

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 09/04/2021 16:46 (SGT)
Date of Accident 09/04/2021 08:10 (SGT)
Exact Location of Accident Bedok North Rd, Singapore
Additional Location Information SLIP RD INTO BEDOK RESERVOIR RD TWDS KAKI BUKIT AVE
1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX204Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ENG SOO KUN(WENG SUQUN)
NRIC No SXXXXX781H
Email Address ENGTWEECHAI@GMAIL.COM
Mobile Phone No (Phone) +65-90923386
Alternative Phone No +65-90923386

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
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 2070177463
Cover Note Number -

DRIVER

Name of Driver ENG TWEE CHAI

NRIC No	SXXXX714H
Date Of Birth	10/05/1960
Occupation	Outdoor
Date Of Driving Pass	17/03/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96937978
Alt. Phone Number	-
Email Address	ENGTWEECHAI@GMAIL.COM
Address	BLK 140 BEDOK RESERVOIR RD
Address complement	#09-1513
Postcode	470140
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ENG JING JIA
Gender	Female

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

PLS REFER TO THE POLICE REPORT:T/20210409/7013

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	GBB5441T
-----------------------------------	----------

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	ENG TWEE CHAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMX204Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ENG JING JIA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMX204Z
Were seat belts worn?	-
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 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. 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 Bedok Reservoir Road towards Kaki Bukit Ave 1


A-SMX204Z
B-GBB5441T

Don Yee Building

Bedok North Road

Describe Circumstances of the Accident




Attached TR report
T/20210409/7013



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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	 09/04/21 Witnessed by Reporting Centre Personnel
---	---	---



**SINGAPORE
POLICE FORCE**



T/20210409/7013

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

2 of 3
Report No. T/20210409/7013

CONTINUATION OF REPORT

Passenger			
Name	ENG JING JIA	ID No.	S9401519G
Related Vehicle	SMX204Z (Car)	Contact No.	NIL
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/04/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	ENG TWEE CHAI	ID No.	S1411714H
Related Vehicle	SMX204Z (Car)	Contact No.	96937978
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/04/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 09/04/2021 AT ABOUT 0810 HOURS AT SLIP ROAD OF BEDOK NORTH ROAD AND BEDOK RESERVOIR ROAD TOWARDS KAKI BUKIT AVE 1. I WAS TRAVELLING ON THE EXTREME LEFT LANE OF THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE GIVING WAY TO THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND, WHEN I ALIGHTED, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A). I HAVE 1 PASSENGER INSIDE MY VEHICLE. BOTH MY PASSENGER AND I WAS AWARDED 5 DAYS MC FOR OUR INJURIES.

(A) SMX204Z
(B) GBB5441T



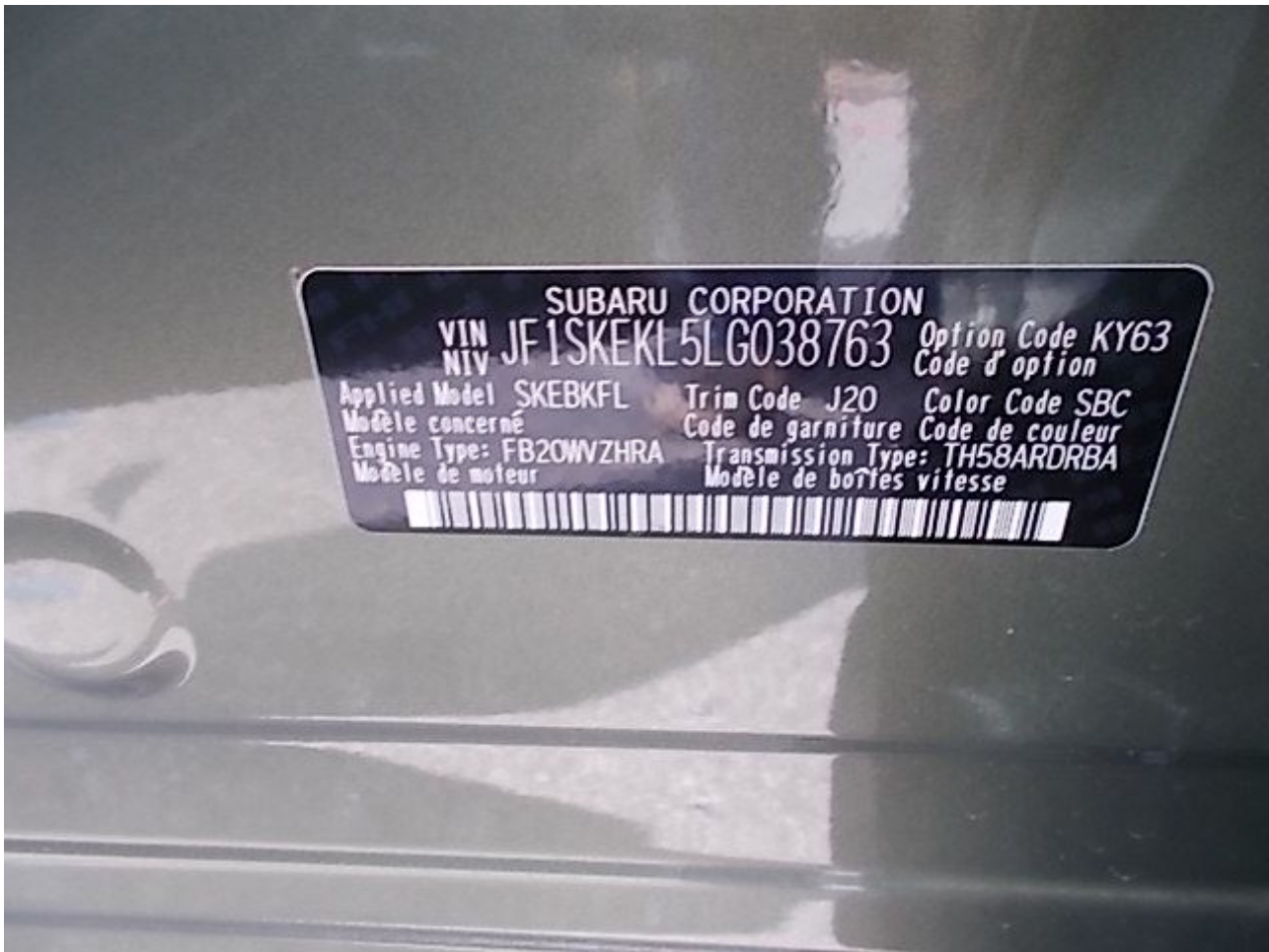
















**SINGAPORE
POLICE FORCE**



T/20210409/7013

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

1 of 3
Report No. T/20210409/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2021 13:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ENG TWEE CHAI			Address: 140 BEDOK RESERVOIR ROAD #09-1513 SINGAPORE 470140		
ID Type / ID No.: NRIC NO / S1411714H			Contact No.: Home/Office: Mobile: 96937978		
Nationality: SINGAPORE CITIZEN			Email: ENGTWEECHAI@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 10/05/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/04/2021 08:10	Type of Location: Straight Road
Location: BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Conditio	No of
GBB5441T	Van					0
SMX204Z	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210409/7013

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

2 of 3
Report No. T/20210409/7013

CONTINUATION OF REPORT

Passenger			
Name	ENG JING JIA	ID No.	S9401519G
Related Vehicle	SMX204Z (Car)	Contact No.	NIL
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/04/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	ENG TWEE CHAI	ID No.	S1411714H
Related Vehicle	SMX204Z (Car)	Contact No.	96937978
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/04/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 09/04/2021 AT ABOUT 0810 HOURS AT SLIP ROAD OF BEDOK NORTH ROAD AND BEDOK RESERVOIR ROAD TOWARDS KAKI BUKIT AVE 1. I WAS TRAVELLING ON THE EXTREME LEFT LANE OF THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE GIVING WAY TO THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND, WHEN I ALIGHTED, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A). I HAVE 1 PASSENGER INSIDE MY VEHICLE. BOTH MY PASSENGER AND I WAS AWARDED 5 DAYS MC FOR OUR INJURIES.

(A) SMX204Z
(B) GBB5441T



**SINGAPORE
POLICE FORCE**



T/20210409/7013

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

3 of 3

Report No. T/20210409/7013

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 /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
09/04/2021 13:33

Classification Of Case: