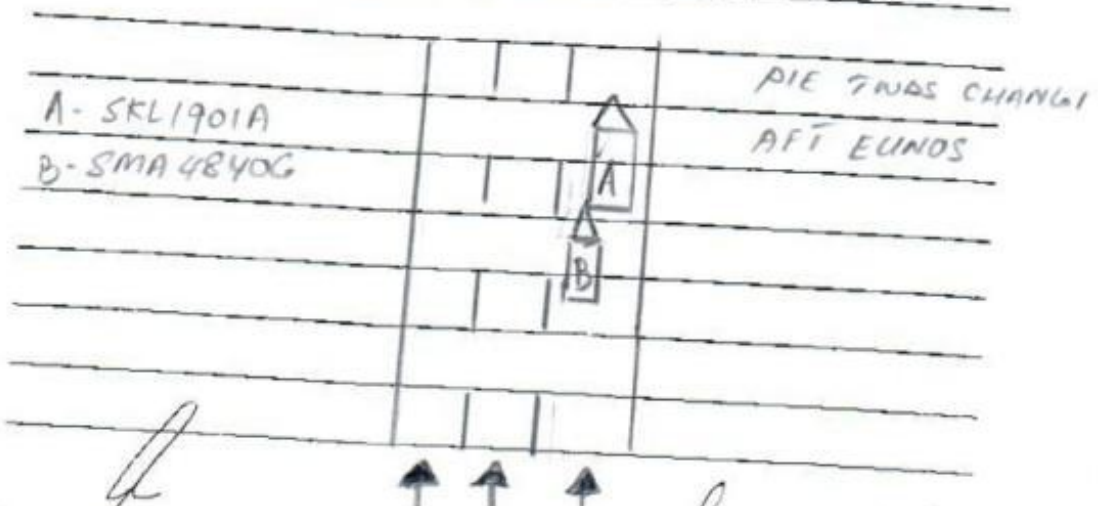
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA 119151255 Vehicle Registration No: SKL 1901A
Name(s) shown in NRIC: CHAN YEW WEN, GABRIEL NRIC/FIN/Passport No: S1372575E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 41 SIMEX RISE #07-21 Singapore (S28794)
Contact (Tel): _____ Mobile No.: 91733000
Email Address: _____
Date of Accident: 14-11-2019 Time of Accident: 18:50
Place of Accident: PTE TOWARD CHANGI AFTER EUNOS
Insurance Company: AIG

(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:

RE-SUBMIT OF SKETCH PLAN



Policyholder / Driver's Signature
Date:

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