

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 26/10/2020 16:38
 Date Of Accident 25/10/2020 06:00
 Exact Location Of Accident PIE (TOWARDS CHANGI AIRPORT)AFTER BEDOK NORTH EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT7587E
Insured/Policyholder
 Name Of Registered Owner SELVIN
 Co Reg No 5XXXX048X
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer CITROEN
 Model GRAND C4 PICASSO 1.6 BLUEHDI
 Exact Purpose for which vehicle was being used at time of accident PRIVATE HIRE

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 1700075568
 Cover Note Number

Driver

Name of Driver NG CHOON XIAN,SELVIN
 NRIC No SXXXX020I
 Date Of Birth 10/09/1986
 Occupation OUTDOOR
 Date Of Driving Pass 20/06/2006
 Driving Experience 14 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98447107
 Fax Number
 Contact Number
 EMail Address ICE_BLENDED@HOTMAIL.COM

BLK 419 PASIR RIS DRIVE 6 #10-281
510419
as driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY
Weather Conditions RAINING
Road Surface WET

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? YES
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) 3
Passenger 1
NAME: : PASSENGER
GENDER: : FEMALE
Passenger 2
NAME: : PASSENGER
GENDER: : MALE

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 - SINGAPORE CITY
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

REFER TO ATTACHMENT

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
Vehicle Make/Model/Colour
Details Of Properties ROAD RAILING
Vehicle Category NA/UNKNOWN
Name of Driver

Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT7587E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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SINGAPORE POLICE FORCE



T/20201026/7003

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

1 of 3

Report No. T/20201026/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 00:45	Vide Report No.: G/20201025/0070	Station Diary No.:
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Informant's Particulars

Name of Informant: NG CHOON XIAN, SELVIN			Address: 419 PASIR RIS DRIVE 6 #10-281 SINGAPORE 510419		
ID Type / ID No.: NRIC NO / S 0201			Contact No.: Home/Office: Mobile: 98447107		
Nationality: SINGAPORE CITIZEN			Email: ICE_BLENDED@HOTMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 10/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Private Hire Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2020 06:00	Type of Location: Expressway
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT7587E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201026/7003

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

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Report No. T/20201026/7003

CONTINUATION OF REPORT

Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SLT7587E (Car)		Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/10/2020		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	NG CHOON XIAN, SELVIN		ID No.	S-0201
Related Vehicle	SLT7587E (Car)		Contact No.	98447107
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/10/2020		Date	25/10/2020
No. of Days granted Medical Leave	07		Degree of	Slight

Brief Details.

Accident happened at the bend after Bedok North Ave 3 exit, along PIE towards Changi Airport. I was on a Grab job driving passenger towards destination in Tampines from Crescent Road. I might have fallen asleep and crash my vehicle into the centre divider along the expressway.