

# 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 ..... 12/04/2021 17:47 (SGT)  
Date of Accident ..... 10/04/2021 13:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LORONG 1 GEYLANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGJ8788Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN GEK CHOO LUCY  
NRIC No ..... S7147308B  
Email Address ..... cjaynat@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98319071  
Alternative Phone No ..... (Home) +65-98319071

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 2  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 210046354-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN GEK CHOO LUCY  
NRIC No ..... S7147308B

Date Of Birth .....	26/12/1971
Occupation .....	Indoor
Date Of Driving Pass .....	05/06/2000
Driving experience .....	20 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98319071
Alt. Phone Number .....	(Home) +65-98319071
Email Address .....	cjaynat@yahoo.com.sg
Address .....	11 FARRER PARK ROAD #22-03 SINGAPORE 210011
Address complement .....	-
Postcode .....	-
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? .....	Yes
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 THE ATTACHED.

#### 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 .....	FBG9549P
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) .....	-

## INJURED PERSONS DETAILS




### INJURED 1

Name of injured person .....	UNKNOWN RIDER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBG9549P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

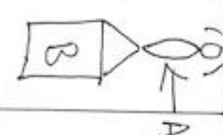
## IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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' 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 12/4/21 1:13pm	 Driver's Signature (If driver is not the policyholder) / Date & Time 12/4/21 1:13pm	 Witnessed by Reporting Centre Personnel
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## Sketch Plan

A8FBG9549P  
B0S4J8788V.




SIM AOE.


## Describe Circumstances of the Accident

I WAS DRIVING ALONG SIM AVENUE TRAFFIC SLOWED DOWN. I TRIED TO SLOWED DOWN BUT I COULD NOT STOPPED IN TIME. I ACCIDENTLY BUMPED INTO THE STATIONARY BIKE IN FRONT OF ME.

## Declaration

I/We declare the foregoing particulars are true in every respect.

  
12/4/21 1:13pm  
Policyholder's Signature / Date & Time

  
12/4/21 1:13pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

































**SINGAPORE  
POLICE FORCE**



T/20210410/7030

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

1 of 4

Report No. T/20210410/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/04/2021 18:38		Vide Report No.: G/20210410/0148		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN GEK CHOO LUCY			Address: 11 FARRER PARK ROAD #22-03 SINGAPORE 210011		
ID Type / ID No.: NRIC NO / S7147308B			Contact No.: Home/Office: Mobile: 98319071		
Nationality: SINGAPORE CITIZEN			Email: cjaynat@yahoo.com.sg		
Sex: Female	Age: 49	Date of Birth: 26/12/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Information technology project manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2021 13:30	Type of Location: X-Junction
Location:  LORONG 1 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG9549P	Motorcycle					0
SGJ8788Y	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.6EAT (LED)	Blue		0





**SINGAPORE  
POLICE FORCE**



T/20210410/7030

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

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Report No. T/20210410/7030

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ8788Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100461354-05	30/03/2021	29/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN GEK CHOO LUCY		ID No.	S7147308B
Related Vehicle	SGJ8788Y (Car)		Contact No.	98319071
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Rider				
Name	DIDN'T GET HOLD OF HIS NAME		ID No.	NIL
Related Vehicle	NIL		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

**Brief Details.**

Location: X-junction of Sims Ave / Lor1 Geylang. Direction towards Lor 27 Geylang/Eunos.

My car was near the 1st white arrow to traffic light when the light turned amber.

Motorbike in front of me suddenly stopped.

I applied brake but didn't stop in time and hit back of the motorbike.

Motorbike moved forward a little and biker fell together with the bike on his left hand side.

Biker suffered slight abrasion on left elbow, and complained leg pain & lower back ache. No other obvious injury.

He was able to walk up the stretcher with help from ambulance team.



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T/20210410/7030

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Report No. T/20210410/7030

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210410/7030

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

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Report No. T/20210410/7030

**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 / TPHQ /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

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:  
10/04/2021 18:38

Classification Of Case: