

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	03/06/2021 12:38 (SGT)
Date of Accident	02/06/2021 08:20 (SGT)
Exact Location of Accident	Near 595 Sixth Ave, Singapore 276663
Additional Location Information	TOWARDS HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK6889U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH CHOON CHWEE
NRIC No	SXXXX893D
Email Address	edmundtoh@gmail.com
Mobile Phone No	(Phone) +65-82882000
Alternative Phone No	+65-82882000

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X6
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	2979

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070036536-01
Cover Note Number	-

DRIVER

Name of Driver	TOH CHOON CHWEE
NRIC No	SXXXX893D

Date Of Birth	12/02/1971
Occupation	Indoor
Date Of Driving Pass	21/12/1990
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82882000
Alt. Phone Number	+65-82882000
Email Address	edmundtoh@gmail.com
Address	20 JALAN TENANG
Address complement	-
Postcode	277954
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 - Major/Minor Rd
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?	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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210603/7001

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	SGL1134U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	FWD Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH CHOON CHWEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCK6889U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

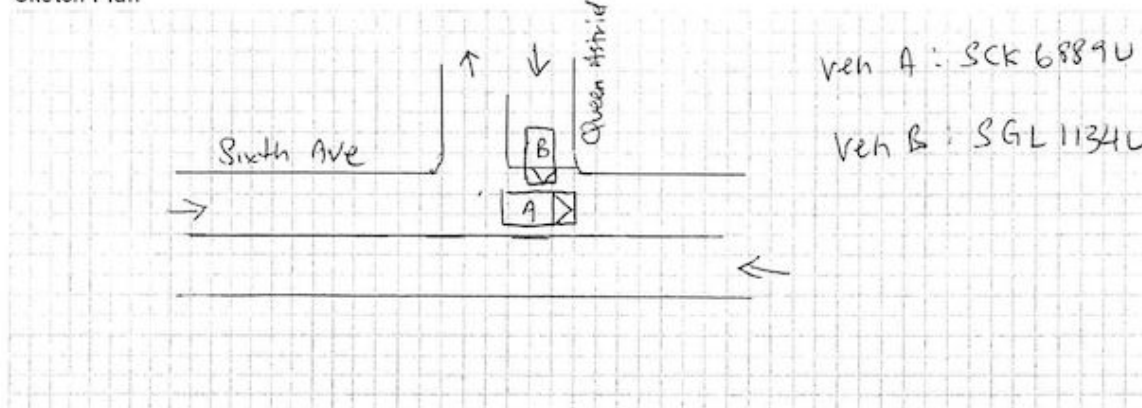
[Signature]

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

[Signature] 03/06/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time I vehicle A was travelling straight on the stated venue. Suddenly vehicle B who is coming out from the minor road (Queen Astrid Park) hit onto my vehicle left portion.

Police Report 7/20210603/7001

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



03/06/2021

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20210603/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210603/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2021 01:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TOH CHOON CHWEE			Address: 20 JALAN TENANG SINGAPORE 277954		
ID Type / ID No.: NRIC NO / S7104893D			Contact No.: Home/Office: Mobile: 82882000		
Nationality: SINGAPORE CITIZEN			Email: EDMUNDTOH@GMAIL.COM		
Sex: Male	Age: 50	Date of Birth: 12/02/1971	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2021 08:20	Type of Location: Straight Road
Location: QUEEN ASTRID PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCK6889U	Car	BMW	X6	Blue	Seriously Damaged	1
SGL1134L	Car	TOYOTA	Wish	Beige	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210603/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210603/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCK6889U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070036536-01	20/03/2021	19/03/2022
SGL1134L	FWD Insurance			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	TOH CHOON CHWEE		ID No.	S7104893D
Related Vehicle	SCK6889U (Car)		Contact No.	82882000
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/06/2021		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Vehicle Owner				
Name	YAP PEI LING		ID No.	S8419100J
Related Vehicle	SGL1134L (Car)		Contact No.	96892526
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the stated date and time I was driving my vehicle SCK6889U travelling straight on Sixth Avenue towards Holland Road. Suddenly vehicle SGL1134L who was coming out from Queen Astrid Park on my left hit onto my vehicle's left portion side. The impact was great and I suffered pain on my right shoulder and neck. I then proceeded to Prohealth 24hr medical clinic to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210603/7001

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Report No. T/20210603/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/06/2021 01:09

Classification Of Case: