

### 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             | 28/07/2020 13:03                 |
| Date Of Accident           | 26/07/2020 11:10                 |
| Exact Location Of Accident | ALONG CLEMENTI AVE 6 TOWARDS AYE |
| Country/State of Loss      | SINGAPORE                        |

#### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBJ8063P              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | BB TRANSPORT SERVICES |
| Co Reg No                   | BXXXXX910W            |
| Email Address               | NOEMAIL               |
| Mobile Phone No             |                       |
| Alternative Phone No        | OFFICE-90616597       |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV200 1.5 MT       |
| Exact Purpose for which vehicle was being used at time of accident           |                    |
| 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   | COMMERCIAL VEHICLE |

#### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 1900155137                           |
| Cover Note Number         |                                      |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | WONG CHEE MENG ANDREW |
| NRIC No              | SXXXX870C             |
| Date Of Birth        | 15/09/1969            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 17/10/1989            |
| Driving Experience   | 30 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90616597  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

Address BLK 26 SERANGOON CENTRAL DRIVE #11-46  
 Postcode 550256  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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 2  
 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 BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20200727/2064.

**Attachment(s)**

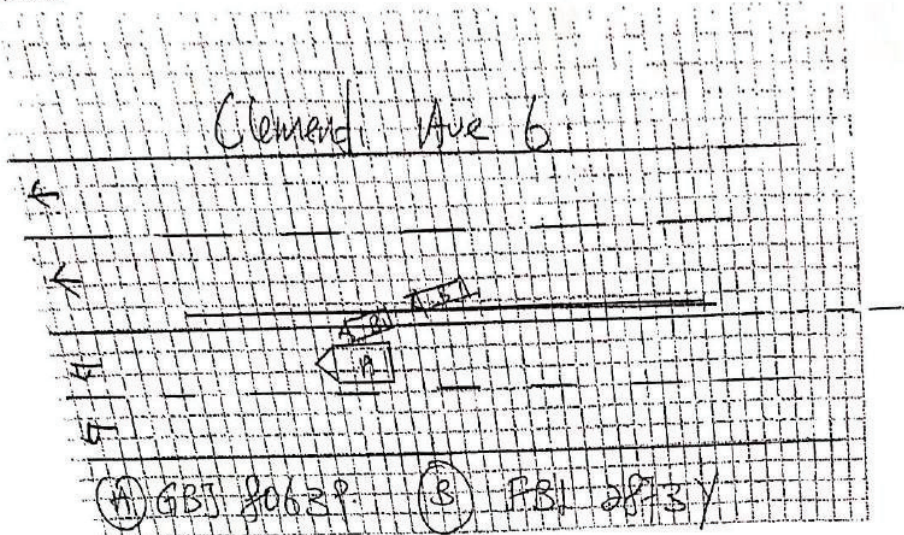
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBL2873Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver MUHAMMAD DANIAL BIN MUHAMED  
 NRIC/Passport Number SXXXX089I  
 Contact Number 87765401  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

Sketch Plan Pg. 2

SKETCH PLAN



(A) GBT 8063P (B) FBI 2873Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report: T/20200727/2064

DECLARATION: I/We hereby declare that the particulars are true in every respect.



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

28/07/2020

Reporting Officer/Inspector's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200727/2064

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Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20200727/2064

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>27/07/2020 14:11 | Vide Report No.: | Station Diary No.:<br>92 |
|--|------------------|--------------------------|

## Informant's Particulars

|   |            |  |                              |
|---|------------|--|------------------------------|
| Name of Informant:<br>WONG CHEE MENG ANDREW |            | Address:<br>APT BLK 256 SERANGOON CENTRAL DRIVE #11-46<br>SINGAPORE 550256 |                              |
| ID Type / ID No.:<br>NRIC NO / S6931870C    |            | Contact No.:   | Mobile: 90616597             |
| Nationality:<br>SINGAPORE CITIZEN           |            | Email:   |                              |
| Sex:<br>Male                                | Age:<br>50 | Date of Birth:<br>15/09/1969   | Type of Informant:<br>Driver |
| Race:<br>Chinese                            |            | Language:  | Institution / School Name:   |
| Occupation:<br>AIPORT COORDINATOR           |            | Driving Licence Information:<br>Class: 3,4,5                               | Date of Expiry:              |

## General Information of the Accident

|   |                  |                                    |   |                                    |
|---|------------------|------------------------------------|---|------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>26/07/2020 11:10 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>CLEMENTI AVENUE 6<br><br>ALONG CLEMENTI AVE 6 TOWARDS AYE. |                  |                                    |   |                                    |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry               | Road Speed Limit:                             |                                    |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction             |                  |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

## Details of Vehicle Involved

| Vehicle No | Type       | Make | Model | Color | Condition           | No of Passenger |
|------------|------------|------|-------|-------|---------------------|-----------------|
| FBL2873Y   | Motorcycle |      |       |       | Slightly<br>Damaged | 0               |
| GBJ8063P   | Van        |      |       |       | Slightly<br>Damaged | 0               |

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20200727/2064

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Report No. T/20200727/2064

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21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

## CONTINUATION OF REPORT

| Rider                             |                                    |  |                                     |
|-----------------------------------|------------------------------------|--|-------------------------------------|
| Name                              | MUHAMMAD DANIAL BIN MOHAMED NORDIN | ID No.                                 | S9900089I                           |
| Related Vehicle                   | FBL2873Y (Motorcycle)              | Contact No.                            | 87765401                            |
| Hospital/Clinic                   | NIL                                | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                                | Date Discharge                         | NIL                                 |
| No. of Days granted Medical Leave | NIL                                | Degree of Injury                       | NIL                                 |
| Driver                            |                                    |  |                                     |
| Name                              | WONG CHEE MENG ANDREW              | ID No.                                 | S6931870C                           |
| Related Vehicle                   | GBJ8063P (Van)                     | Contact No.                            | 90616597                            |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL            | Class of Driving Licence & Expiry Date | Class: 3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 27/07/2020                         | Date Discharge                         | 27/07/2020                          |
| No. of Days granted Medical Leave | 04                                 | Degree of Injury                       | Slight                              |

**Brief Details.**

On 26/07/2020 at about 1110hrs, I was driving my vehicle V1) GBJ8063P along Clementi Ave 6 towards AYE. I continued driving as the traffic in front was clear. Suddenly, there was an impact on V1's right rear area. I proceed to make a stop and alighted. I discovered one motorcycle V2) FBL2873Y, had collided into V1. the rider of V2, had minor abrasions and insisted not to call an ambulance. I took photos of the incident and our vehicles, and discussed with the rider about the settlement. The rider of V2 told me that he wish to go for private settlement, however he cannot pay if the repair cost from the damage on V1 is very high. The damages on V1, are scratches and dent on the driver's door handle, rear right door, and right side skirt.

The rider of V2 also told me that he was rushing to find his wallet as he had lost his wallet before the accident.

As I felt pain on my back after the accident, on 27/07/2020 I had went to see a doctor and was issued a 4 days MC.