

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	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

DETAILS 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 for repair to your vehicle?	YES
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

Address	11 FERNVALE CLOSE #15-05
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

Type Of Accident	CHAIN COLLISION
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	4
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	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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?	NO
Was there any audio recorded?	NO

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
NRIC/Passport Number	SXXXX745Z
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

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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: Gay Pang
NRIC/FIN No.: 672040107X



Sketch Plan #2

SKETCH PLAN

A = SLR 3926
B = SLV 92948
= VBY 6121
= RX 4827

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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:

Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: 6700401671



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Police Report



**SINGAPORE
POLICE FORCE**



T/20200130/7003

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

1 of 4

Report No. T/20200130/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 11:58			Vide Report No.: F/20200130/0051		Station Diary No.:
Informant's Particulars					
Name of Informant: WANG YANCHEN			Address: 11 FERNVALE CLOSE #15-05 SINGAPORE 797475		
ID Type / ID No.: NRIC NO / S8775569Z			Contact No.: Home/Office: Mobile: 93397330		
Nationality: SINGAPORE CITIZEN			Email: s8775569z@gmail.com		
Sex: Male	Age: 33	Date of Birth: 28/01/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Admin officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

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 KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two 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
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
VBV6121	Motorcycle			Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200130/7003

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.	1700030552-02	28/07/2019	27/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WANG YANCHEN		ID No.	S8775589Z
Related Vehicle	SLR392G (Car)		Contact No.	93397330
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		NIL	Degree of Injury: NIL	
Driver				
Name	MOHAMAD FAAUZI BIN MOHAMED ALI		ID No.	G2950860X
Related Vehicle	SLR392G (Car)		Contact No.	60188727822
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		NIL	Degree of Injury: NIL	
Driver				
Name	MOHD FARHAN HARUN		ID No.	G2629586L
Related Vehicle	SLR392G (Car)		Contact No.	91459273
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/01/2020		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury: Slight	

Police Report



**SINGAPORE
POLICE FORCE**



T/20200130/0003

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

3 of 4

Report No: T/20200130/0003

CONTINUATION OF REPORT

Driver			
Name	NURUL AFIFAH BINTE ROSLIM	ID No.	S8127745Z
Related Vehicle	SLR392G (Car)	Contact No.	96724068
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	NIL	Degree of Injury	NIL

Brief Details

On 30/01/2020 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 & police immediately .

Police Report



**SINGAPORE
POLICE FORCE**



T/20200130/7003

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

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG CHEE HIEN
Contact No.: 85476437

Authentication Stamp
NP168

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

Date/Time:
30/01/2020 11:58

Classification Of Case: