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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	cite to the dronwing of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/01/2020 11:43
Date Of Accident	30/01/2020 07:40
Exact Location Of Accident	YIO CHU KANG ROAD TO UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR392G
Insured/Policyholder	
Name Of Registered Owner	WANG YANCHEN
NRIC No	SXXXX569Z
Email Address	58775569Z@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93397330
Alternative Phone No	OFFICE-93397330
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 1.4 TFSI S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	YES

for repair to your vehicle?

If No, Please state action to be taken

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 1700030552-02

Cover Note Number

Driver

Name of Driver WANG YANCHEN

NRIC No SXXXX569Z
Date Of Birth 28/01/1987
Occupation INDOOR
Date Of Driving Pass 13/05/2010

Driving Experience 9 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93397330

Fax Number

Contact Number OFFICE-93397330

EMail Address 58775569Z@GMAIL.COM

11 FERNVALE CLOSE Address

#15-05

4

NO

NO

1

Postcode 797475

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

CHAIN COLLISION Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

NO

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

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? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV9294B

Vehicle Make/Model/Colour ATTRAGE WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NURUL AFIFAH BINTE ROSLIM

SXXXX745Z NRIC/Passport Number **Contact Number** 96724066

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number VBY6121

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHD FARHAN BIN HARUN

NRIC/Passport Number GXXXX586L Contact Number 91459273

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number RX4827
Vehicle Make/Model/Colour YELLOW

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHAMAD FAUZI BIN MOHAMED ALI

NRIC/Passport Number GXXXX660X
Contact Number 60188727822

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? VBY6121

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Sketch Plan

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.
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- 6. 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.
- 7. By the lodgment 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
- 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

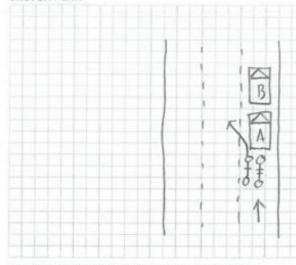
Name: Tyry Formy

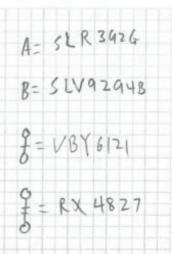
NRIC/FIN No .:

672040 107 X

Sketch Plan #2

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+6	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 & Time: SOLES AND LESS AND LE

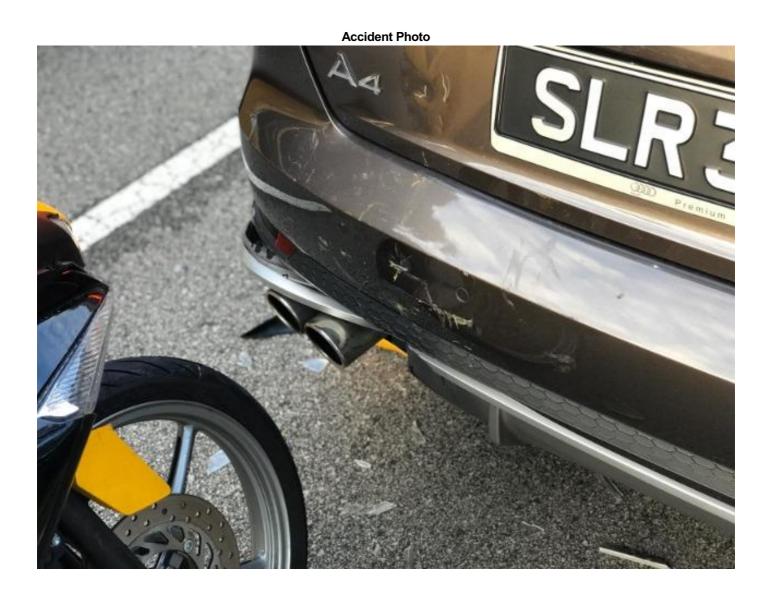
Reporting Centre Personnel's Signature Name: Tory Fars

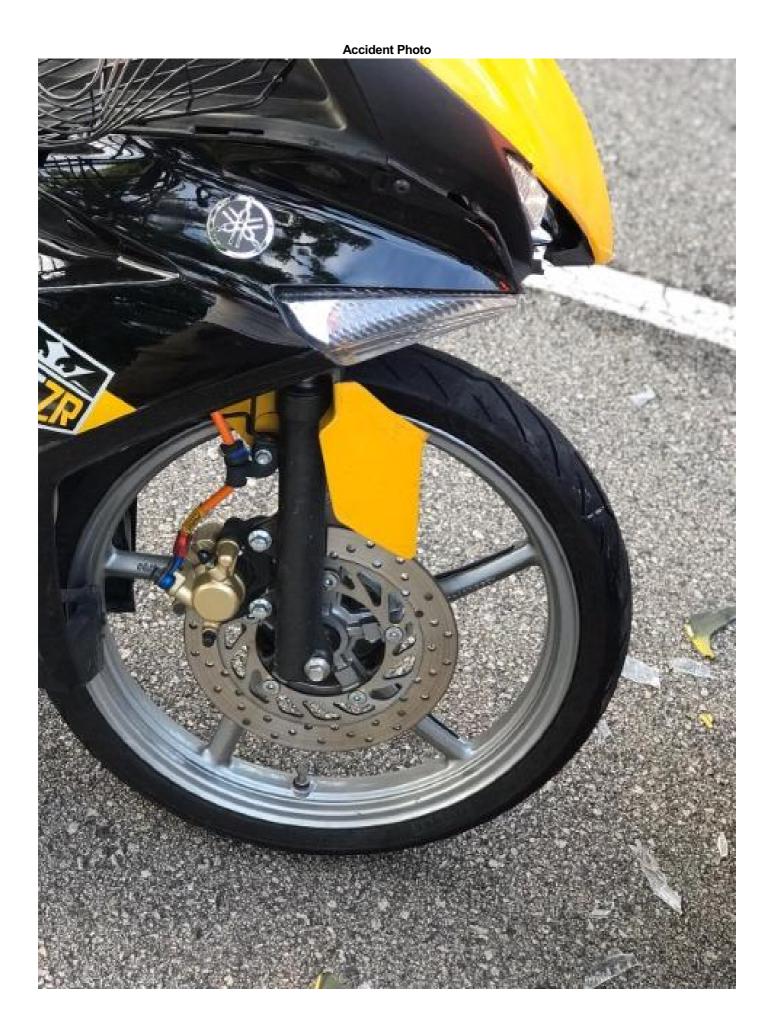
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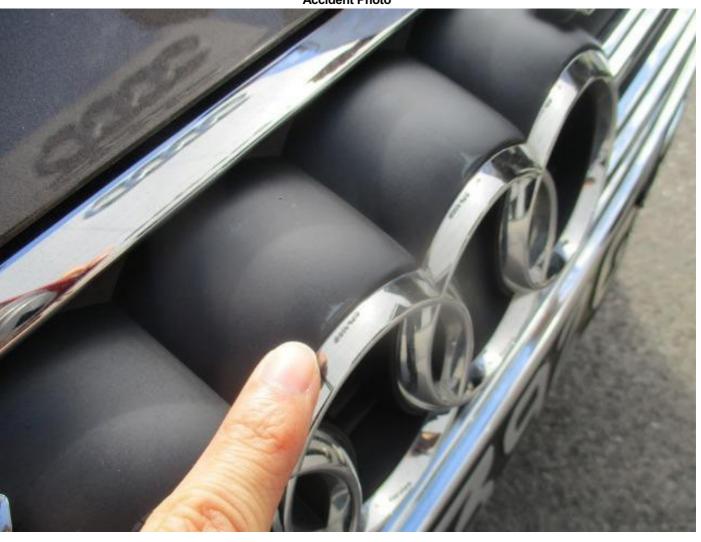


















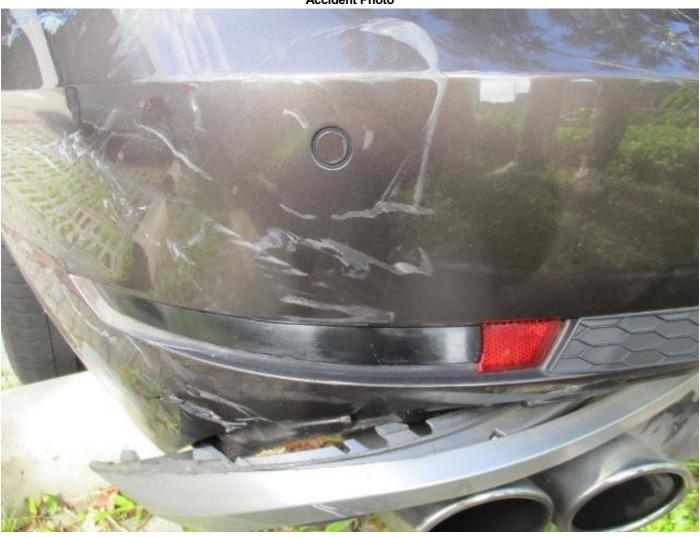


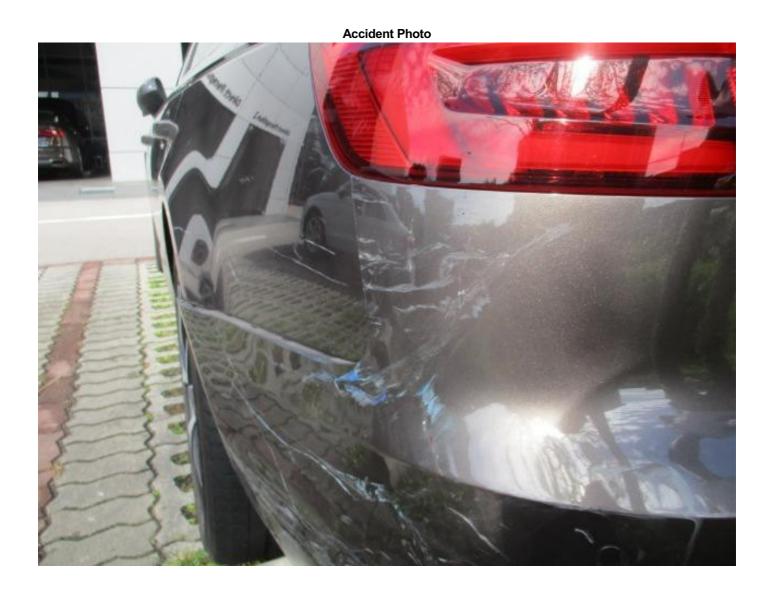






















t of 4 Report No. T/20200130/7003

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 30/01/20	ne Report N 120 11:58	Aade:	Vide Report No.: F/20200130/0051	Station Diary No.:
Informa	nt's Partice	ulars		
Name of WANG Y	Informant: ANCHEN		Address: 11 FERNVALE CLOSE #15-0	6 SINGAPORE 797475
ID Type NRIC NO	/ ID No.: D / S877554	39Z	Contact No.: Home/Office:	Mobile: 93397330
National SINGAP	ity: ORE CITIZ	EN	Email: s8775569z@gmail.com	
Sex: Male	Age: 33	Date of Birth: 28/01/1987	Type of Informant: Driver	GN A.E.
Race: Chinese			Language: English	Institution / School Name:
Occupat Admin o	ion: fficer		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 07:40	Type of Location Straight Road	
Location: YIO CHU KAI Weather: Clear	NG ROAD	Road Surface: Dry		Road Speed Limit: 60 Km/h	
		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
RX4827	Motorcycle			Yellow	Slightly Damaged	0
SLR392G	Car	AUDI	A4 1.4 TFSI S TRONIC	Brown		0
SLV9294B	Car	MITSUBISHI	ATTRAGE	White	Slightly Damaged	2
VBY6121	Motorcycle			Blue	Slightly Damaged	1

Details of Vo	shicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20200130/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLR392G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700030652-02	28/07/2019	27/07/2020		

	on Involved					
Any Pedestrian I						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						Water Control
Name	WANG YANCHEN			ID No	i)	S8775569Z
Related Vehicle	SLR392G (Car)			Conta	act No.	93397330
Hospital/Clinic	NIL			Class Drivin Licen Expin	o .	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D		Date Dis	charge	NII	
				of Injury		
Driver						
Name	MOHAMAD FAAUZI BIN MOHAMED ALI			ID No		G2950660X
Related Vehicle	SLR392G (Car)			Conta	ct No.	60188727822
Hospital/Clinic	NIL			Class Drivin Licen- Expiry	g 5e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis-	charge	NIL	
	ted Medical Leave	NIL	Degree o		NIL	
Driver		70 mm				
Name	MOHD FARHAN HARUN			ID No		G2829586L
Related Vehicle	SLR392G (Car)			Conta	ct No.	91459273
Hospital/Clinic	NIL			Class Drivin Licens Expiry	9 2e &	Class: NIL Date of Expiry: NIL
	20/04/2000		Date Disc	10 C-33	NIL	
Date Treatment	30/01/2020	t 30/01/2020 Date inted Medical Leave NIL Degr			PARILL	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/202001307/003

CONTINUATION OF REPORT

Driver				entropen and the
Name	NURUL AFIFAH BINTE ROSLIM		ID No.	S9127745Z
Related Vehicle	SLR392G (Car)	Contact No.	96724066	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc		sarge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	

Brief Details.

On 30/0//2020 morning about 7:40am, I was driving my car follow a white car (SLV9294B) on yio chu kang road toward upp thomson road. The white car in front of me made a sudden braking, I was following her break hardly but could not stop and hit her boot. Then 2 motorbikes (VBY6121 & RX4827) hit my boot from behind and one of the rider was throw out to another lane. I called ambulance & the immediately.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 85470000



4 of 4 Report No. T/20200130/7003

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

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: 30/01/2020 11:58
Officer In Charge Of Case: TP / TPHQ / ONG CHEE HIEN Contact No.: 85476437	Classification Of Case: