

## 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 12:06 (SGT)  
Date of Accident ..... 24/05/2021 08:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... VICTORIA ST  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKM2893C

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEW QUE HOY  
NRIC No ..... S1220456F  
Email Address ..... HAPPY55FEET@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-83384948  
Alternative Phone No ..... +65-83384948

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... A200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... 2100504168-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHEW QUE HOY  
NRIC No ..... S1220456F

Date Of Birth .....	01/01/1956
Occupation .....	Indoor
Date Of Driving Pass .....	07/03/1981
Driving experience .....	40 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83384948
Alt. Phone Number .....	+65-83384948
Email Address .....	HAPPY55FEET@YAHOO.COM.SG
Address .....	356 BT BATOK ST 31 #03-355
Address complement .....	-
Postcode .....	650356
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 - Head on collision
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 .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210524/2015

#### 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 .....	FBD7891D
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 ..... UNKNOWN  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBD7891D  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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7. By the lodgment 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:

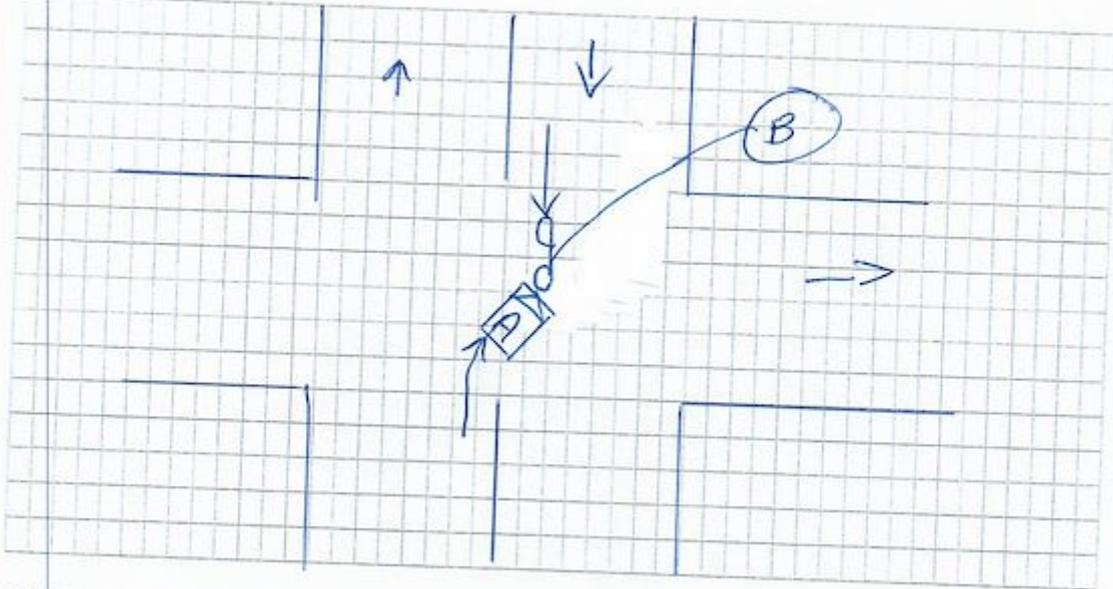
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time

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

**Yik Chan Hoe**  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Center  
 DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
 Email: chhoe.yik@cyclecarriage.com.sg  
 Reporting Centre Personnel's  
 Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.  
T/20210524/2015

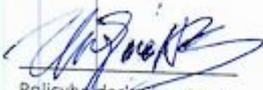
DECLARATION

We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

**Chan Hoe**  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Center  
 DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
 Email: chanhoe.yik@cyclicarriage.com.sg

  
 Policyholder's Signature  
 Date & Time

\_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time

\_\_\_\_\_  
 Reporting Centre Personnel's  
 Name:



# SINGAPORE POLICE FORCE



T/20210524/2015

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20210524/2015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2021 10:17	Vide Report No.: A/20210524/0016	Station Diary No.: 23
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### Informant's Particulars

Name of Informant: CHEW QUE HOY		Address: APT BLK 356 BUKIT BATOK STREET 31 #03-355 SINGAPORE 650356	
ID Type / ID No.: NRIC NO / S1220456F		Contact No.: Home/Office: Mobile: 83384948	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 01/01/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: VIP GUARD		Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/05/2021 08:10	Type of Location: X-Junction
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBD7891D	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	0
SKM2893C	Car	MERCEDES BENZ	A200 FL STYLE (R17 HLG)	Grey	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

























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T/20210524/2015

Police Station Of Origin:  
Rochor N.P.C  
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ID Type / ID No.: NRIC NO / S1220456F		Contact No.: Home/Office: Mobile: 83384948	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 01/01/1956	Type of Informant: Driver
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T/20210524/2015

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210524/2015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM2893C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100504168-04	23/03/2021	22/03/2022

### Brief Details.

On 24/05/2021 at about 0810hrs, I was travelling in my vehicle (SKM2893C) on Victoria Street towards National Library direction. At the junction of Victoria Street and Rochor road, I wanted to make a right turn into Rochor road. I check the traffic condition and did not see any on coming vehicle and hence I made the turn. As I was making the turn, a motorbike suddenly appeared out of nowhere hence I quickly make a stop. But the motorbike still slide onto the left front bumper and motorcyclist felt on to the floor. I alighted my vehicle and make a check on the motorcyclist, passer-by also assisted in calling the ambulance. The motorcyclist was conveyed by ambulance, Traffic police was also at scene. I was advice to come lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20210524/2015

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Report No. T/20210524/2015

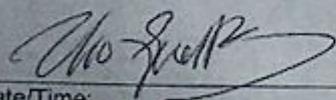
CONTINUATION OF REPORT

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:  
A /  
Sgt 2 WANG CHAOFAN 

Signature Of Informant:  


Signature Of Interpreter:  
Not applicable

Date/Time:  
24/05/2021 10:17

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt GOH WEI LI  
Contact No.: 93673925

Classification Of Case:

Authentication Stamp  
NP168

