

# 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 ..... 19/04/2021 09:42 (SGT)  
Date of Accident ..... 16/04/2021 08:35 (SGT)  
Exact Location of Accident ..... Jln Boon Lay, Singapore  
Additional Location Information ..... NEAR ENTERPRISE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD3270S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOH JUN CHANG  
NRIC No ..... SXXXX017F  
Email Address ..... chang\_toh@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98626814  
Alternative Phone No ..... +65-98626814

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070105628  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TOH JUN CHANG  
NRIC No ..... SXXXX017F

Date Of Birth .....	09/05/1981
Occupation .....	Indoor
Date Of Driving Pass .....	18/12/2007
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98626814
Alt. Phone Number .....	+65-98626814
Email Address .....	chang_toh@yahoo.com.sg
Address .....	BLK 870 YISHUN STREET 81 #06-109
Address complement .....	-
Postcode .....	760870
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 .....	Side Swipe
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 .....	THAM KAR KIT
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT J/20210417/7022

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG7374P
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Vehicle Manufacturer .....	Nissan
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 .....	TOH JUN CHANG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMD3270S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	THAM KAR KIT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMD3270S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

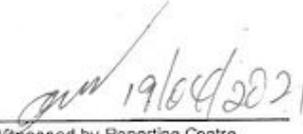
**IMPORTANT NOTICE**

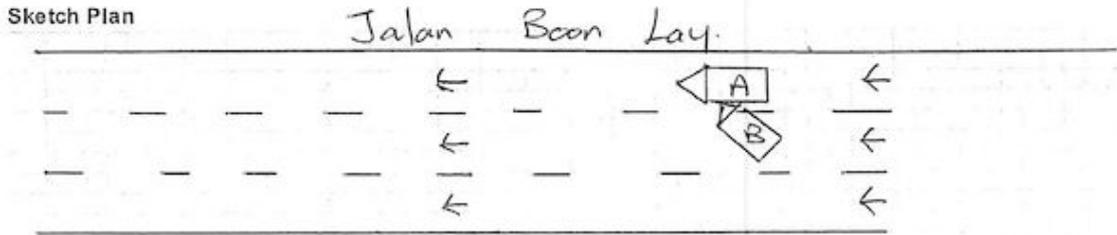
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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' 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
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(A) SMD 3270 S

(B) GBG 7374 P

**Describe Circumstances of the Accident**

On the stated date and time, I was driving along Jalan Beon Lay on the right lane. While driving straight, a van (GGG 7374P) on the middle lane suddenly cut into my lane and hit onto my veh front portion all the way to the rear bumper area. I then slow down and stop my veh. Both drivers came down to exchange particulars. After that, we left the accident scene. When I drive my veh again, I realized that my veh wheel alignment was not straight anymore. My wife (Tham Kdr Kit) was inside my veh front passenger seat when the accident happened. After the accident, she felt numbness on her left shoulder. She also felt pain on her neck and back area. I also felt some strain on my body neck and back. Both of us may seek medical treatment later on.

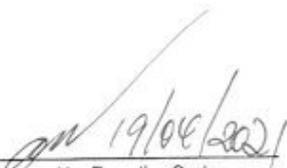
POLICE REPORT J/20210417/7022

**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

  
 Witnessed by Reporting Centre Personnel



















**SINGAPORE  
POLICE FORCE**



J/20210417/7022

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20210417/7022

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 17/04/2021 14:45	Vide Report No.	Station Diary No.
Name Of Informant TOH JUN CHANG	Address 870 YISHUN STREET 81 #06-109 SINGAPORE 760870	
ID Type / ID No. NRIC NO / S8115017F	Contact No. Home/Office:	Mobile: 98626814
Nationality SINGAPORE CITIZEN	Email Address chang_toh@yahoo.com.sg	
Occupation IT CONSULTANT	Sex Male	Age 39
Institution/School Name	Date of Birth 09/05/1981	Race Chinese
Date/Time Of Incident 16/04/2021 08:35	Language English	
	Location Of Incident JALAN BOON LAY	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SMD3270S along Jalan Boon Lay towards enterprise road, travelling in the extreme right lane.

My wife Tham Kar Kit was the front passenger on board my vehicle at that time and both of us were belted.

As I was passing the junction of Chin Bee Drive, GBG7374P, which was initially travelling along the middle of 3 lanes, abruptly swerved into the left portion of my vehicle.

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	Date/Time: 17/04/2021 14:45
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20210417/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210417/7022

There was absolutely no way I could have avoided the accident. My vehicle shook violently as a result of the impact.

Initially we felt fine. However, around noon later the same day, both my wife and I started feeling soreness over our neck and shoulder areas.

We proceeded to a nearby doctor after work at Unihealth 24-Hr Clinic (Jurong East) for treatment later the same evening.

My wife was given 5 days MC while I was given 3 days MC for our injuries caused by the accident.

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	Date/Time: 17/04/2021 14:45
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	