

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	17/05/2021 12:35 (SGT)
Date of Accident	15/05/2021 10:00 (SGT)
Exact Location of Accident	High St & North Bridge Rd, Singapore
Additional Location Information	JUNCTION OF HIGH STREET AND NORTH BRIDGE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9469P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH GAIK LEAN
NRIC No	SXXXX241Z
Email Address	C.SQUARE8@GMAIL.COM
Mobile Phone No	(Phone) +65-91297809
Alternative Phone No	+65-92959085

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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800004413-03
Cover Note Number	-

DRIVER

Name of Driver	HENG CHIN CHEW
NRIC No	SXXXX898B

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

18/07/1963
 Indoor
 28/11/1987
 33 YEARS AND 6 MONTHS
 Male
 (Phone) +65-92959085
 -
 C.SQUARE8@GMAIL.COM
 41 CHU YEN STREET
 -
 669838
 No
 Spouse
 Yes
 SKS8207M
 AIG Asia Pacific Insurance Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Cross Junction
 Raining
 Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s)
 soliciting/offering accident claims assistance?

No
 2
 Yes
 Yes
 Yes
 3
 No

PASSENGER 1

Name
 Gender

TEH AAIK LEAN
 Female

PASSENGER 2

Name
 Gender

HENG LI CHENG
 Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Hong Kah North Neighbourhood Police Post
 (Phone) +65-18005679999
 (Fax) +65-65652508
 Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
 COLLISION-HEAD TO SIDE

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLB4253H
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93666883
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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLB4253H
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:

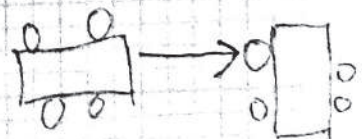
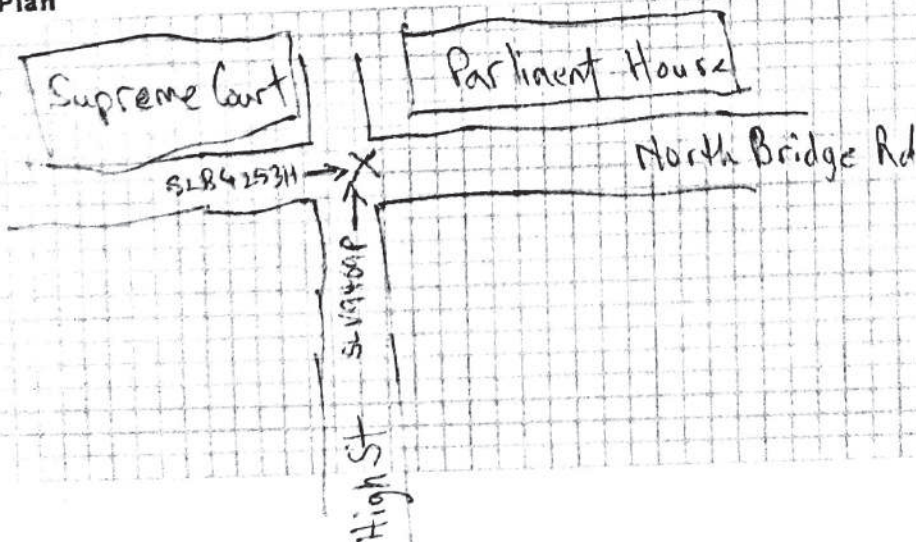
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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



Collide impact direct on my front left wheel of My car

Describe Circumstances of the Accident

At about 10 am, I (Heng Chin Chew), was driving along High Street with my wife and daughter along High Street towards the National Gallery. It was raining and I was not familiar with the direction to the National Gallery. My daughter was help to provide me with the direction. I was ~~not~~ distracted and did not notice the traffic lights. There was no car on the road beside me or in front of me.

The next moment I crossed the junction, a car collided into me. The other driver got out of the car and ~~said~~ asked why I drove out (which I understood to mean that he has the right of way and I somehow missed the red lights).

The driver of the car complaint of ringing sound in his ears which could be the results of the airbags inflating in his car from the collision. There was no other visible sign of injuries, and no one else was hurt.

There were some police officers around and I heard him the other driver telling them he did not carry his identity card or license with him when he was asked to produce them.

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

17 May 2021
8:45 am



**SINGAPORE
POLICE FORCE**



T/20210515/2051

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20210515/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2021 14:16	Vide Report No.:	Station Diary No.: 20
--	------------------	--------------------------

Informant's Particulars		
Name of Informant: HENG CHIN CHEW		Address: 41 CHU YEN STREET SINGAPORE 669838
ID Type / ID No.: NRIC NO / S2556898B		Contact No.: Home/Office: Mobile: 92959085
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 57	Date of Birth: 18/07/1963
Type of Informant: Driver		Institution / School Name:
Language:		
Race: Chinese		
Occupation: Retiree	Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2021 10:00	Type of Location: X-Junction
Location: HIGH STREET				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB4253H	Car				Seriously Damaged	0
SLV9469P	Car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210515/2051

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20210515/2051

CONTINUATION OF REPORT

Driver name	HENG CHIN CHEW	ID No.	S2556898B
Related Vehicle	SLV9469P (Car)	Contact No.	92959085
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 15/05/2021 at about 1000hrs, I was driving my car (registration plate: SLV9469P) along High Street towards the National Gallery. It was drizzling and I was distracted by trying to find my way to the location. Somehow, I missed the red lights. I crossed the red light on High Street junction of North Bridge Road and the next thing I know was, a car (registration plate: SLB4253H) had collided against the leftside of my car. Both cars were seriously damaged due to the collision. The said driver complained that his ears were ringing. He did not mention any other injury.

There were police officers nearby and they rendered assistance. I believed that one of the officers had called for ambulance. When the ambulance arrived, the paramedics assessed the said driver, and he was subsequently conveyed to Raffles Hospital for further treatment. Traffic police was also at scene. The Traffic Police officer interviewed me and I was advised to lodge an accident report. The officer had also seized my SD card of my car for further investigation. My passengers (wife and daughter) and I were not injured.



**SINGAPORE
POLICE FORCE**



T/20210515/2051

3 of 3

Report No. T/20210515/2051

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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:

J /

Sgt 2 MUHAMMAD MUJAHID BIN SAMSUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/05/2021 14:16

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NG BEIFENG
Contact No.: 65476845

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1A215H0005 Vehicle Registration No: SLV 9469P
Name (as shown in NRIC) : Teh Guik Lean NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9129 7809
Email Address : _____
Date of Accident : 15/5/21 Time of Accident : 1000 hrs
Place of Accident : Junction of high street & North bridge Rd
Insurance Company: AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add : Police report & video footage

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: