

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	29/04/2021 14:01 (SGT)
Date of Accident	28/04/2021 13:00 (SGT)
Exact Location of Accident	28 Sin Ming Ln, Singapore 573972
Additional Location Information	OUTSIDE MULTISTOREY CARPARK AT MIDVIEW CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ6680K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MELVIN HENG YAK WEE
NRIC No	S7608505F
Email Address	MELVINHENG@ME.COM
Mobile Phone No	(Phone) +65-96904614
Alternative Phone No	+65-96904614

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100285801-09
Cover Note Number	-

DRIVER

Name of Driver	MELVIN HENG YAK WEE
NRIC No	S7608505F

Date Of Birth	26/03/1976
Occupation	Indoor
Date Of Driving Pass	26/09/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96904614
Alt. Phone Number	+65-96904614
Email Address	MELVINHENG@ME.COM
Address	BLK 416B FERNVALE LINK
Address complement	#14-90
Postcode	792416
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	Collided into Motorcyclist
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 28/4/2021 AT AROUND 1300HOURS, I WAS DRIVING MY VEHICLE, BEARING VEHICLE PLATE NUMBER SDQ6680K, AT THE MULTI-STOREY CARPARK LOCATED AT DIRECTLY IN FRONT OF BLK 28 SIN MING LANE. I MADE A CHECK TO SEE IF THERE WAS ANY VEHICLE COMING FROM THE INCOMING LANE, I DID NOT SEE ANY VEHICLE AND HENCE TURNED RIGHT TO ENTER THE CARPARK. WHILE TURNING RIGHT, I SUDDENLY HEARD A BANGING NOISE FROM THE LEFT SIDE OF MY VEHICLE. I ALIGHTED MY VEHICLE TO MAKE A CHECK AND REALIZED THAT A MOTORCYCLE BEARING VEHICLE PLATE NUMBER FBH1338D, HAD COLLIDED INTO THE LEFT REAR PASSENGER DOOR OF MY VEHICLE. I MADE A CHECK ON HIM AND SUBSEQUENTLY CALLED FOR POLICE.

AMBULANCE AND TRAFFIC POLICE SUBSEQUENTLY ARRIVED ON SCENE, THE AMBULANCE HAD CONVEYED THE MALE RIDER TO A HOSPITAL FOR TREATMENT. THE RIDER'S SUPERVISOR, BAHAROM, HAD GIVEN HIS CONTACT DETAILS AS HP: 81025719.

I DID NOT SUFFER ANY INJURIES FROM THE INCIDENT. I DO NOT HAVE ANY RECORDED FOOTAGE OF THE ACCIDENT

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	FBH1338D
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	GUNASEGARAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

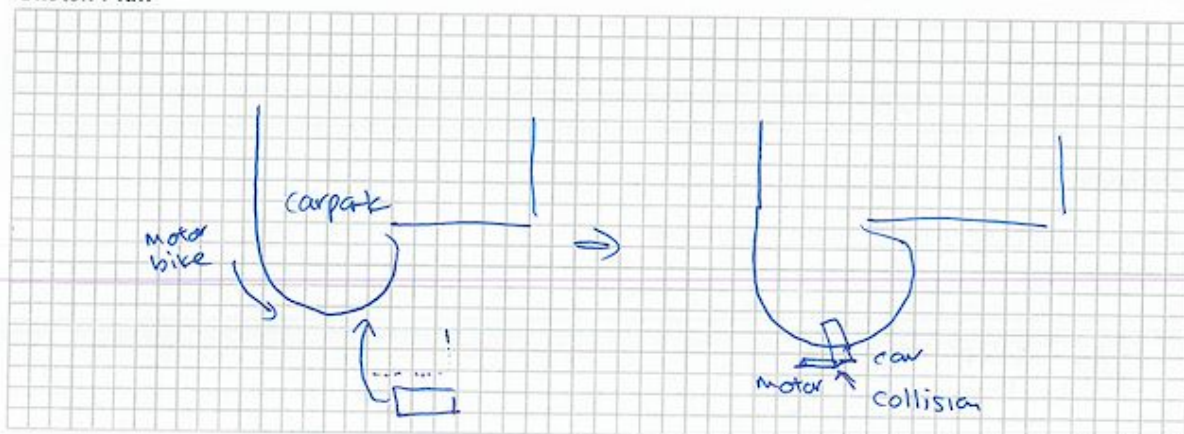
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

29 Apr 2021
12.40 pm
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

~~A~~ As Per Police Report


Declaration

We declare the foregoing particulars are true in every respect.

 29 Apr 2021
12.40
Policyholder's Signature / Date &
Time

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




Witnessed by Reporting Centre
Personnel















































































**SINGAPORE
POLICE FORCE**



T/20210428/2135

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210428/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2021 21:14	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars

Name of Informant: MELVIN HENG YAK WEE		Address: APT BLK 416B FERNVALE LINK #14-90 SINGAPORE 792416	
ID Type / ID No.: NRIC NO / S7608505F		Contact No.: Home/Office: Mobile: 96904614	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 26/03/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: COMPANY OWNER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2021 13:00	Type of Location: Car Park
Location: SIN MING LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1338D	Motorcycle				Slightly Damaged	0
SDQ6680K	Car	AUDI	A6 2.0 TFSI MU	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDQ6680K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100285801-09	12/01/2021	11/01/2022



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T/20210428/2135

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210428/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GUNASEGARAN	ID No.	F7792647W
Related Vehicle	FBH1338D (Motorcycle)	Contact No.	83068260
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
Driver			
Name	MELVIN HENG YAK WEE	ID No.	S7608505F
Related Vehicle	SDQ6680K (Car)	Contact No.	96904614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/04/2021 at around 1300hrs, I was driving my vehicle, bearing vehicle plate number SDQ6680K, at the multi-storey carpark located at directly in-front of Blk 28 Sin Ming Lane. I made a check to see if there was any vehicle coming from the incoming lane, I did not see any vehicle and hence turned right to enter the carpark. While turning right, I suddenly heard a banging noise from the left side of my vehicle. I alighted my vehicle to make a check and realised that a motorcycle, bearing vehicle plate number FBH1338D, had collided into the left-rear passenger door of my vehicle. I made a check on him and subsequently called for police.

Ambulance and traffic police subsequently arrived on scene, the ambulance had conveyed the male rider to a hospital for treatment. The rider's supervisor, Baharom, had given his contact details as HP: 81025719.

I did not suffer any injuries from the accident. I do not have any recorded footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20210428/2135

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20210428/2135

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:
F /
Sgt 2 Foo Heng Wei John

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/04/2021 21:14

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

