

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	27/08/2021 12:12 (SGT)
Date of Accident	26/08/2021 17:30 (SGT)
Exact Location of Accident	Simei Street 3, Singapore
Additional Location Information	AND JUNCTION OF SIMEI STREET 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9920D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mr Koh Wei Liang
NRIC No	S8438960I
Email Address	KOH_WEI_LIANG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93697325
Alternative Phone No	(Home) +65-93697325

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
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	1999

INSURANCE COMPANY

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

DRIVER

Name of Driver	Mr Koh Wei Liang
NRIC No	S8438960I

Date Of Birth	30/11/1984
Occupation	Indoor
Date Of Driving Pass	03/07/2004
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93697325
Alt. Phone Number	(Home) +65-93697325
Email Address	KOH_WEI_LIANG@HOTMAIL.COM
Address	29 Pasir Ris Link
Address complement	-
Postcode	-
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	Collided into Motorcyclist
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 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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE POLICE REPORT AND VIDEO

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS3360S
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	TENGKU MUADZAM
Gender	Male
Phone No	(Phone) +65-94560091
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS3360S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Refer to Video

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: 9JL9920D

ACCIDENT DATE: 26/08/2021

CONTACT NUMBER: 93697325

ACCIDENT TIME: 1730

EMAIL: Kun-Wes-Lang@hotmail.com

LOCATION: Near junction of Simei Street 3 & Simei Street 4

Refer Police Report

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 27/08/21

1150

GIARMAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/08/21

1150

Reporting Centre Personnel's Signature

Name:

NRIC/FIN 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.
- (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: 27/08/21


1150


 Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/08/21

1150


 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3















































**SINGAPORE
POLICE FORCE**



T/20210826/2117

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20210826/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2021 23:10		Vide Report No.:		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: KOH WEI LIANG			Address: APT BLK 26 PASIR RIS LINK #03-21 SINGAPORE 518145		
ID Type / ID No.: NRIC NO / S8438960I			Contact No.: Home/Office: Mobile: 93697325		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 30/11/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			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: 26/08/2021 17:30	Type of Location: Straight Road
Location: SIMEI STREET 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		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
FBS3360S	Motorcycle		NMAX 155 ABS CVT	Black	Slightly Damaged	0
SJL9920D	Car	MAZDA	CX-5 2.0 AT PREMIUM EU6	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL9920D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700075709-03	26/10/2020	25/10/2021



**SINGAPORE
POLICE FORCE**



T/20210826/2117

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20210826/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH WEI LIANG	ID No.	S8438960I
Related Vehicle	NIL	Contact No.	93697325
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
Rider			
Name	TENGKU MUADZAM SHAH BIN TENGKU MUZAFFAR SHAH	ID No.	S9536455A
Related Vehicle	NIL	Contact No.	94560091
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

Brief Details.

On 26/08/2021 at about 1730hrs, On 26/08/2021 at about 1730hrs, I was moving off at the junction of Simei St 3 and Simei St 4. When I accidentally hit the rear of the motorbike in front of me who intended to turn right instead of going straight,

After reaching CGH, he was suffered abrasion on his left hand, elbow, left knee and small fractured on his left hand as well. After ensuring his safety, we then exchange our particulars as he will be doing insurance claim from me.



**SINGAPORE
POLICE FORCE**



T/20210826/2117

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20210826/2117

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: G / Sgt 2 LIM JIA XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2021 23:10
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	