

# 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 09:52 (SGT)
Date of Accident .....	09/04/2021 16:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF ANG MO KIO AVENUE 3 AND SERANGOON NORTH AVENUE 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ1451Z
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHANG SERVICES
Company Reg No .....	5XXXX202E
Email Address .....	sales_enquiry@zhangservices.com
Mobile Phone No .....	(Phone) +65-92723688
Alternative Phone No .....	+65-92723688

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	DYNA 150 5MT
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070179132
Cover Note Number .....	08 Jan 2021 To 07 Jan 2022

### DRIVER

Name of Driver .....	CHANG JOO PHONG
----------------------	-----------------

NRIC No .....	SXXXX360F
Date Of Birth .....	25/09/1945
Occupation .....	Outdoor
Date Of Driving Pass .....	25/09/1973
Driving experience .....	47 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92723688
Alt. Phone Number .....	-
Email Address .....	sales_enquiry@zhangservices.com
Address .....	APT BLK 754 PAIR RIS ST 71 #12-128 (S) 510754
Address complement .....	-
Postcode .....	-
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 - Major/Minor Rd
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 .....	Kampong Ubi Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007479999
Alt. Police Station Phone No .....	(Fax) +65-67453410
Police Station Address .....	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBP6734T
Vehicle Manufacturer .....	Honda
Vehicle Model .....	CB150R MANUAL
Vehicle Variant .....	-

Vehicle Colour .....	Black
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 .....	CONVEYED TO HOSPITAL BY AMBULANCE
Injured person in which vehicle? .....	FBP6734T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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.

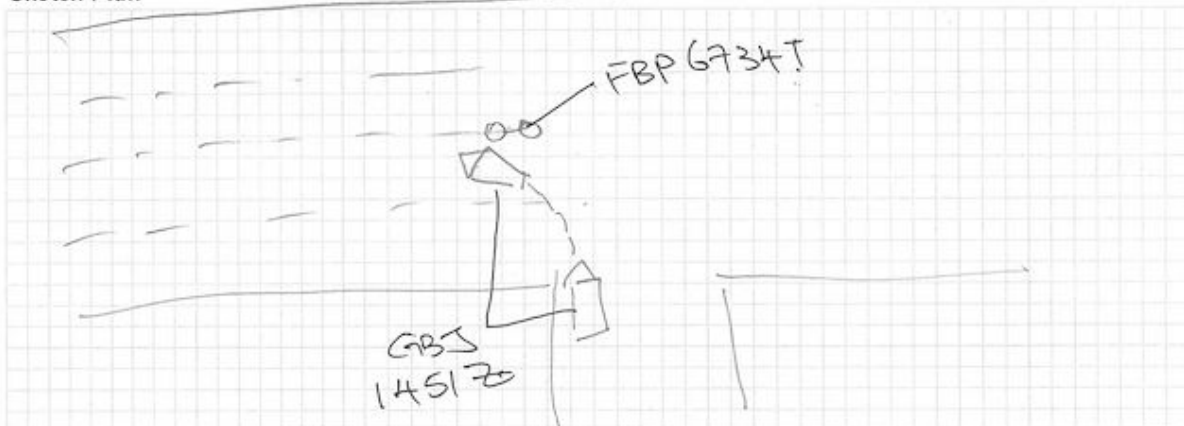


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

Refer to police report

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

cy. 10/4/21 2308 ~  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



















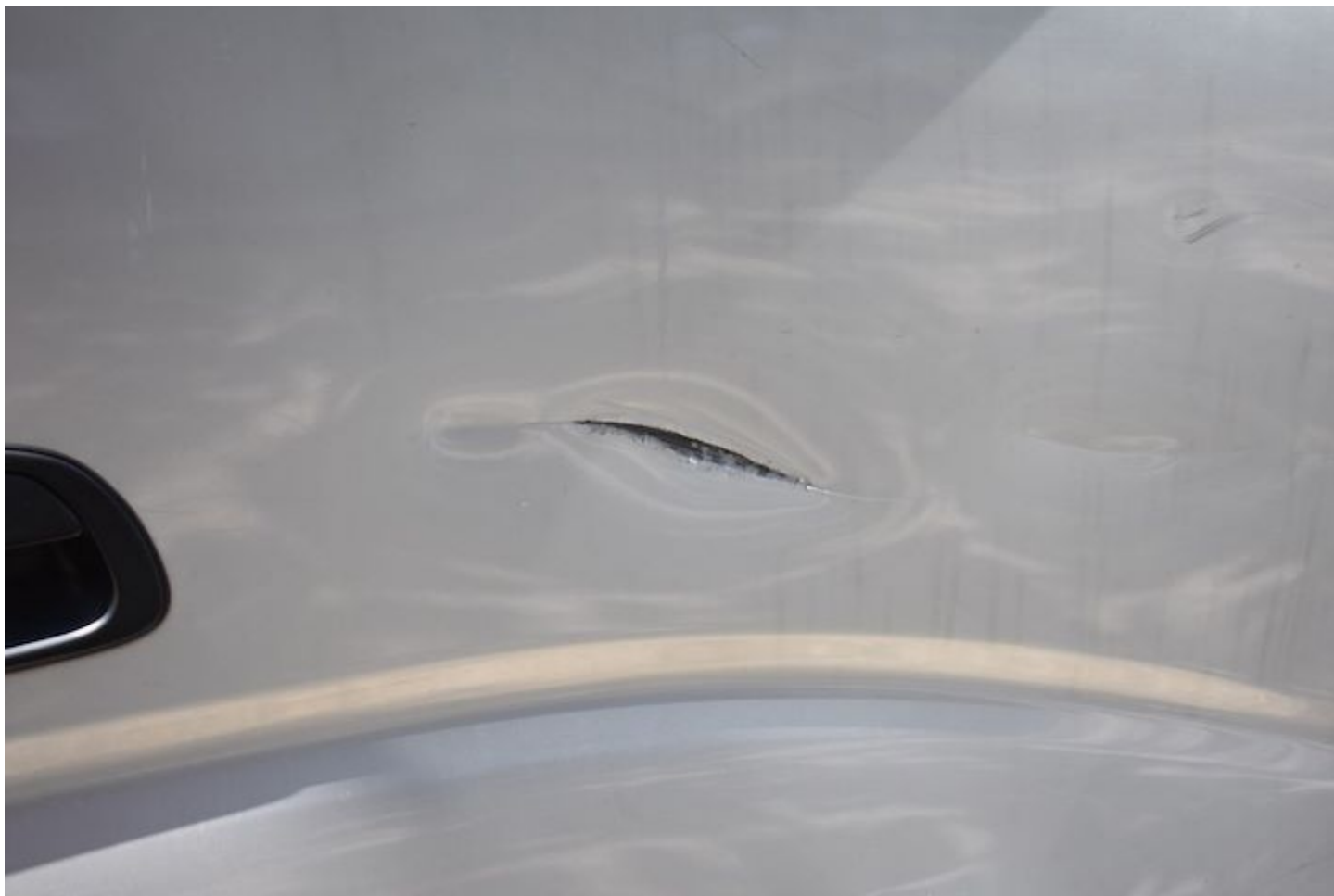




















**SINGAPORE POLICE FORCE**  
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20210409/0090

I, SS T110121 Perlan  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of Traffic Police  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Micro SD card "THINKWARE DASH CAM" 8GB
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Chang Joo Pheng, S2047360P  
(Name, NRIC or Passport No. / Rank and No.)

of Blk 8754 Pastor Rd Sd 21 #12-128  
(Address / Police Station / NPC / NPP)

on 7/4/21 at 1645hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)

[Signature]  
(Signature)

Chang Joo Pheng S2047360P  
(Name, NRIC or Passport No. / Rank and No.)

SS T110121 Perlan  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: 9272361P



**SINGAPORE  
POLICE FORCE**



T/20210409/2096

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20210409/2096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/04/2021 19:21	Vide Report No.: F/20210409/0090	Station Diary No.: 30
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHANG JOO PHONG			Address: APT BLK 754 PASIR RIS STREET 71 #12-128 SINGAPORE 510754	
ID Type / ID No.: NRIC NO / S2047360F			Contact No.: Home/Office:	Mobile: 9272 3688
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 75	Date of Birth: 25/09/1945	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: CONTRACTOR			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: 09/04/2021 16:00	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6734T	Motorcycle	HONDA	CB150R MANUAL	Black		0
GBJ1451Z	Lorry	TOYOTA	DYNA 150 5MT	Grey	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210409/2096

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3  
Report No. T/20210409/2096

**CONTINUATION OF REPORT**

Driver			
Name	CHANG JOO PHONG		ID No. S2047360F
Related Vehicle	GBJ1451Z (Lorry)		Contact No. 9272 3688
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 09/04/2021 at about 1600hrs, I was driving my lorry, GBJ1451Z, along Serangoon North Avenue 5 and had just turned out onto Ang Mo Kio Avenue 3 on lane 2 of 4 lanes. I then wanted to make a right-filter onto lane 1 however, suddenly felt an impact on the right-side of my vehicle. I then stopped my vehicle and realized that a motorcycle, FBP6734T, had collided into the right-side of my vehicle. I then stepped out of my vehicle to check if the motorist is injured and subsequently, the Traffic Police and ambulance came and conveyed the motorist.



**SINGAPORE  
POLICE FORCE**

T/20210409/2096

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20210409/2096

**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 2 SIM SENG ZHI, JORDAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/04/2021 19:21

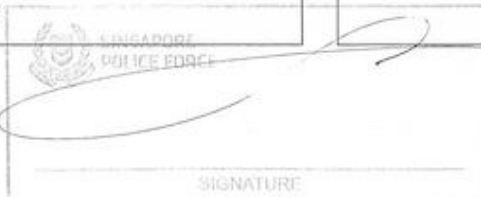
Officer In Charge Of Case:

TP / GIT /

Sgt 2 DAVID YAP

Contact No.: 96192349

Classification Of Case:

Authentication Stamp  
NP168

## AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Chang Joo phang  
 VEHICLE NUMBER : GBJ1H51Z  
 DATE/TIME OF ACCIDENT : 9/11/2021 @ 1600h  
 PLACE OF ACCIDENT : Junction of eng and kip ave 3  
and serangoon north ave 5  
 THIRD PARTY VEHICLE (IF ANY) : \_\_\_\_\_

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Serangoon North Ave 5 to Yio Chu Kang  
 \_\_\_\_\_  
 \_\_\_\_\_

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NIL  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Ft to side  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No. However TP FBP6734T was taken to  
hospital  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: Ly.

I Affirmed The Above Information Is Given To My Best Knowledge.