

# 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 ..... 07/07/2021 12:19 (SGT)  
Date of Accident ..... 06/07/2021 22:45 (SGT)  
Exact Location of Accident ..... Near Rifle Range Rd, Singapore  
Additional Location Information ..... RIFLE RANGE ROAD LAMP POST NUMBER 62  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS669S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHENG ZHI HUI  
NRIC No ..... S6876698B  
Email Address ..... ablezwang@gmail.com  
Mobile Phone No ..... (Phone) +65-98156907  
Alternative Phone No ..... +65-98156907

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... M2  
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 ..... 2979

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900262709-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ABLE WANG ZIYI  
NRIC No ..... S1647820B

Date Of Birth .....	27/06/1964
Occupation .....	Indoor
Date Of Driving Pass .....	15/09/1981
Driving experience .....	39 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98226666
Alt. Phone Number .....	-
Email Address .....	ablezwang@gmail.com
Address .....	APT BLK 13 DOVER CLOSE EAST #19-214
Address complement .....	-
Postcode .....	130013
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JPU2300
Vehicle Category .....	Motorcycle

#### FOREIGN VEHICLE 2

Vehicle Registration Number .....	JUL8919
Vehicle Category .....	Motorcycle

#### FOREIGN VEHICLE 3

Vehicle Registration Number .....	QAA8289Y
Vehicle Category .....	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Timah Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004629999
Alt. Police Station Phone No .....	(Fax) +65-64628933
Police Station Address .....	1 Duke Road Singapore 268914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN AND POLICE REPORT

#### 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 .....	QAA8289Y
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	JUL8919
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	JPU2300
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 .....	-
Address .....	-

Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

# 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*

Policyholder's Signature / Date & Time  
7/7/2021 12.05pm

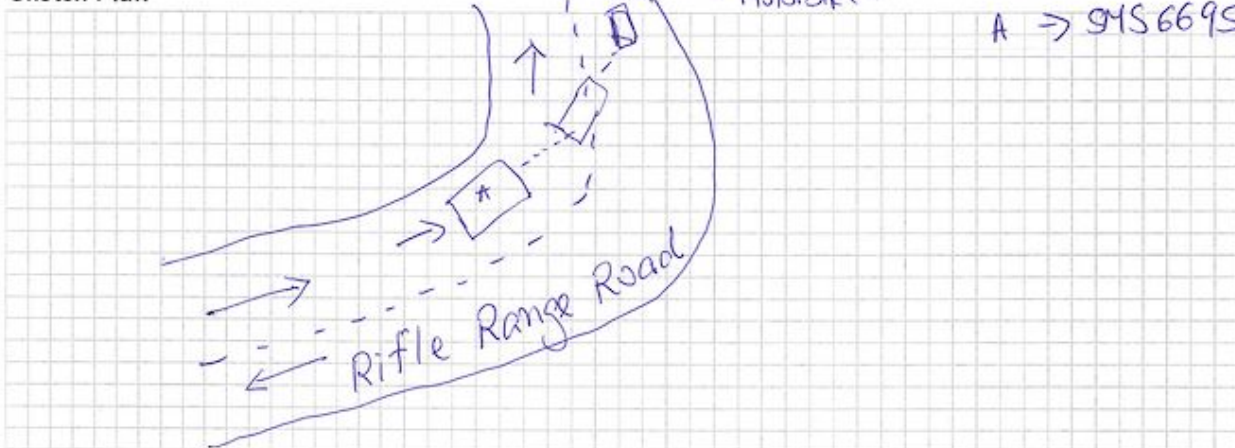
*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time  
7/7/2021 12.05pm



Witnessed by Reporting Centre Personnel  
7/7/2021 12.05pm

## Sketch Plan



**Describe Circumstances of the Accident**


Please refer to the police report.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 7/7/21 11.10 a.m.

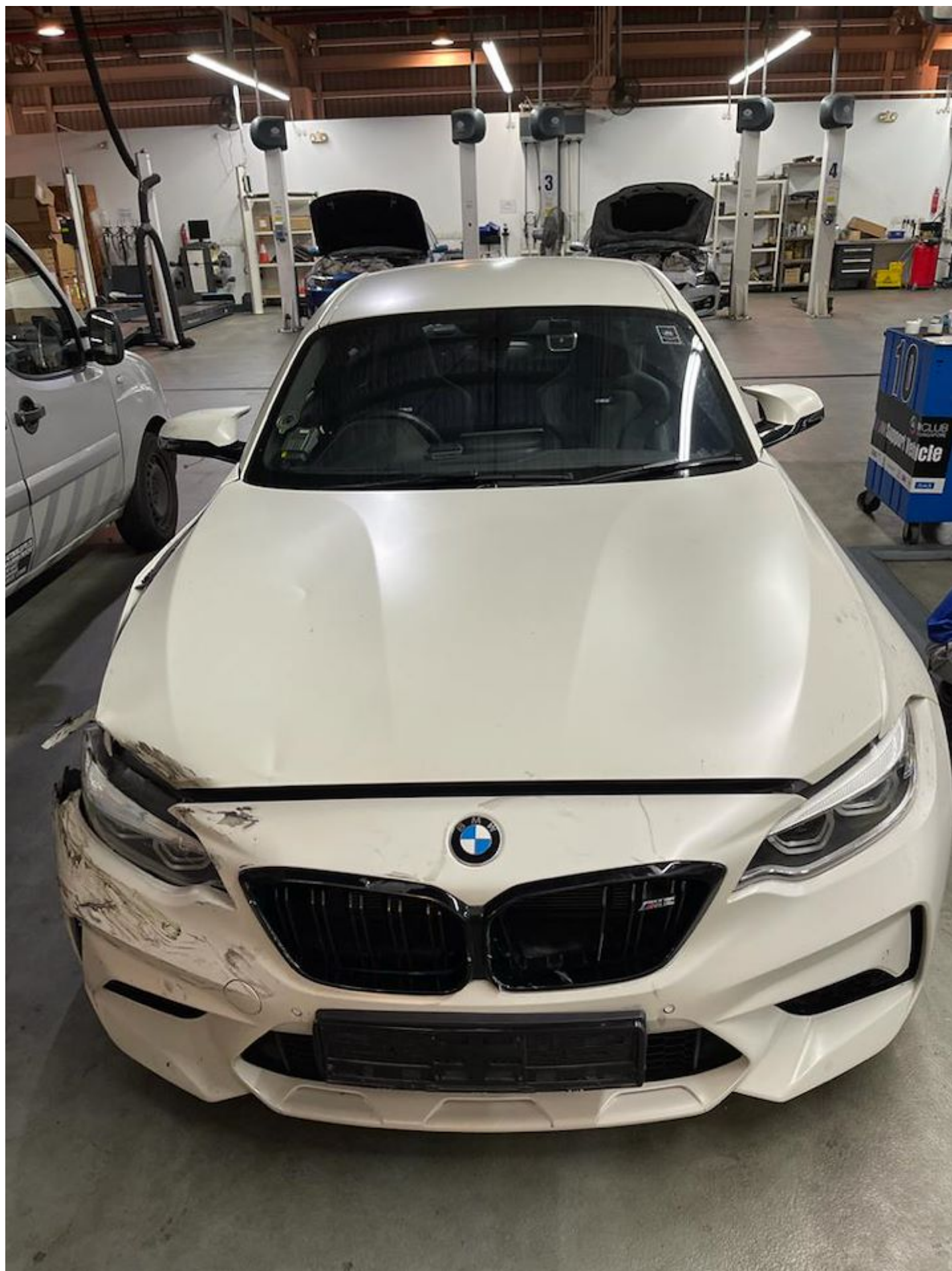
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Personnel
































**SINGAPORE  
POLICE FORCE**


T/20210707/2015

1 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20210707/2015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2021 10:01	Vide Report No.: F/20210706/0208	Station Diary No.: 11
--	-------------------------------------	--------------------------

## Informant's Particulars

Name of Informant: ABLE WANG ZIYI			Address: APT BLK 13 DOVER CLOSE EAST #19-214 SINGAPORE 130013		
ID Type / ID No.: NRIC NO / S1647820B			Contact No.: Home/Office: Mobile: 98226666		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 27/06/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCIAL CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2021 22:45	Type of Location: Bend
Location:  RIFLE RANGE ROAD				
Lamp Post Number: 62				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS669S	Car	BMW		White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS669S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900262709-01	02/01/2021	01/01/2022





**SINGAPORE  
POLICE FORCE**



T/20210707/2015

2 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20210707/2015

**CONTINUATION OF REPORT**

**Brief Details.**

On 06 July 2021, at about 2246hrs, I was driving along Rifle Range Road. The road was wet as it just finished raining. Along Rifle Range Road, near to lamp post 62, there was a sharp left bend. As I was turning at the bend, my vehicle SMS669S skidded and knocked onto 3 motorcycles that was parked along the opposite direction road. There was no one sitting on the motorcycles however there were three motorcyclist standing by the side of the road, picking durians. One of the motorcyclist's leg was injured due to the accident. I believe that the injury was caused by the motorcycle hitting onto his leg.

One of the motorcyclist there called for ambulance. The injured motorcyclist was later conveyed by ambulance to NUH. The traffic police arrived as well. Traffic police handed me a case card (vide F/20210706/0208) and I was required to lodge a traffic accident report.

There were dents to the front right fender of my vehicle. I have an in-car camera in my vehicle. However, there is no SD card inserted inside the camera as my vehicle has electrical issues with the camera. I did not sustain any injury.



**SINGAPORE  
POLICE FORCE**



T/20210707/2015

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

3 of 3  
Report No. T/20210707/2015

**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:

E /

Sgt 3 KAU SHI QI JOLENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/07/2021 10:01

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FERAZ BIN HUSSIAN

Contact No.: 65476206

Classification Of Case:

SH 065

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE