

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 20/08/2021 14:57 (SGT)
Date of Accident 17/08/2021 22:25 (SGT)
Exact Location of Accident Lorong Chuan, Singapore
Additional Location Information JUNCTION TOWARDS SERANGOON AVENUE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT4913D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN SWEE HONG
NRIC No SXXXX398D
Email Address kenheng2299@gmail.com
Mobile Phone No (Phone) +65-98502802
Alternative Phone No +65-93298167

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100415945-06
Cover Note Number -

DRIVER

Name of Driver TAN SHION
NRIC No SXXXX375G

Date Of Birth	12/07/1997
Occupation	Indoor
Date Of Driving Pass	27/07/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93298167
Alt. Phone Number	-
Email Address	tstshion31@gmail.com
Address	765C MOUNTBATTEN ROAD
Address complement	-
Postcode	437855
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PRISCILLA CHANG WEN JUN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20210818/7037

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP4065Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	YP3958L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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



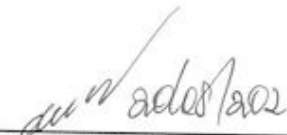
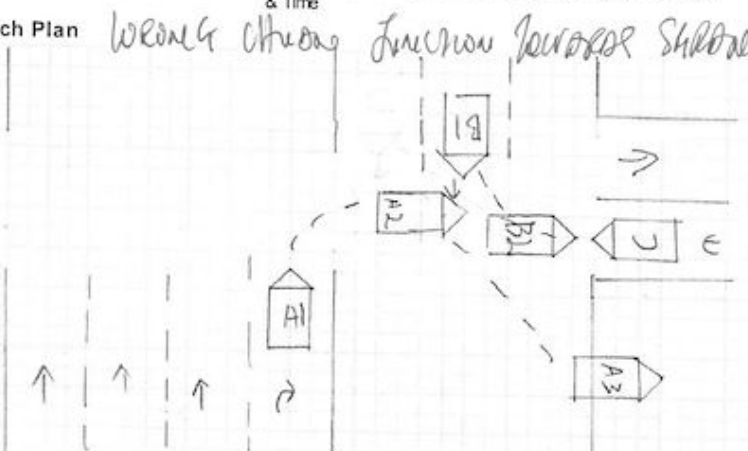
INJURED 1

Name of injured person	TAN SHION
Gender	Male
Phone No	(Phone) +65-93298167
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKT4913D
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.

<p></p> <p>Policyholder's Signature / Date & Time</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p></p> <p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p><i>Wrong Change Junction Road Side Road</i></p> <p><i>Blk 2</i></p> <p>A = SKT 4913D B = SKP 4065Y C = YP 3958L</p> 		

Refer to Police Report No. F/20210818/7037.

I/We declare the foregoing particulars are true in every respect.

20/08/2021
Witnessed by Reporting Centre
Personnel


















**SINGAPORE
POLICE FORCE**


F/20210818/7037

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POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Report No. F/20210818/7037

Date/Time Report Made 18/08/2021 16:41		Video Report No.		Station Diary No.	
Name Of Informant TAN SHION		Address 765C MOUNTBATTEN ROAD SINGAPORE 437855			
ID Type / ID No. NRIC NO / S9747375G		Contact No. Home/Office: Mobile: 93298167			
Nationality SINGAPORE CITIZEN		Email Address TSTSHION31@GMAIL.COM			
Occupation Student		Sex Male	Age 24	Date of Birth 12/07/1997	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 17/08/2021 22:20 - 17/08/2021 22:25		Location Of Incident SERANGOON AVENUE 2			

Brief details.

On the mention date and time, 17/8/2021 2220hrs, my vehicle(SKT4913D) I was the driver and my friend Priscilla was the front passenger when we were making a right turn onto Serangoon ave 2 on green arrow before approaching I was ramped by vehicle(SKP4065Y) on high speed and then vehicle(SKP4065Y) collided head on with lorry(YP3958L) after he ramped onto mine vehicle(SKT4913D). It happened so fast.

I was unwell and felt pain on my neck, back, concussion and I feel nausea so I went to Parkway East Hospital 321 Joo Chiat place #01-00 Singapore 427990 I was given 3 days MC from 18/8/2021-20/8/2021

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2021 16:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**SINGAPORE
POLICE FORCE**

F/20210818/7037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210818/7037

inclusive.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2021 16:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	