

# 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 ..... 02/07/2021 15:38 (SGT)  
Date of Accident ..... 02/07/2021 06:25 (SGT)  
Exact Location of Accident ..... 24 Leng Kee Rd, Singapore 159096  
Additional Location Information ..... LENGKEE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE205U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SOH ENG HIN  
NRIC No ..... SXXXX113G  
Email Address ..... JSOHENGHIN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94377795  
Alternative Phone No ..... +65-94377795

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 2100287799-09  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SOH ENG HIN  
NRIC No ..... SXXXX113G

Date Of Birth .....	02/03/1979
Occupation .....	Indoor
Date Of Driving Pass .....	09/11/2007
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94377795
Alt. Phone Number .....	+65-94377795
Email Address .....	JSOHENGHIN@GMAIL.COM
Address .....	BLK 471C FERNVALE STREET #04-83
Address complement .....	-
Postcode .....	793471
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 to Rear
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 vehicle 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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT  
COLLISION-HEAD TO SIDE

#### 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 .....	FBF531D
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) .....	-

# SKETCH PLAN

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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

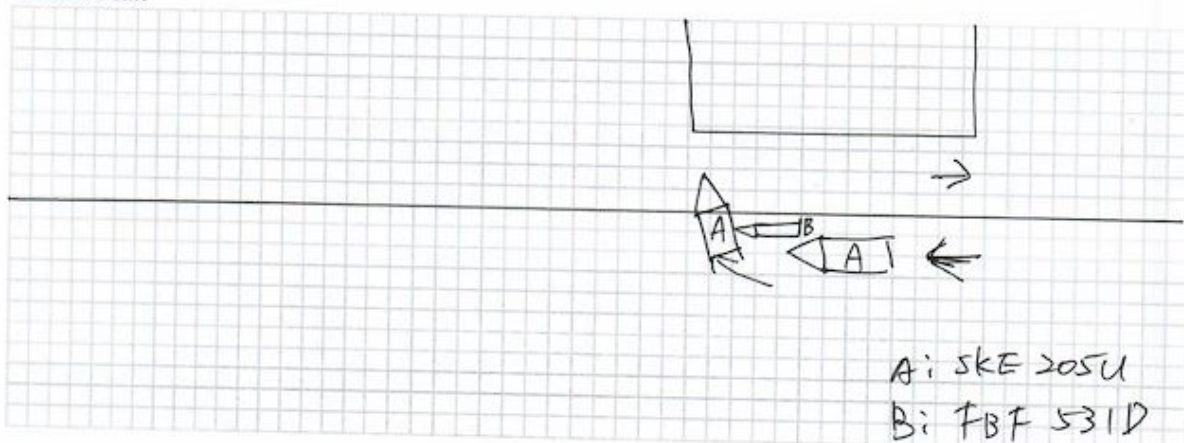
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1420  
02/07/2021  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



### Describe Circumstances of the Accident


Refer to the police report.

## Declaration

We declare the foregoing particulars are true in every respect.

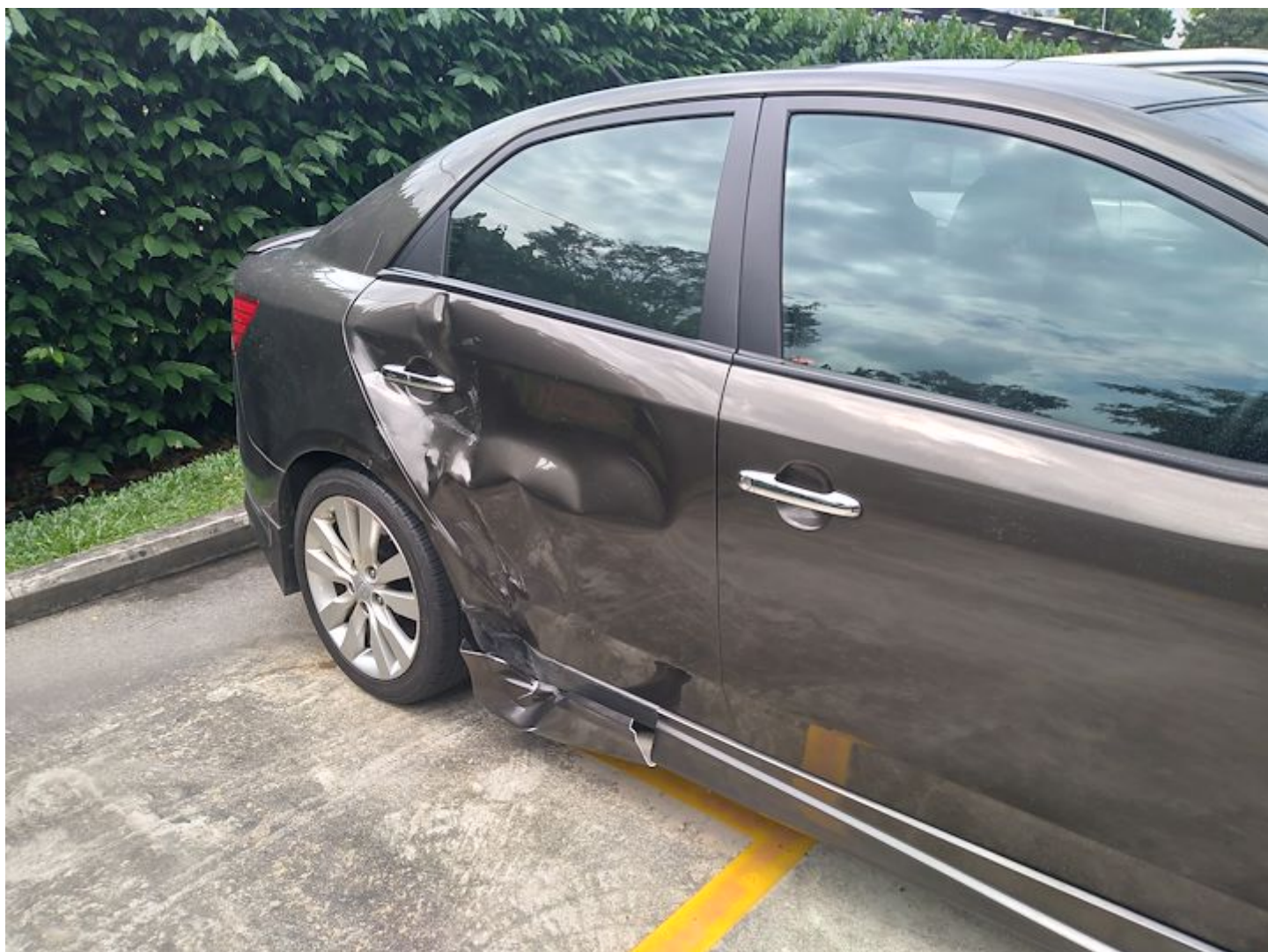
Policyholder's Signature / Date & Time 02/07/2021 1420

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



Witnessed by Reporting Centre Personnel



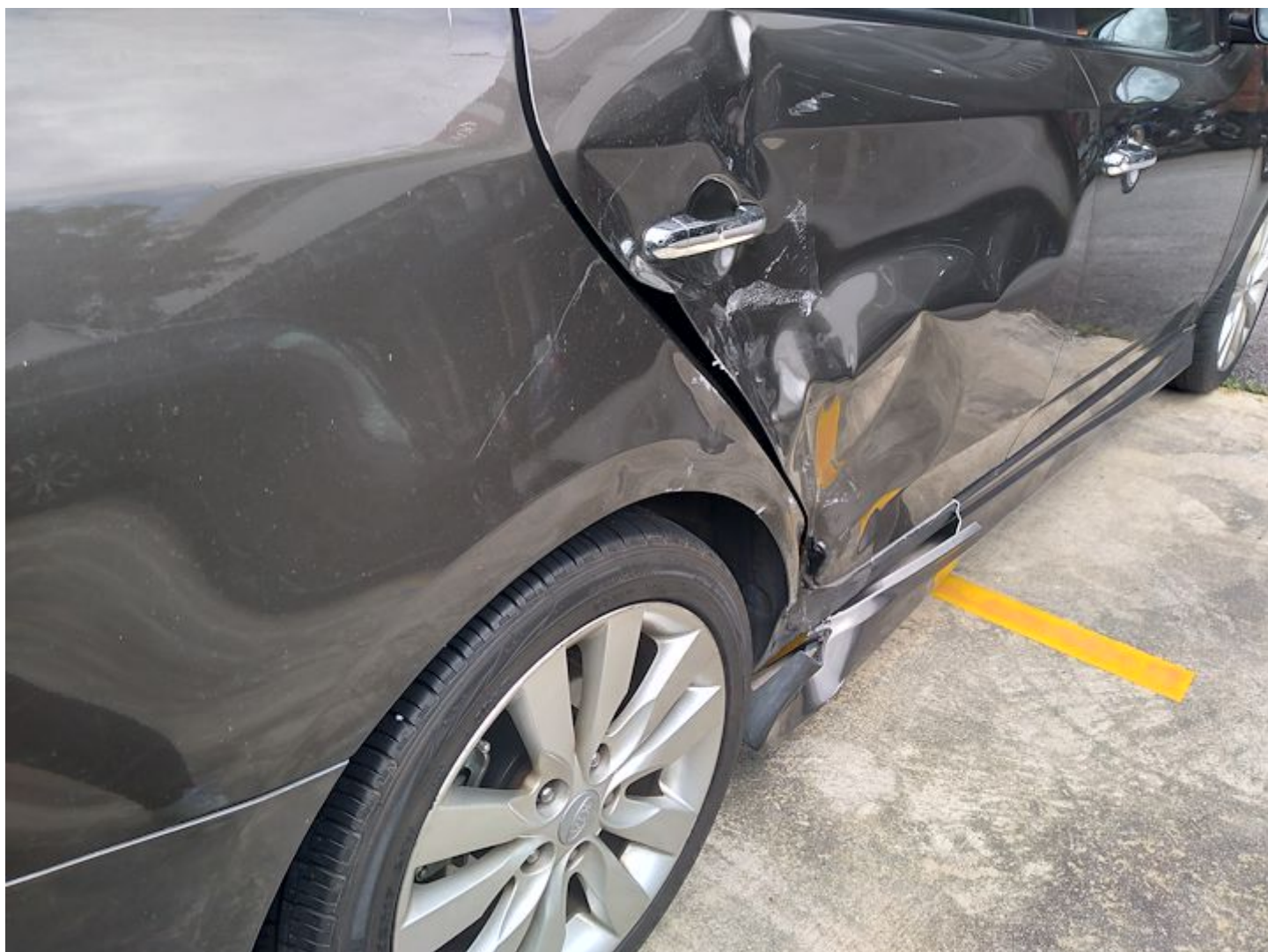






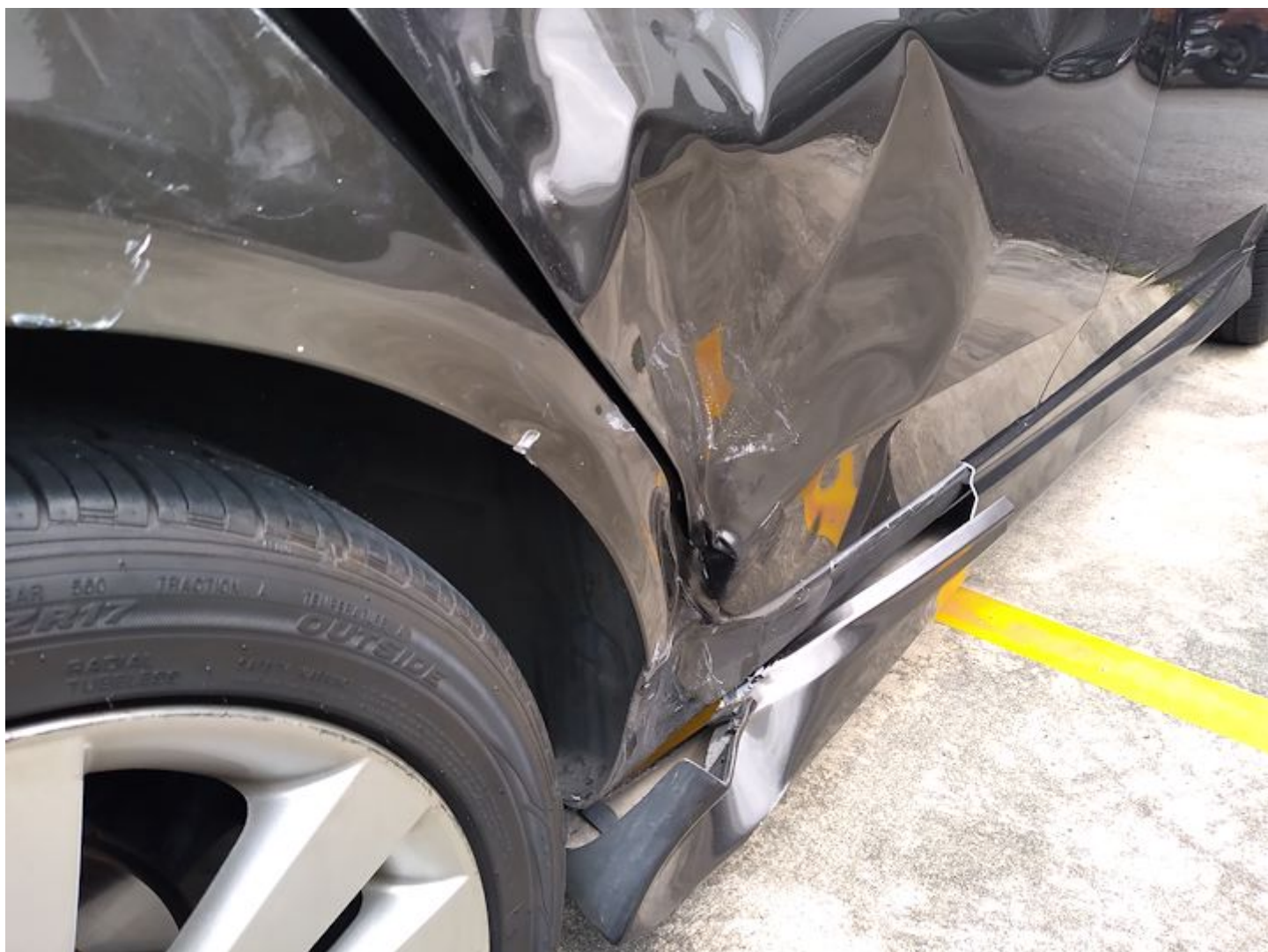




















**SINGAPORE  
POLICE FORCE**



T/20210702/2012

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Report No. T/20210702/2012

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/07/2021 08:21		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: SOH ENG HIN			Address: APT BLK 471C FERNVALE STREET #04-83 SINGAPORE 793471		
ID Type / ID No.: NRIC NO / S7907113G			Contact No.: Home/Office: Mobile: 94377795		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 02/03/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNICAL SUPPORT			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	02/07/2021 06:25	Type of Location:	Straight Road
Location: LENG KEE ROAD							
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 Side						Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF531D	Motorcycle					1
SKE205U	Car	KIA	CERATO FORTE 1.6SX 6MT ABS D/AB 2WD 4DR	Brown	Slightly Damaged	0



**SINGAPORE  
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T/20210702/2012

Police Station Of Origin:  
Queenstown N.P.C  
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Tel No: 1800-4719999

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Report No. T/20210702/2012

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE205U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100287799-09	31/01/2021	30/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	FBF531D (Motorcycle)	Contact No.	87490742
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SOH ENG HIN	ID No.	S7907113G
Related Vehicle	SKE205U (Car)	Contact No.	94377795
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 02/07/2021 at about 0625hrs, I was driving at Leng Kee Road towards Tiong Bahru Road in front of Mazda Building. I was waiting for the right car from another direction to move before I proceed. When I was turning right, a motorbike hit my car and I was shock and stopped immediately. The front of the bike hit my back, right side of my car and damaged my rear door. Due to this I could not open the door. I step out of my vehicles and check on the rider. I checked on him however he mentioned he did not require any medical attention and left with his contact number only. I then proceed to my service center as my car was obstructing the flow of traffic. A KIA building security officer informed me that the ambulance was there and the rider left before the ambulance came. When I handover to KIA service center and went out to scene again, I saw a Traffic Police Officer and he advise me to lodge Police report.



**SINGAPORE  
POLICE FORCE**



T/20210702/2012

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

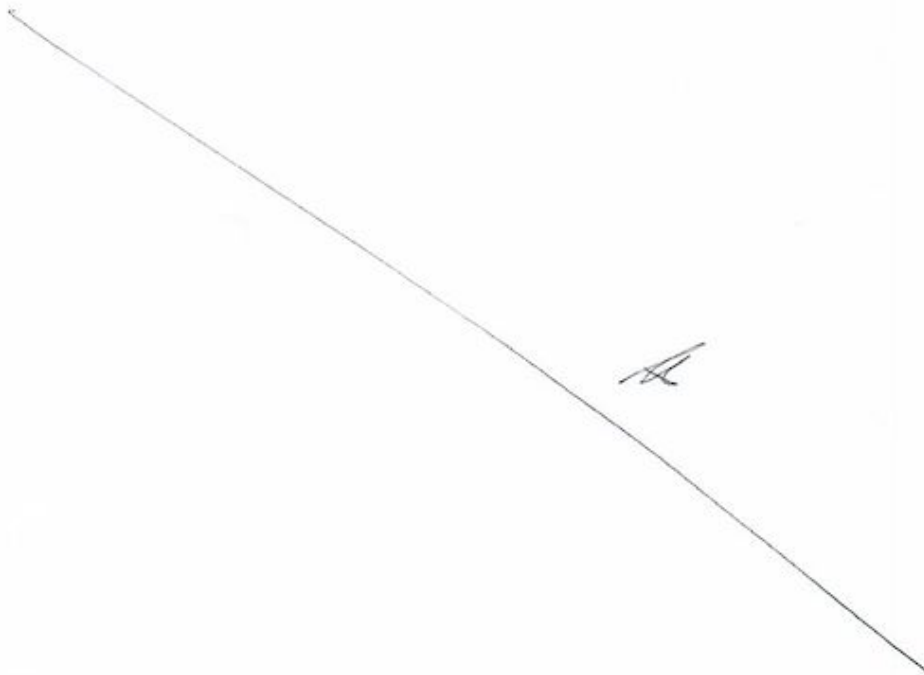
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Report No. T/20210702/2012

**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:

D /

Sgt 2 NADHRAH BINTE YUSRI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

02/07/2021 08:21

Officer In Charge Of Case: *Mohamad Noh*  
TP / GIA /

Classification Of Case:

Contact No.: 65476201

Authentication Stamp  
NP168

SIGNATURE