

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 05/04/2021 17:16 (SGT)
Date of Accident 04/04/2021 15:35 (SGT)
Exact Location of Accident Near KJE, Singapore
Additional Location Information ON KJE HEADING TO PIE VIA BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA9335R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN PERRY M
NRIC No SXXXX811B
Email Address PERRYNGRACE@HOTMAIL.COM
Mobile Phone No (Phone) +65-92340491
Alternative Phone No (Home) +65-65501537

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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? Yes
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

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

DRIVER

Name of Driver CHAN PERRY M
NRIC No SXXXX811B

Date Of Birth	30/09/1970
Occupation	Indoor
Date Of Driving Pass	08/01/2002
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92340491
Alt. Phone Number	(Home) +65-65501537
Email Address	PERRYNGRACE@HOTMAIL.COM
Address	33 CHUA CHU KANG ST 64
Address complement	#02-04
Postcode	S689094
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?	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	GRACE SOO WAN PING
Gender	Female

PASSENGER 2

Name	DANIEL CHAN
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

ON KJE HEADNG TOWARDS PIE VIA BKE, MY VEHICLE WAS HITTED FROM BEHIND BY WHITE LORRY. I WAS FORICED TO DRIVE TO THE LEFT SHOULDER AS LORRY WAS PUSHING MY VEHICLE AND SCAPE ON LEFT FRONT SIDE FROM SHOULDER WALL. AFTER HONKING TWICE AND PULLING TO LEFT SHOULDER, I SAW THE LORRY DRIVE OFF. I CHASED AND ASKE MY SON TO CALL 999. I CHASED LORRY ON BKE TOWARDS WOODLANDS AND PULL OFF AFTER POLICE ADVISED NOT TO PURSUE.

TIME OF COLLISION: 1535HRS , 4TH APRIL 2021

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	XD5194K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	-

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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On KJE heading towards PIE via BKE, my vehicle was hit from behind by white lorry. I was forced to drive to left shoulder as lorry was pushing my vehicle from rear right side. My vehicle had scrape on left front side from shoulder wall. After honking twice and pulling to left shoulder, I saw the lorry drive off. I chased and asked my son (rear passenger) to call 999. I chased lorry on BKE towards Woodlands and pull off after police advised not to pursue.

Time of collision ~ 3:35 pm, 04-Apr-2021.

Declaration

We declare the foregoing particulars are true in every respect.

 05 Apr 2021
Policyholder's Signature / Date & Time
11:30 am

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



Witnessed by Reporting Centre Personnel







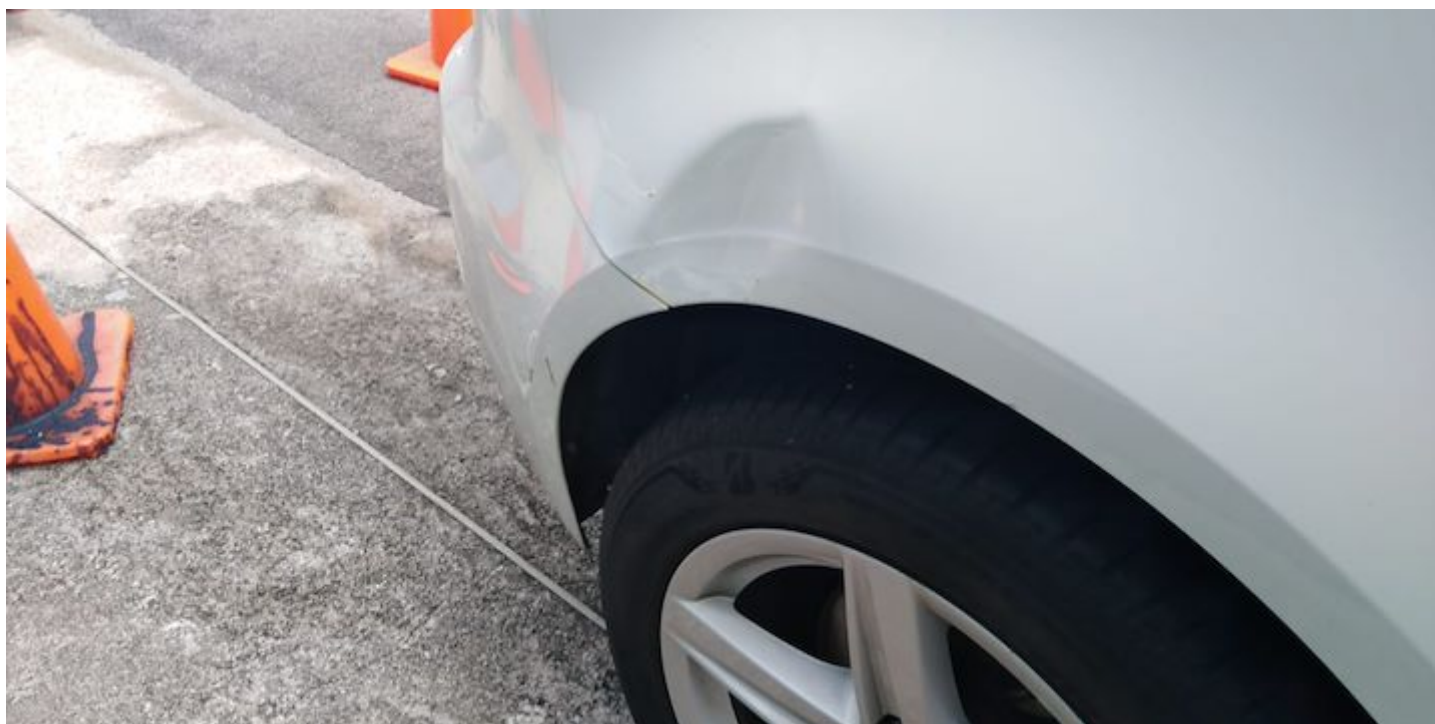


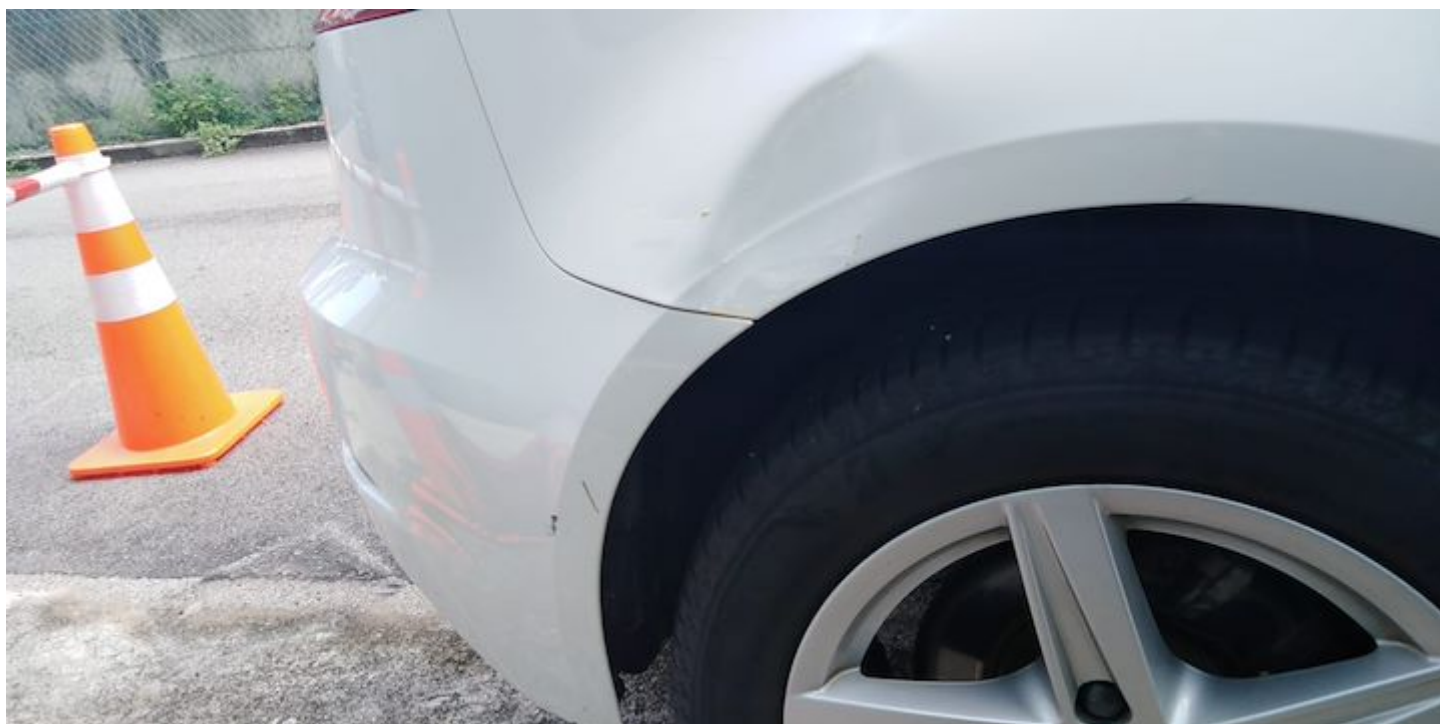














Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No: T202104047017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2021 17:51
Vide Report No.: E/20210404/0101
Station Duty No.:

Informant's Particulars

Name of Informant: CHAN PERRY M
Address: 22 CHOA CHU KANG STREET 64 #02-04 SINGAPORE 688994
ID Type / ID No.: 688994
Contact No.:
Home/Office: Mobile: 92340491
Nationality: NRIC NO / S7062811B
Email: PERRYNGRACE@HOTMAIL.COM
Sex: AMERICAN
Age: 50
Date of Birth: 30/09/1970
Type of Informant: Driver
Race: Chinese
Language: English
Institution / School Name:
Occupation: lecturer
Driving Licence Information: Class: 3
Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury
Attended by Police: No
Drink Drive: No
Date/Time of Accident: 04/04/2021 15:30
Type of Location: Straight Road
Location: KRANJI EXPRESSWAY

Weather: Clear
Road Surface: Dry
Road Speed Limit: 80 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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
SMA9335R	SMA9335R	AUDI	A3	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA9335R	ANG ASIA PACIFIC INSURANCE PTE. LTD			



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

2 of 2
Report No: T202104047

CONTINUATION OF REPORT



Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
Name	GRACE SOO WAN PING	ID No.	S6970033J
Related Vehicle	SMA9335R (SMA9335R)	Contact No.	82187061
Hospital/Clinic	NIL	Class of Licence & Expiry	Class: NIL Date of Expiry: NIL

Date	No. of Days granted Medical Leave	Date	Degree of	ID No.	Contact No.
NIL	NIL	NIL	NIL	S7062811B	92340491
Driver Name	CHAN PERRY M				
Related Vehicle	SMA9335R (SMA9335R)				
Hospital/Clinic	NIL				
Class of Licence & Expiry	Class: 3 Date of Expiry: NIL				

Brief Details:

Report number: e/20210404/0101. TP officer collected in car memory card on-site. Lorry hit my right re corner, and drove off even after I honked at him.

 SINGAPORE POLICE FORCE		 T/20210404/7017
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408965 Tel No: 65470000		3 of 3 Report No: T/20210404/7017
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable		
Officer In Charge Of Case: T/P / T/P HQ / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201		Date/Time: 04/04/2021 17:51
Authentication Stamp AP/166		Classification Of Case: