

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 11/03/2021 19:22 (SGT)
Date of Accident 11/03/2021 14:10 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF1203P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AN GUOHAO
NRIC No SXXXX676E
Email Address ANGUOHAOJOHNAN@GMAIL.COM
Mobile Phone No (Phone) +65-86662335
Alternative Phone No +65-86662335

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-5
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 1800114246-01
Cover Note Number -

DRIVER

Name of Driver AN GUOHAO
NRIC No SXXXX676E
Date Of Birth 03/12/1995
Occupation Indoor

Date Of Driving Pass	05/04/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86662335
Alt. Phone Number	+65-86662335
Email Address	ANGUOHAOJOHNAN@GMAIL.COM
Address	11 LIM TUA TOW RD #04-27
Address complement	-
Postcode	547803
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO POLICE REPORT T/20210311/7019

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	FY5501K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF2969L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	AN GUOHAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMF1203P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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)

(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

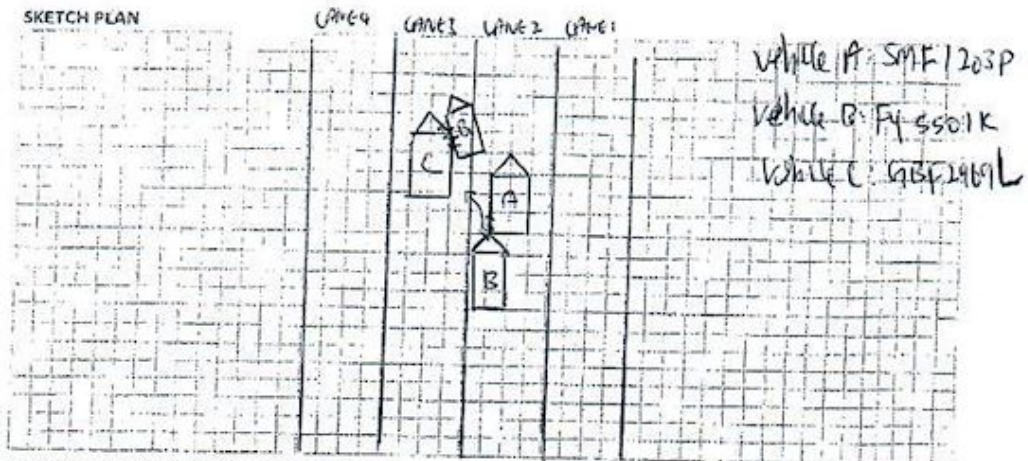
c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;

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;

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO

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:
NRIC/FIN No.:



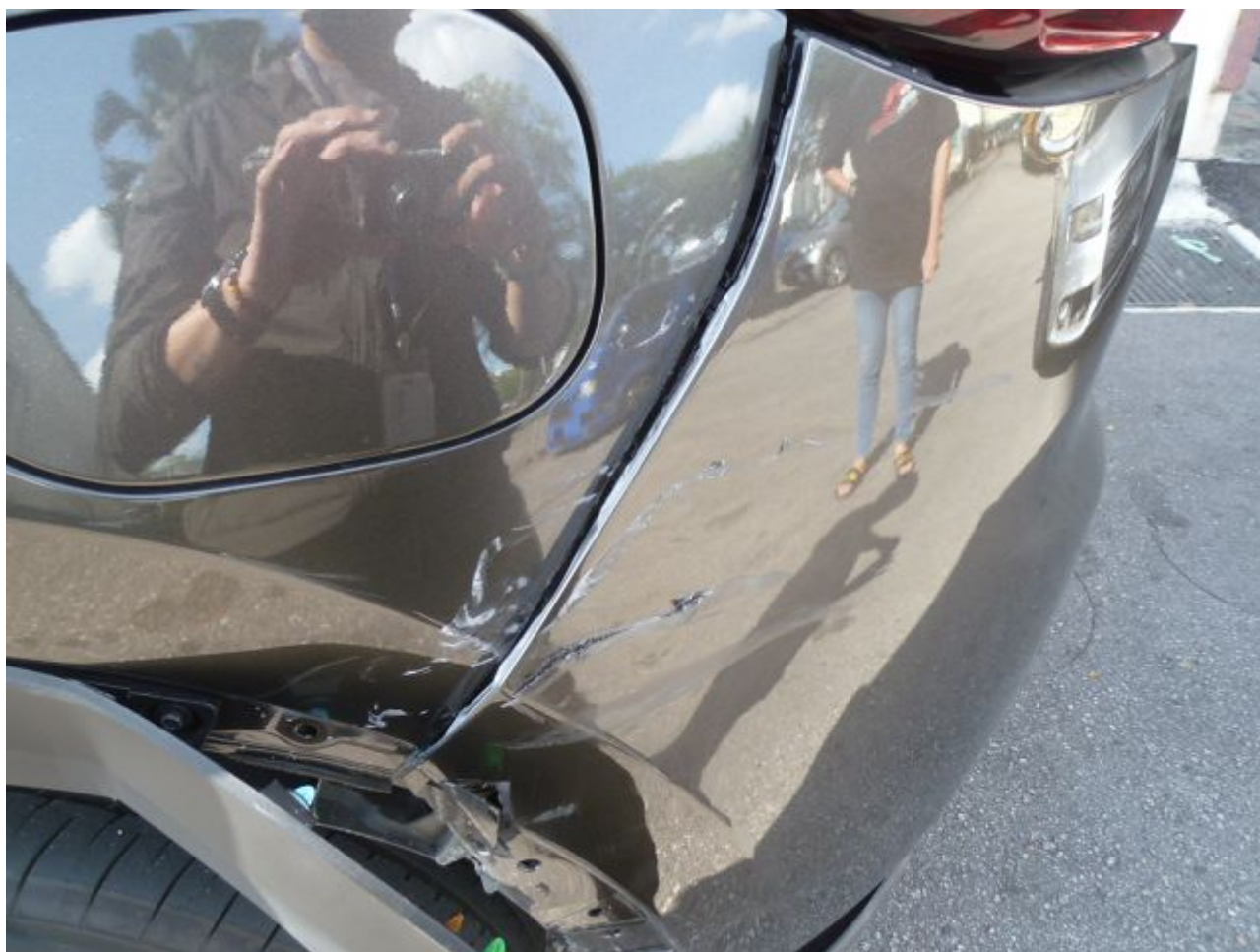


















**SINGAPORE
POLICE FORCE**



T/20210311/7019

1 of 3

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

Report No. T/20210311/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 16:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AN GUOHAO			Address: 11 LIM TUA TOW ROAD #04-27 SINGAPORE 547803		
ID Type / ID No.: NRIC NO / S9576676E			Contact No.: Home/Office: Mobile: 86662335		
Nationality: SINGAPORE CITIZEN			Email: ANGUOHAOJOHNAN@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 03/12/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			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: 11/03/2021 14:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FY5501K	Motorcycle					0
GBF2969L	Lorry					0
SMF1203P	Car	MAZDA	CX-5 2.0 AT PREMIUM 2WD	Grey		0



**SINGAPORE
POLICE FORCE**



T/20210311/7019

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

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Report No. T/20210311/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF1203P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800114246-01	29/10/2020	28/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AN GUOHAO	ID No.	S9576676E
Related Vehicle	SMF1203P (Car)	Contact No.	86662335
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	Slight

Brief Details.

I was travelling on CTE towards AYE after Kampong Java Flyover. Suddenly the vehicle in front me braked and came to a complete stop. I followed suit and did the same. Suddenly i felt a huge impact on the rear of my vehicle. I got down and realised that vehicle B, motorcycle bearing license plate number, FY5501K actually rear ended and me at the same time losing balance and collided into vehicle C, lorry bearing license plate number, GBF2969L.



**SINGAPORE
POLICE FORCE**



T/20210311/7019

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

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Report No. T/20210311/7019

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 / TPB /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

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:
11/03/2021 16:11

Classification Of Case: