

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 24/05/2021 16:17 (SGT)
Date of Accident 22/05/2021 18:30 (SGT)
Exact Location of Accident Aljunied Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM7103D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DARREN TAN MAO XIN
NRIC No SXXXX831C
Email Address darrentan1608@gmail.com
Mobile Phone No (Phone) +65-82861915
Alternative Phone No +65-98553368

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1794

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900009142-02
Cover Note Number -

DRIVER

Name of Driver YAP MEIYAN, SHARON (YE MEIYAN, SHARON)
NRIC No SXXXX559Z

Date Of Birth	16/10/1982
Occupation	Indoor
Date Of Driving Pass	03/02/2021
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98553368
Alt. Phone Number	-
Email Address	sharonyap82@gmail.com
Address	BLK 311 HOUGANG AVENUE 5 #05-191
Address complement	-
Postcode	530311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JRU3908
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210522/2066

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	JRU3908
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-87567018
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	YAP MEIYAN, SHARON (YE MEIYAN, SHARON)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SJM7103D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

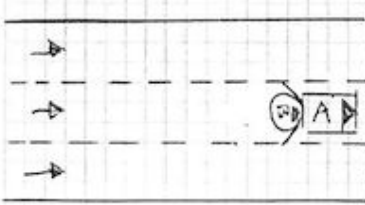
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand,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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Vehicle A → SJM 7103D

Vehicle B → JRU 3908


Describe Circumstances of the Accident

Refer to police report. 1/20210522/2066


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

 24/05/2021

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210522/2066

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20210522/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2021 20:50	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: YAP MEIYAN, SHARON		Address: APT BLK 311 HOUGANG AVENUE 5 #05-191 SINGAPORE 530311	
ID Type / ID No.: NRIC NO / S8232559Z		Contact No.:	Mobile: 98553368
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 38	Date of Birth: 16/10/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/05/2021 18:30	Type of Location:
Location: ALJUNIED ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
JRU3908	Motorcycle					0
SJM7103D	Car					0

**SINGAPORE
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T/20210522/2066

Police Station Of Origin:
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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20210522/2066

CONTINUATION OF REPORT**Brief Details.**

on the 22/05/2021 at about 1830hrs, I was driving SJM7103D along Aljunied Road towards Geylang direction. As I was approaching a traffic light at the T junction of Aljunied Road and Kallang Way, the traffic light turn amber and I hit onto my brakes. I then managed to stop in time and the light turned red. After my vehicle came to a complete stop, suddenly there was a bang from the rear of my vehicle. I checked my rear view mirror however there was no vehicle behind me. I then went down to check and discovered that there was a Malaysia Motorcycle JRU3908 and the rider on the floor. The rider is one Mr Yhusan A/L Muniandy HP: 87567018 and he has a few abrasion on his forearm. My vehicle rear bumper was dislodged from my vehicle. I also have offered the rider to seek medical attention however he refused. So while waiting for my vehicle to be towed, me and the rider moved our vehicles to the Esso station Opposite of the accident scene and after my vehicle was towed, I then fetched the rider with me to lodge a report.

**SINGAPORE
POLICE FORCE**

T/20210522/2066

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20210522/2066

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 Submitting The Report: SN 156 F / Sgt 3 LIM HAO JIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2021 20:50
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP158	