

# 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 Submission ..... 02/02/2021 15:00 (SGT)  
Date of Accident ..... 01/02/2021 18:00 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS CHANGI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJC1565X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEN GANG  
NRIC No ..... SXXXX038G  
Email Address ..... cheng.gang.000@gmail.com  
Mobile Phone No ..... (Phone) +65-97687806  
Alternative Phone No ..... +65-97687806

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... X-trail  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700004924-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEN GANG  
NRIC No ..... SXXXX038G  
Date Of Birth ..... 13/09/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	21/12/2007
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97687806
Alt. Phone Number .....	+65-97687806
Email Address .....	cheng.gang.000@gmail.com
Address .....	95 YISHUN AVENUE 1 #08-25
Address complement .....	-
Postcode .....	769137
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	THENESH KUMARAN S/O NADARAJA
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210201/7055

#### 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 .....	FBJ9320R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	THENESH KUMARAN S/O NADARAJA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND SHOULDER PAIN
Injured person in which vehicle? .....	SJC1565X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHEN GANG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND SHOULDER PAIN
Injured person in which vehicle? .....	SJC1565X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

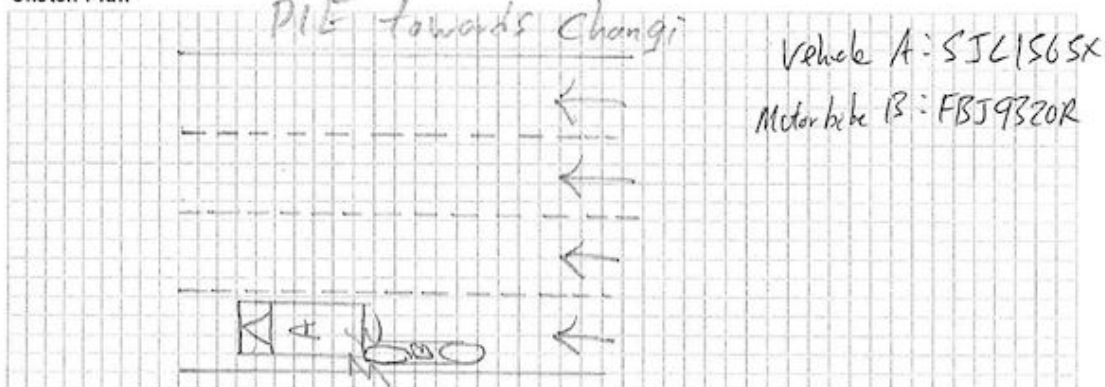
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

Chen Gang  
Policyholder's Signature / Date & Time

Chen Gang  
Driver's Signature (If driver is not the policyholder) / Date & Time

02/08/2021  
Witnessed by Reporting Centre Personnel

## Sketch Plan

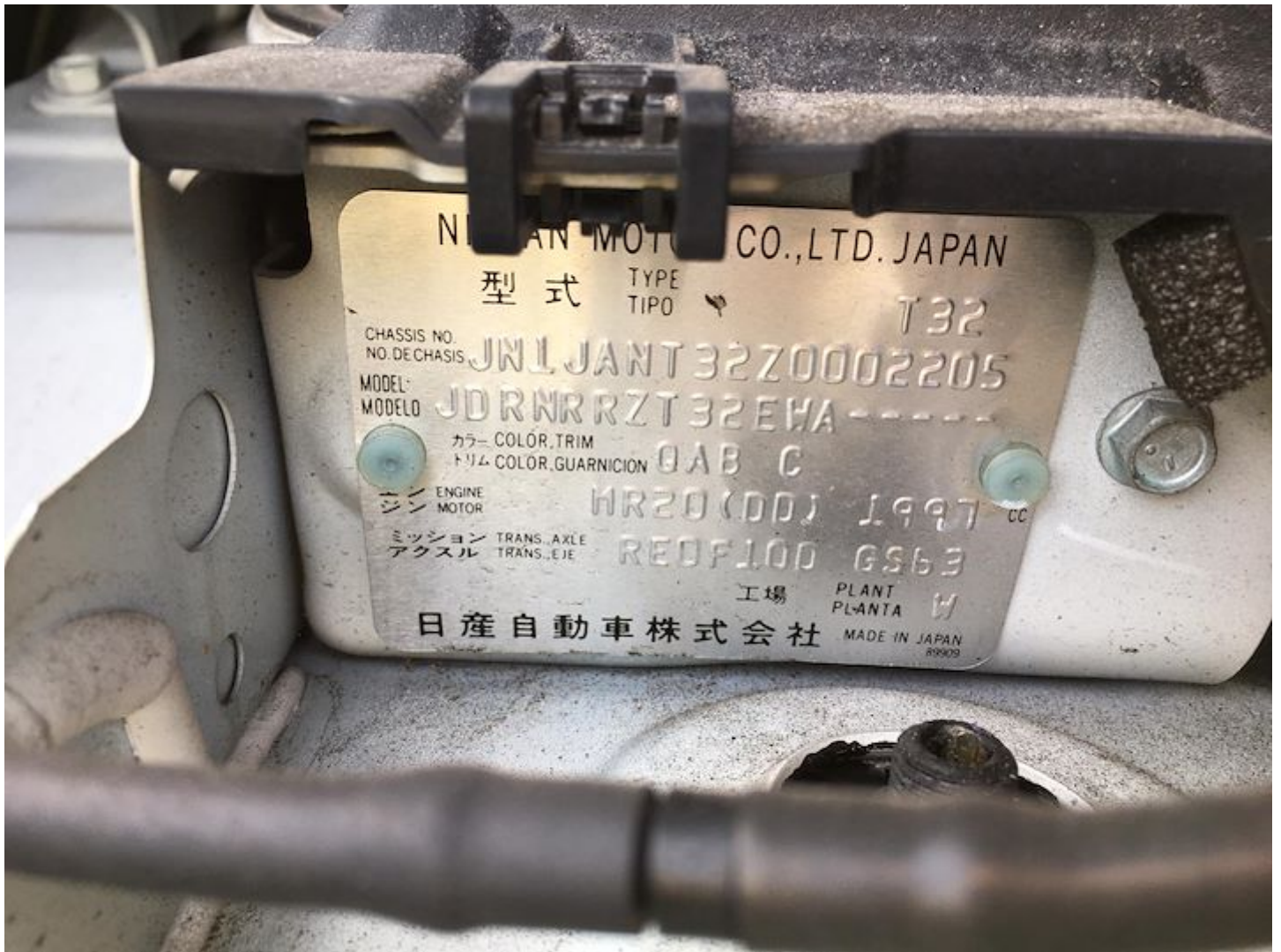


As per police report: T/20210201/7055

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20210201/7055

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

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Report No. T/20210201/7055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2021 21:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN GANG			Address: 95 YISHUN AVENUE 1 #08-25 SINGAPORE 769137		
ID Type / ID No.: NRIC NO / S7081038G			Contact No.: Home/Office: Mobile: 97687806		
Nationality: SINGAPORE CITIZEN			Email: CHEN.GANG.000@GMAIL.COM		
Sex: Female	Age: 50	Date of Birth: 13/09/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT service manager			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2021 18:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ9320R	Motorcycle			White	Seriously Damaged	0
SJC1565X	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR	White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**

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



T/20210201/7055

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Report No. T/20210201/7055

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC1565X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700004924-03	11/05/2020	10/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SALLEHIN	ID No.	S8334590Z
Related Vehicle	FBJ9320R (Motorcycle)	Contact No.	85750324
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHEN GANG	ID No.	S7081038G
Related Vehicle	SJC1565X (Car)	Contact No.	97687806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2021	Date	01/02/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	THENESH KUMARAN S/O NADARAJA	ID No.	S8931040G
Related Vehicle	SJC1565X (Car)	Contact No.	82014216
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2021	Date	01/02/2021
No. of Days granted Medical Leave	03	Degree of	Serious





**SINGAPORE  
POLICE FORCE**



T/20210201/7055

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

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Report No. T/20210201/7055

**CONTINUATION OF REPORT**

Brief Details.

I was travelling along PIE towards Changi on the 4th lane on a 4 lane road . I slowed down my vehicle and suddenly I felt a great impact on the rear portion of my vehicle . I came down from my vehicle and notice that motorbike (FBJ9320R) have collided onto the rear left portion of my vehicle

**SINGAPORE  
POLICE FORCE**

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



T/20210201/7055

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Report No. T/20210201/7055

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
01/02/2021 21:06

Classification Of Case: