

## 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 |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | MELVIN HENG YAK WEE  |
| NRIC No .....                  | SXXXX505F            |
| 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 .....        | SXXXX505F           |

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| 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

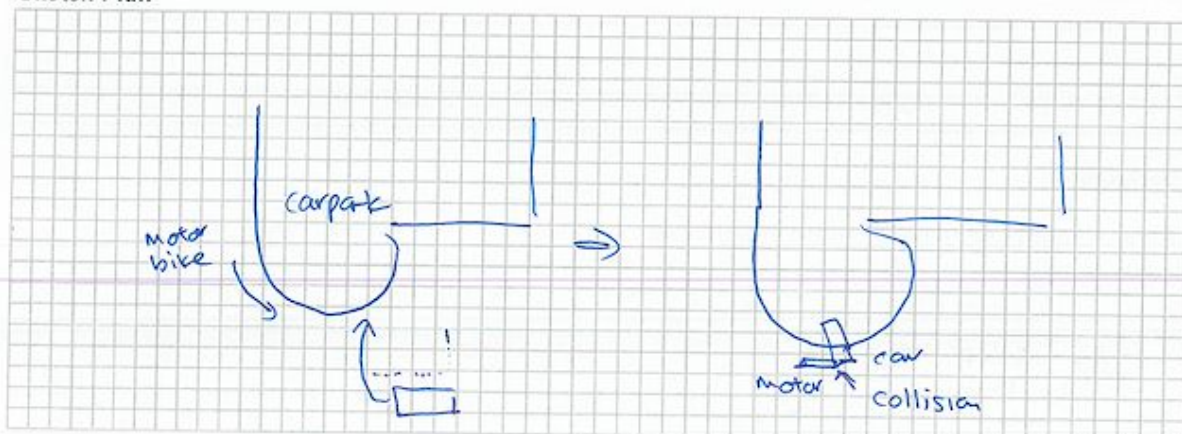
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.

 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

1 of 3

Report No. T/20210428/2135

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                           |
|--------------------------------------------|------------------|---------------------------|
| Date/Time Report Made:<br>28/04/2021 21:14 | Vide Report No.: | Station Diary No.:<br>134 |
|--------------------------------------------|------------------|---------------------------|

**Informant's Particulars**

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

**General Information of the Accident**

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

**Details of Vehicle Involved**

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

**Details of Vehicle Insurance**

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



**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

2 of 3

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         |                                   |
| <b>Rider</b>                      |                       |                                        |                                   |
| Name                              | GUNASEGARAN           | ID No.                                 | F7792647W                         |
| Related Vehicle                   | FBH1338D (Motorcycle) | Contact No.                            | 83068260                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                       |                                        |                                   |
| 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<br>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

