

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 30/03/2021 18:18 (SGT)
Date of Accident 29/03/2021 21:40 (SGT)
Exact Location of Accident Choa Chu Kang Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF5128T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QUEK SWEE SHONG
NRIC No SXXXX833Z
Email Address info.business6829@gmail.com
Mobile Phone No (Phone) +65-96275241
Alternative Phone No +65-96275241

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100452544-05
Cover Note Number -

DRIVER

Name of Driver QUEK SWEE SHONG
NRIC No SXXXX833Z

Date Of Birth	20/04/1971
Occupation	Indoor
Date Of Driving Pass	24/06/1997
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96275241
Alt. Phone Number	+65-96275241
Email Address	info.business6829@gmail.com
Address	BLK 623 SENJA ROAD #19-114
Address complement	-
Postcode	670623
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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SMY993Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SHEW CHENG LENG
NRIC No	SXXXX110D
Contact Number	(Phone) +65-90270976
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	QUEK SWEE SHONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGF5128T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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 willful 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. The 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

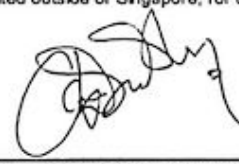
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

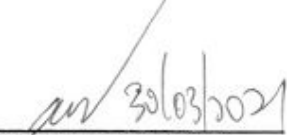
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

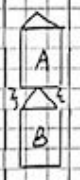
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

		A = SGF 5128T B = SMY 993Z
CHOA CHU KANG AVE 1		

Describe Circumstances of the Accident

On 29/03/2021 at about 21:40 hrs. I was driving my vehicle (A) along Choa Chu Kang Ave 1. the traffic light was red. and my car instant slow down and stop. I follow suit. Suddenly I felt an impact from my vehicle's behind. After accident happened. I alighten and realized that the vehicle (B) hit onto my vehicle and causing damage on my vehicle (A) rear portion.

(A) SGF5128T

(B) SMY 9932

POLICE REPORT 1/20210330/2067

Declaration

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/20210330/2067

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20210330/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 13:52		Vide Report No.:	Station Diary No.: 38
Informant's Particulars			
Name of Informant: QUEK SWEE SHONG		Address: APT BLK 623 SENJA ROAD #19-114 SINGAPORE 670623	
ID Type / ID No.: NRIC NO / S7113833Z		Contact No.: Home/Office: Mobile: 96275241	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 20/04/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2021 21:40	Type of Location: Straight Road
Location: BUKIT BATOK ROAD				
Weather: dark		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGF5128T	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Black	Seriously Damaged	0
SMY993Z	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20210330/2087

Report No. T/20210330/2087

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF5128T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100452544-05	23/02/2021	22/02/2022

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	QUEK SWEE SHONG	ID No.	S7113833Z
Related Vehicle	SGF5128T (Car)	Contact No.	96275241
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2021	Date Discharge	30/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	SHEW CHENG LENG	ID No.	S8319110D
Related Vehicle	SMY993Z (Car)	Contact No.	90270976
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 30/3/2021 at about 2140hrs, I was driving SGF5128T along Bukit Batok Road towards Bukit Panjang. Before the Fire station, there was a T-junction towards Pavilion View and the traffic light was red. The cars before me all stopped and I also stopped my vehicle. I was on the second lane from the left. After I stopped my vehicle for about a minute, suddenly I felt an impact from the back of my vehicle. The vehicle SMY 993Z's front collided onto the rear of my vehicle.

After we exchanged particulars, we left the vicinity. There was no injury reported at scene.

The following morning after the collision, I felt some pain at my left shoulder. I went to see the doctor and was given 3 days MC.

The rear of my vehicle is damaged due to the collision. I have front in car camera installed in my vehicle. No police or ambulance attended to us at scene.



**SINGAPORE
POLICE FORCE**



T/20210330/2067

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4
Report No. T/20210330/2067

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20210330/2067

4 of 4

Report No. T/20210330/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Sgt 3 CHIN XUE NI

[Signature]

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

[Signature]

Date/Time:
30/03/2021 13:52

Classification Of Case:



**SINGAPORE
POLICE FORCE**

[Signature]
SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08213U0007 Vehicle Registration No: SGF5128T
Name (as shown in NRIC) : QUEK SWEE CHUAN NRIC/FIN/Passport No : S71138337
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 1 BLK 623 SENJA RD #19-114 Singapore (670123)
Contact (Tel) : _____ Mobile No. : 96275241
Email Address : info.business6229@gmail.com
Date of Accident : 29/03/2021 Time of Accident : 2140
Place of Accident : CHOA CHU KANG AVE 1
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO UPDATE PAGE 3 OF MY TRAFFIC POLICE REPORT

[Signature]
Policyholder / Driver's Signature
Date: _____

3/03/2021
[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____