

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 24/03/2021 13:54 (SGT)
Date of Accident 23/03/2021 15:25 (SGT)
Exact Location of Accident W Coast Hwy, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW9955G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN HOUJU
NRIC No SXXXX451I
Email Address ABEL_YKLIM@YAHOO.COM.SG
Mobile Phone No (Phone) +65-92349955
Alternative Phone No +65-92349955

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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
Transmission Auto
CC 2400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100425019-05
Cover Note Number -

DRIVER

Name of Driver CHEN HOUJU
NRIC No SXXXX451I

Date Of Birth	05/09/1975
Occupation	Indoor
Date Of Driving Pass	16/05/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92349955
Alt. Phone Number	+65-92349955
Email Address	ABEL_YKLIM@YAHOO.COM.SG
Address	18 YEW SIANG RD #03-01
Address complement	-
Postcode	117755
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	Raining
Road Surface	Wet

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)	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/20210323/7038

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	GBF2800P
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	CHEN HOUJU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGW9955G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

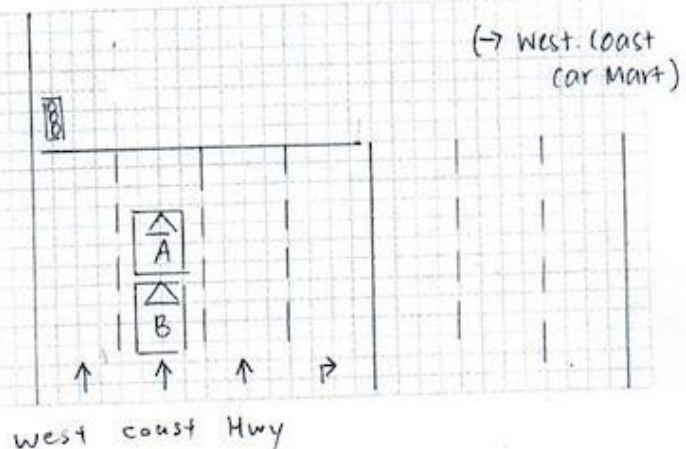

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SGW9955E
Vehicle B: GBF2800P




Describe Circumstances of the Accident

- Refr to Police Report - 7/20210323/7038

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


Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20210323/7038

1 of 3

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

Report No. T/20210323/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2021 19:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN HOUJU			Address: 18 YEW SIANG ROAD #03-01 SINGAPORE 117755		
ID Type / ID No.: NRIC NO / S75614511			Contact No.: Home/Office:		Mobile: 92349955
Nationality: CHINESE			Email: ABEL_YKLIM@YAHOO.COM.SG		
Sex: Female	Age: 45	Date of Birth: 05/09/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2021 15:25	Type of Location: Straight Road
Location: WEST COAST HIGHWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One 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
GBF2800P	Lorry				Slightly Damaged	1
SGW9955G	Car	TOYOTA	ESTIMA AERAS PREMIUM 2.4 A	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210323/7038

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Report No. T/20210323/7038

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW9955G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100425019-05	26/08/2020	25/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN HOUJU	ID No.	S75614511
Related Vehicle	SGW9955G (Car)	Contact No.	92349955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/03/2021	Date	23/03/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 23/03/2021, AT ABOUT 15:25HR, I WAS DRIVING MY VEHICLE - SGW9955G, ALONG WEST COAST HIGHWAY. AT THE TRAFFIC JUNCTION, TRAFFIC LIGHT TURNED RED AND I SLOW DOWN TO STOP. SUDDENLY, VEHICLE NUMBER - GBF2800P, COLLIDED ONTO MY VEHICLE'S REAR POPRTION.

SUBSEQUENTLY, I SEEK MEDICAL ATTENTION AT ELYON FAMILY CLINIC AND SURGERY PTE LTD AND WAS GIVEN 3DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20210323/7038

3 of 3

Report No. T/20210323/7038

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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP165

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

Date/Time:
23/03/2021 19:47

Classification Of Case: