

# 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 ..... 06/04/2021 14:49 (SGT)  
Date of Accident ..... 05/04/2021 19:15 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT3833X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ATEK ENGINEERING PTE LTD  
Company Reg No ..... -  
Email Address ..... zoomautowerks@gmail.com  
Mobile Phone No ..... (Phone) +65-96965439  
Alternative Phone No ..... +65-96965439

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Wrx  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700067721-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN WEI PENG  
NRIC No ..... SXXXX446F

Date Of Birth .....	25/01/1978
Occupation .....	Indoor
Date Of Driving Pass .....	22/11/2001
Driving experience .....	19 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96965439
Alt. Phone Number .....	-
Email Address .....	zoomautowerks@gmail.com
Address .....	BLK 450 CHOA CHU KANG AVE 4 #09-159
Address complement .....	-
Postcode .....	680450
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### PASSENGER 2

Name .....	-
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

REFER TO POLICE REPORT T/20210405/7045

#### 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 .....	FBG8233G
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 .....	SBS5107U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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) .....	-

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

ATFV  
ENGINEERING

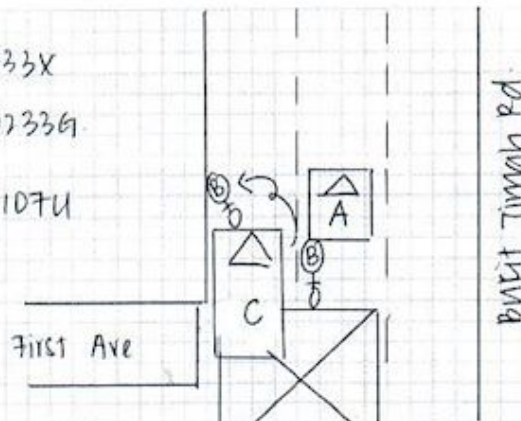
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

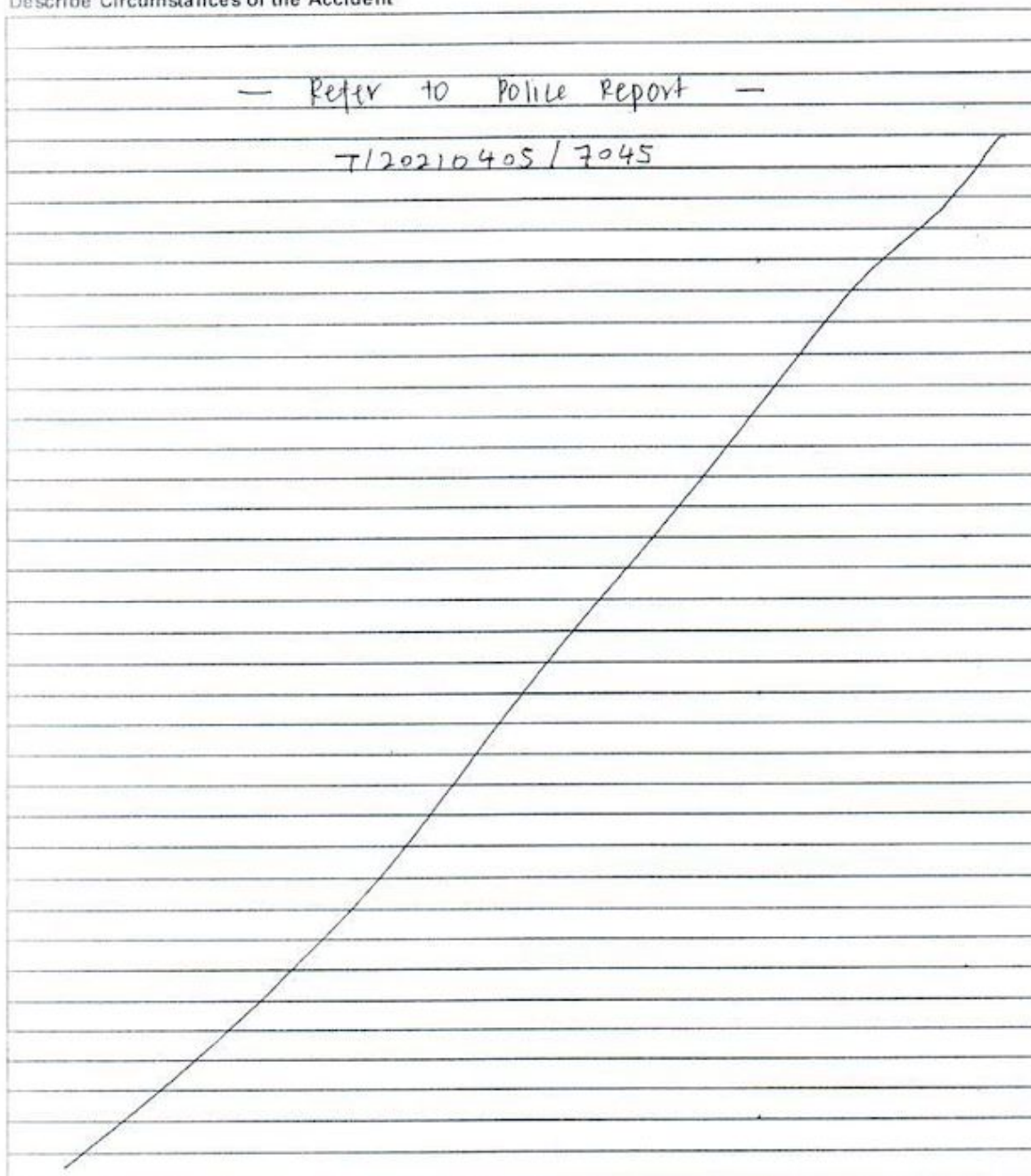
Vehicle A: SLT3B33X  
Vehicle B: FB4B33G  
Vehicle C: CB55107U



Describe Circumstances of the Accident

— Refer to Police Report —

T/20210405/7045




Declaration

We declare the foregoing particulars are true in every respect.

*STEP ENGINEERING*

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/20210405/7045

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

1 of 3

Report No. T/20210405/7045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/04/2021 20:45		Vide Report No.: E/20210405/0148		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN WEI PENG			Address: 450 CHOA CHU KANG AVENUE 4 #09-159 SINGAPORE 680450		
ID Type / ID No.: NRIC NO / S7801446F			Contact No.: Home/Office: Mobile: 96965439		
Nationality: SINGAPORE CITIZEN			Email: WPTAN@YAHOO.COM		
Sex: Male	Age: 43	Date of Birth: 25/01/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrical engineering technician (high voltage)			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: 05/04/2021 19:15	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Against Stationary Vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBG8233G	Motorcycle				Slightly Damaged	0
SBS5107U	Bus/Coach/Minibus				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210405/7045

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

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Report No. T/20210405/7045

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLT3833X	Car	SUBARU	WRX		Seriously Damaged	2

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	UNKNOWN		ID No. NIL
Related Vehicle	FBG8233G (Motorcycle)		Contact No. NIL
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
<b>Driver</b>			
Name	TAN WEI PENG		ID No. S7801446F
Related Vehicle	SLT3833X (Car)		Contact No. 96965439
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

## Brief Details.

ON 05/04/2021 AT ABOUT 19:15HR, I WAS DRIVING MY VEHICLE - SLT3833X ALONG BUKIT TIMAH ROAD WITH 2 OF MY FRIENDS IN MY VEHICLE. AFTER THE JUNCTION OF FIRST AVENUE, THERE WAS A VEHICLE THAT CAME INTO MY LANE FROM MY RIGHT, THUS I SLOW DOWN AND STOPPED MY VEHICLE (DUE TO HEAVY TRAFFIC). I WAS STATIONARY FOR ABOUT 3-4 SECONDS WHEN I FELT AN IMPACT ON MY VEHICLE'S REAR LEFT PORTION. SUBSEQUENTLY, WHEN I ALIGHTED MY VEHICLE, I THEN REALISED THERE WAS A SBS BUS INVOLVED AS WELL. THE RIDER OF FBG8233G WAS CONVEYED TO THE HOSPITAL FROM THE ACCIDENT SCENE AND TRAFFIC POLICE ATTENDED AS WELL.



**SINGAPORE  
POLICE FORCE**



T/20210405/7045

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

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Report No. T/20210405/7045

**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 /  
CHONG GUAN FATT  
Contact No.: 65476083

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:  
05/04/2021 20:45

Classification Of Case: