

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	12/05/2021 12:37 (SGT)
Date of Accident	12/05/2021 08:05 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	TOWARDS PIE, JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3998D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG CHENG CHIN
NRIC No	SXXXX063F
Email Address	c2pang@hotmail.com
Mobile Phone No	(Phone) +65-92391231
Alternative Phone No	(Home) +65-92391231

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100453630-05
Cover Note Number	-

DRIVER

Name of Driver	PANG CHENG CHIN
NRIC No	SXXXX063F

Date Of Birth	24/08/1963
Occupation	Indoor
Date Of Driving Pass	14/11/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92391231
Alt. Phone Number	(Home) +65-92391231
Email Address	c2pang@hotmail.com
Address	Blk 718 Tampines Street 72 #03-53 Singapore
Address complement	-
Postcode	520718
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	LIM SOO SOO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHMENT

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

Vehicle Registration Number	FBP9374D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	Shakthivelan s/o Mohan
NRIC No	SXXXX922C
Contact Number	(Phone) +65-84994390
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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3. 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/rail 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.

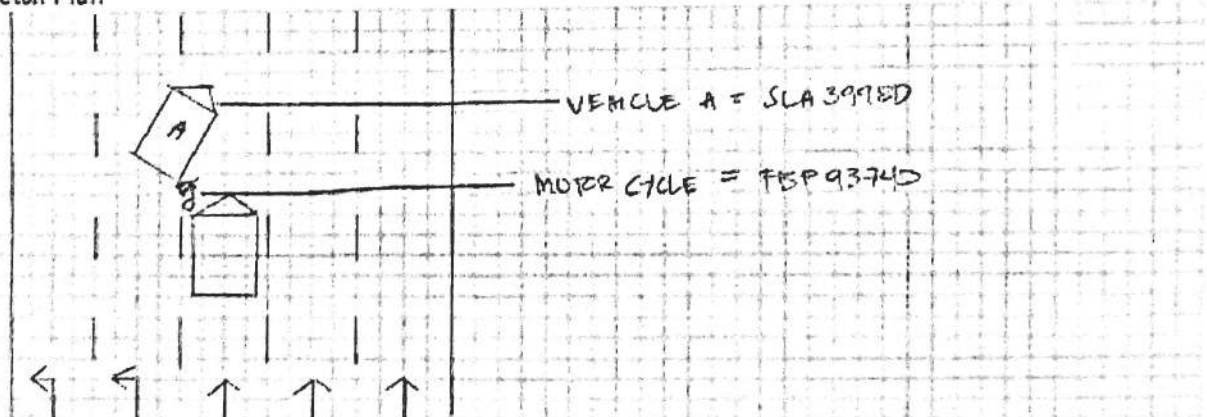


Policyholder's Signature / Date & Time
[Signature] 12/11/2021 11:12

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 12 May 2021 morning 08:05, I was driving towards along Adam road turn towards P1B Jurong. Due to traffic jam on P1B (Jurong). I wanted to take the route from Bukit Timah. I shifted lane to the right. Seeing the rear mirror & right side mirror traffic was cleared. I move to the right lane and there a loud noise. I stop my car immediately and went out to check. Saw a motorbike driver on the ground. Asking him whether he is injured, he said he is fine. He moved the car to the side and he drove to the side also. Nobody was injured.

Declaration

We declare the foregoing particulars are true in every respect.



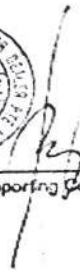
Policyholder's Signature / Date & Time

12 May 2021
11:17

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



Witnessed by Reporting Centre Personnel





Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2021 14:15		Vide Report No.:		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: PANG CHENG CHIN			Address: APT BLK 718 TAMPINES STREET 72 #03-53 SINGAPORE 520718		
ID Type / ID No.: NRIC NO / S1616063F			Contact No.: Home/Office:		Mobile: 92391231
Nationality: SINGAPORE CITIZEN			Email: c2pang@hotmail.com		
Sex: Male	Age: 57	Date of Birth: 24/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2021 08:05	Type of Location: Straight Road
Location: ADAM ROAD				
Lamp Post Number: 45				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9374D	Motorcycle					0
SLA3998D	Car	KIA	FORTE K3 1.6A EX	Blue	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA3998D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100453630-05	01/03/2021	28/02/2022



SINGAPORE POLICE FORCE



T/20210515/2050

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20210515/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S1616063F
Name	PANG CHENG CHIN	Contact No.	92391231
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Name	SHAKTHIVELAN S/O MOHAN	ID No.	S9506922C
Related Vehicle	NIL	Contact No.	84994390
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/05/2021 at about 0805 hrs, I was driving my vehicle with my wife (SLA3998D), Kia Grey Blue Car, along Adam road, from Lornie Highway towards PIE Tuas, I collided into a motorcycle bearing registration no (FBP9374D) while I was making a change lane to the right. Due to a slow traffic on PIE Jurong, I wanted to take the route via Bukit Timah. I filtered lane to the right after checking right rear traffic which I saw a truck has slowed down. I then signal and filter to the right. After which, I heard a loud sound and managed to stop the vehicle on time however due to the collision, it has caused the motorcyclist to fall down and suffered a slight damages on both vehicles. My right side, passenger door seat has a slight scratch and dented and my bumper rear side, on the right was dented and damage.

For the motorbike, I observed that the left brake handle of the bike was damaged and small parts from the bike was fallen off. The motorcyclist suffered abrasion on the right elbow however he refused any medical attention after I asked him. I have settled amicably with the motorcyclist and agreed to settle insurance claims respectively.

I did not suffer any injuries and so did my wife. I have already reported this incident to my insurance agent however he advised me to lodge a police for insurance claiming purposes. There was no damages in the government property as well.



**SINGAPORE
POLICE FORCE**



T/20210515/2050

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20210515/2050

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210515/2050

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Report No. T/20210515/2050

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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 NUR AZFARINAH BINTE ABDULLAH

Signature Of Interpreter:

Not applicable

Officer in Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151 SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

15/05/2021 14:15

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

